Disclosure

Professor Gerry O’Sullivan FRCR FRCPI FSIR FEBIR

I have the following potential conflicts of interest to report:

• **Consulting:**
  - Bard
  - Boston Scientific
  - Cook Medical
  - Creganna Medical
  - Marvao Medical
  - Medtronic
  - Mermaid Medical

• **Stockholder of healthcare companies:**
  - Marvao Medical
  - Vetex Medical
  - Orthosensor
Mechanical Thrombectomy Device

Vetex Medical Ltd. ReVene™ Thrombectomy Catheter:
Case Background

Patient History

- 73-year-old female with discoloration and swelling on left thigh 2 weeks prior to procedure
- Recent history of gallstones and ascending cholangitis
- Quite ill in months prior to intervention

Galway Protocol for DVT

- Colour Doppler US - popliteal vein open
- CTPA - no PE; RV <LV
- CTV - extensive left ilio-femoral DVT
- Rx plan:
  - Prone, popliteal access, 10F sheath; 5000 u IV Heparin
  - Single session if at all possible
  - ZERO thrombolysis if at all possible
  - Retrievable filter for first 10 cases of any new device
Venography
IVUS
Thrombectomy
Venography
Second Pass of Device
Venography
Aspiration
May Thurner
Venoplasty & Stenting
IVUS
Venography
Single Session Thrombectomy is my preferred thrombectomy technique

**PROs:**
- No need for ICU bed
- No bloods
- No need for venograms
- No phone calls!!
- No thrombolysis changes the conversation completely with the patient

**CONs:**
- Optimal outcomes with a patent popliteal vein
- Possibly use more retrievable filters at least early in experience