



DVA tips/tricks and lessons learned

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Disclosures

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Challenges of percutaneous DVA

Successful DVA
procedure

Patient selection

Case preparation

Procedure

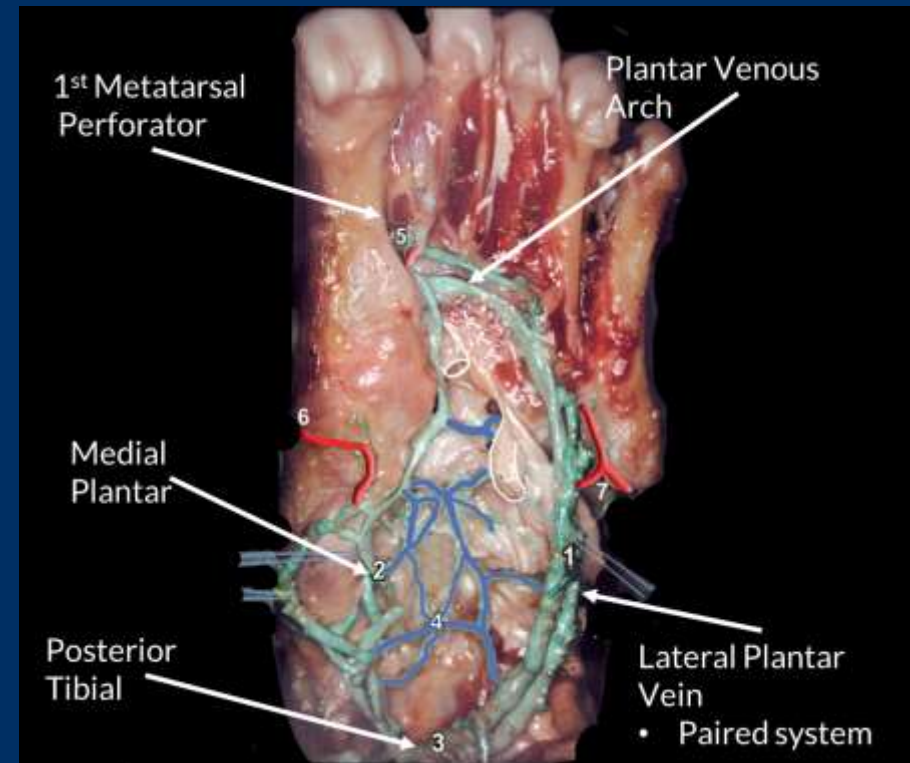
Management Post DVA

Post DVA Clinical and Duplex
FU

Focalisation of blood flow
Venous pressurisation

Lessons Learned: Venous Mapping

- Rule out DVT in target veins (PTV and LPV)
- Visualize LPV segment(s) for access
- Preselect alternative access sites



Lessons Learned: Procedure

- Keep the foot warm during the procedure when not working directly in that area
 - Recommendations:
 - Warm saline
 - Increase room temp
 - Bair hugger
- Pedal Access
 - U/S mapping
 - Pneumatic tourniquets
 - Largest diameter as distal as possible
 - Vasodilators
- Preserving existing arterial flow through collaterals is important, must avoid blocking or stealing



Lessons Learned: Post DVA FU

- FU during the first 4-6 weeks (best every week) to monitor development and being ready to react
- FU should include Volume flow measurements
- Close wound surveillance



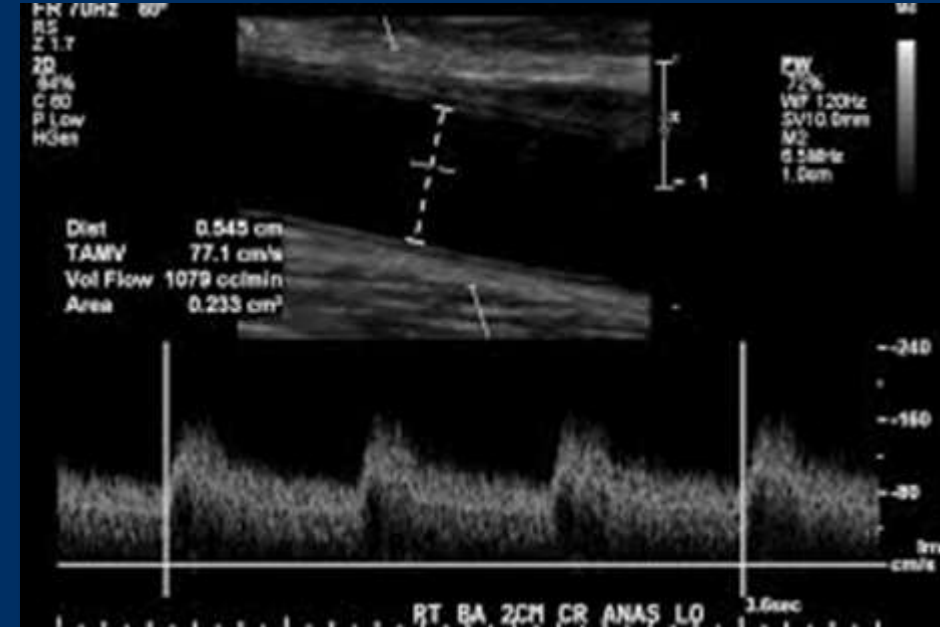
Lessons Learned: Post Procedure Duplex

Post DVA Dx Surveillance and Volume Flow rates

- Ideal flow rate in post DVA pedal loop is 100-300 ml/min
- Look for Flow changes/ Flow distribution changes

Ultrasound indications for intervention

- Marked increase or decrease in flow volume
- Low or stagnant flow in distal lateral plantar vein
- Stenotic areas in inflow and/or outflow

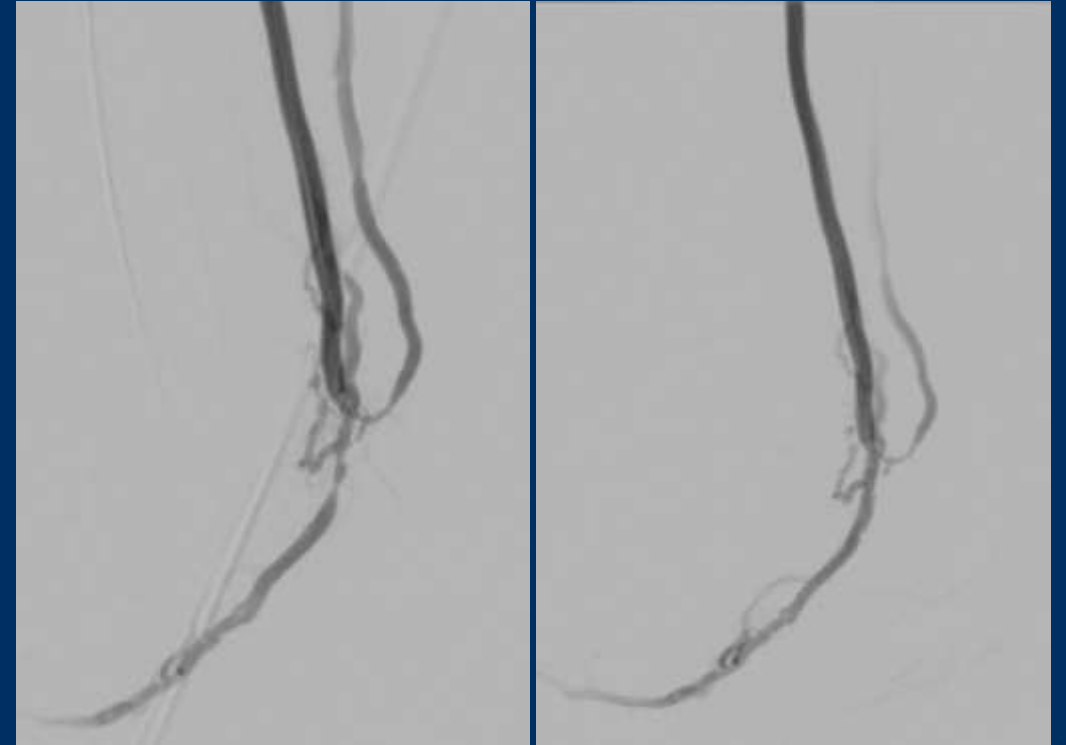


Lessons Learned: Post DVA Flow management

Stenosis LPV at 3 months

To detect:

- Stagnant Flow in Lateral Plantar vein
- Non-nutritive Flow routes



Lessons Learned: Post DVA Flow management

To detect:

- Stagnant Flow in Lateral Plantar vein
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45 Day post DVA



90 Day post DVA

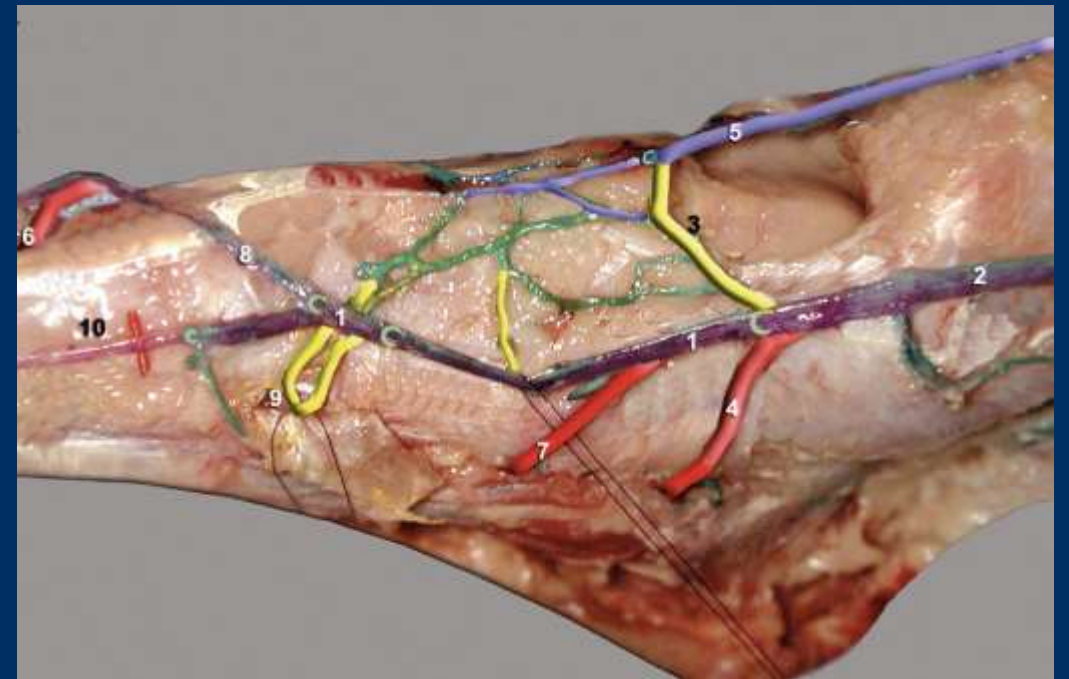
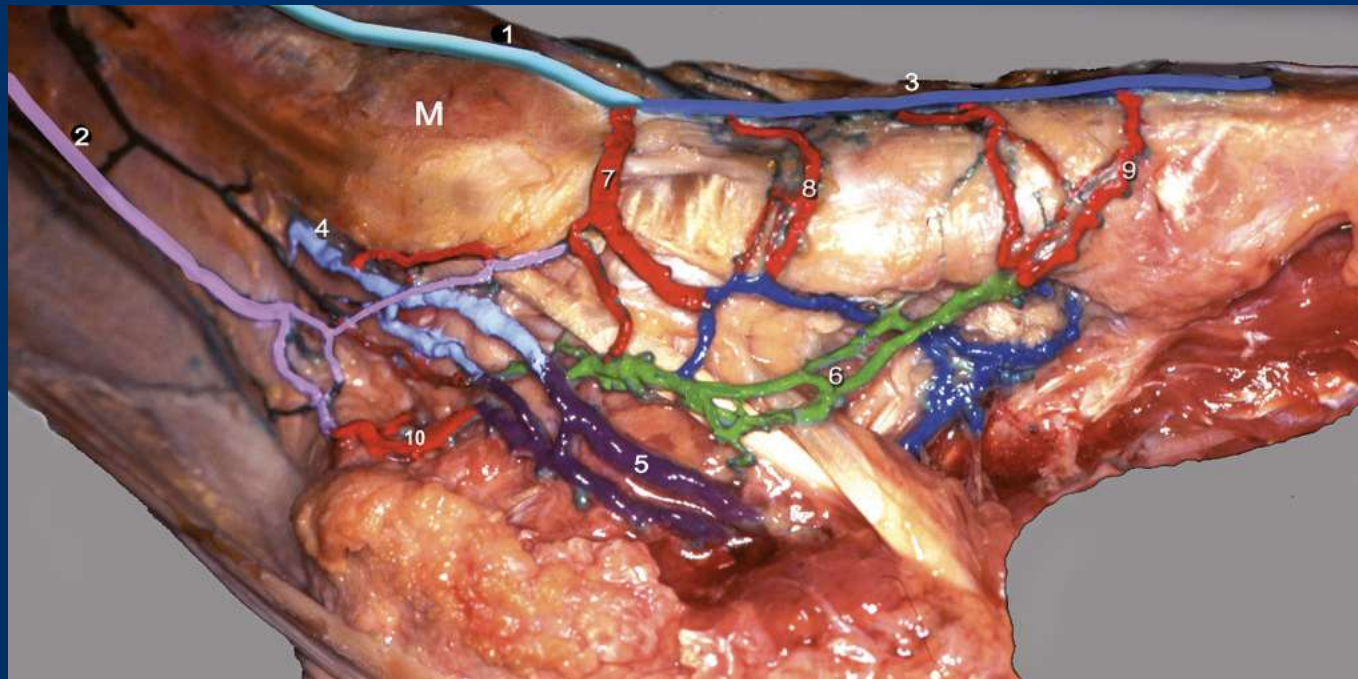


Courtesy of Dr. Roberto Ferraresi



Lessons Learned: Post DVA Flow

Common embolisation sites for the focalization of blood flow



In red: Submalleolar (7,4) and calcaneal perforator veins (10)

Lessons Learned: Post DVA Clinical FU

Clinical indication for intervention post DVA

- Pain
- Infection
- Worsening Wounds/Changes in color
- Have a low threshold for intervention
- Time is tissue!



Lessons Learned: Multi Disciplinary Team

Communication between interventionalist and podiatry

