



What is it?

The superior vena cava (SVC) is the large vein that drains the venous (deoxygenated) blood from the upper limbs, head and neck into the heart. This vein can be blocked by a tumour in the chest, or be left scarred/narrowed after successful treatment. A stent (metal mesh tube) can be used to brace open the SVC to restore normal blood flow to the heart.

Who is it for?

The aim of this operation is to relieve the symptoms caused by the blockage of the SVC, including neck and face swelling, upper limb swelling, cough and difficulty breathing. Many patients notice an immediate improvement in symptoms, though it may take 1-2 days.

How is it done?

Vena cava stenting can be done under either local or general anaesthesia, in an operating room with specialised medical imaging equipment. Your interventional radiologist will use an ultrasound to guide a small tube into the vein in the groin or at the base of the neck. X-ray dye (contrast) is injected to outline the venous anatomy. A fine wire is then passed through the blocked segment of vein after which a balloon catheter is passed over the wire and inflated temporarily to stretch open the vein. The balloon is then deflated and removed, and a stent (metal mesh tube) is deployed in the vein to keep it open.

You will normally need to be on blood thinners for 6 -12 months after this procedure.

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:

- bleeding
- pain
- blockage of the stent
- migration of stent at time of operation
- damage to heart or lungs

Follow up

You will usually stay in hospital overnight afterwards. You will need to take blood-thinning medication for 6-12 months afterwards. Your interventional radiologist will arrange a follow up scan and clinic appointments to ensure that your stent remains open.

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