Endovascular Treatment of Central Venous Emergencies

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Disclosures

Sponsorship – W L Gore & Associates

Consultation fees – W L Gore & Associates
Disclaimer

GORE® VIABAHN® Endoprosthesis and
GORE® VIABAHN® Endoprosthesis with
PROPATEN Bioactive Surface

Does NOT have CE Mark for some applications
Emergency

SVC syndrome – facial swelling
  oedematous upper limb
discoloration/erythema
breathlessness
venous extravasation
severe lower limb swelling / oedema
ulceration over aneurysm
unable to dialyse
Aetiology

stenosis / occlusion (dialysis)
extrinsic compression (Ca, M-T syndrome)
thrombosis & thrombophilia
rupture – traumatic
iatrogenic
Venous tear
Site

brachiocephalic v
subclavian v
SVC
iliac v’s
IVC
Treatment Options

do nothing

surgery

percutaneous –

balloon dilatation

thrombolysis / thrombectomy

stent insertion

combination of above
Case 1

69 yrs male  (Lung Ca)
oedematous face and arms
dyspnoeic
cyanosed
CT
Venogram & Stent
Case 2

55 yrs female
rt arm fistula
swollen rt arm and facial swelling
unable to dialyse
Case 3

82 yrs male
tunnelled Rt IJV line (flouroscopy)
not aspirating
Post Gore® Viabahn® Endoprosthesis
Case 4

43 yrs female
difficult vascular access
Rt thigh A-V graft in situ
swollen oedematous leg
difficulty needling
aneurysm
Graft venogram
Case 5

52 yrs female
LIF Tx kidney – RA to CIA
Tx dysfunction
LIF swelling
↓ Hb
CT & Angio
Stentgrafts

Supporting Literature


Jones R et al. Long term results of stentgraft placement to treat central venous stenosis and occlusion in haemodialysis patients with arteriovenous fistulas. JVIR 2011; 22(9):1240-46


Verstandig AG et al. Stentgrafts for central venous occlusive disease in patients with ipsilateral haemodialysis access. JVIR 2013; 24(9): 1280-7
Any Questions?