

Deep Vein Thrombosis

Evaluation and Management Considerations

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Deep Vein Thrombosis A Treatment Option

- Data suggest that approximately 613,000 symptomatic venous thromboembolism (VTE) events (>376,000 deep vein thrombosis) occur annually in the United States.¹

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Postthrombotic Issues

- Patients who survive these events have the potential to develop postthrombotic syndrome (PTS) long after the event, and approximately a quarter will have recurrent thrombosis within 3 years.²
- PTS is most likely to occur in patients with extensive deep vein thrombosis (DVT), and symptoms of PTS can manifest as early as one month after DVT.³

The Option to Treat...

- Growing empirical evidence suggests that rapid clot removal during acute DVT can reduce damage to venous valves thereby lessening reflux and limiting the development of PTS.⁴⁻⁶

The Option to Treat...

- In the year 2008, a paradigm change regarding the treatment of DVT was endorsed through multiple channels, despite the paucity of randomized controlled trials. In June, the American College of Chest Physicians (ACCP) changed physician guidelines to suggest pharmacomechanical thrombolysis to treat proximal DVT,¹³ bringing their recommendations in line with the Society of Interventional Radiologists (SIR) position paper published in 2006.¹⁴

The Option to Treat...

- In September of 2008, the Office of the Surgeon General supported the changing paradigm for treatment of DVT by declaring DVT to be a national health crisis.¹⁵
- Then in July of 2009, SIR updated its practice guidelines for treatment of DVT to establish evidence-based guidelines that support endovascular treatment.^{6,12}

The Option to Treat...

- A wide variety of devices are under development or already on the market. These devices macerate thrombus by use of physical cutting blades, vortex, high-pressure or low-pressure saline jets, suction alone, or ultrasonic liquefaction.

The Option to Treat...

- Currently, the American College of Chest Physicians (ACCP) consensus guidelines recommend catheter-directed thrombolytic therapy only for selected patients with extensive acute proximal DVT (eg, those with iliofemoral DVT, symptoms for less than 14 days, good functional status, and life expectancy of >1 year) who are at low risk of bleeding.
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