



What is it?

Deep vein thrombosis (DVT) can result in chronic blockage of veins in the abdomen, pelvis and legs. This can lead to chronic high blood pressure in the veins (venous hypertension) of the legs, causing swelling, pain, heaviness and ulceration. Venous stenting can be performed to open up (and keep open) these veins.

Who is it for?

This operation is done to restore normal venous blood flow in the pelvis and relieve the symptoms of chronic venous hypertension or as an adjunct to varicose vein treatment.

How is it done?

Venous stenting is usually done under general anaesthetic in an operating room with specialised medical imaging equipment. You may be either laying on your back or front for this operation. Your interventional radiologist will use an ultrasound to guide a small tube into the vein in the leg 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 and months after this procedure. It is also recommended that you wear compression stockings afterwards. Your interventional radiologist will discuss this with you.

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
- blockage of the stent

Follow up

You will normally stay in hospital overnight after your procedure. Ultrasound scans of your leg will be performed the day after your operation, then at 2-3 weeks to ensure no further DVT. You will then have yearly scans of the leg to ensure no further DVT. You will follow up with your interventional radiologist in clinic to assess your progress.



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