



## What is it?

Deep vein thrombosis (DVT) occurs when blood clot forms in the deep veins, relatively far from the skin surface. This can occur in any vein, but most commonly in the legs. A leg DVT can be anywhere from a short segment of vein to spanning the entire leg.

## Who is it for?

Quite often, acute DVT can be safely treated with blood thinners, however when the DVT extends into the pelvis, there is a high risk of developing post thrombotic syndrome (PTS). This is a condition caused by chronic blockage within deep veins, resulting in high venous pressure leading to pain, swelling, aching, itchiness, discolouration and ulceration. The aim of treating acute DVT in most cases is to prevent post thrombotic syndrome.

## How is it done?

There are several different ways which your interventional radiologist can treat acute DVT, and they will discuss the options best suited to you. Options include:

- Catheter directed thrombolysis – a catheter (thin tube) is passed across the segment of clot and medication is infused over 24-48 hours to dissolve the clot

- Thrombectomy – a catheter is passed into the affected vein and the clot is physically removed. This can be done with a combination of suction, maceration with a balloon catheter, or aided with medication (pharmacomechanical thrombectomy). This treatment is typically completed in one session.

Often a stent will be placed to keep a segment of vein open after the clot is removed.

## What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risk associated with this procedure include:

- pain
- bleeding
- escape of clot to the lungs (in some cases and IVC filter will be placed to avoid this)
- recurrence of clot

## Follow up

You will usually have to stay in hospital for a day or more afterwards. You will be started on blood thinning medication. Your interventional radiologist will organise an ultrasound scan of your leg a day or two afterwards, and see you in clinic afterwards to discuss ongoing surveillance.



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