IVUS for Guiding

Venous Procedures

Fancy tool or relevant for clinical outcomes?

R. de Graaf, MD PhD
Interventional Radiologist
Clinic of Friedrichshafen
Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting: Cook medical; Volcano/Philips; Bentley; Straub/BD
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
IVUS mainly used to...

- Determine significant Stenosis
  - >50% lumen reduction
- Determine stent landing zone
  - Healthy segment
- Evaluate after stenting
  - Residual stenosis/compression
  - Thrombus
- Evaluate after thrombectomy
  - Residual thrombosis
The Data

• “High clinical yield of IVUS as sole diagnostic modality in DVO”
  
  Saleem et al J Vasc Surg Venous Lymphat Disord. 2019 Dec

• IVUS is an effective option to reduce radiation during DVO interventions

  M. Lichtenberg, Data from The Arnsberg Registry
Benefits of IVUS

- Subtle but significant pathology can be detected
  - Even more than MR-venography
- Instant & accurate 3D representation
  - Repeatedly
- Radiation reduction
  - Different angulations not necessary
  - More efficient imaging
- Contrast reduction
  - Less runs
When and how to use in practice?

• Not at all? Dangerously close to malpractice
• Principally, have it present in all cases
• Some smarties say: “I only use it when I need it”
• That’s like only wearing a seatbelt when you need it
My experience

• Started in 2009 **without** IVUS, being convinced...
• Several stent occlusions, proven to be related to the lack of IVUS, I now use IVUS in every venous case
• Mostly general investigations, sometimes something special...
IVUS-guided Routing
Summary

• IVUS obviously has significant value guiding venous interventions

• Real-time IVUS-guidance sets new indication

• Consider it to be essential equipment in venous interventions
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