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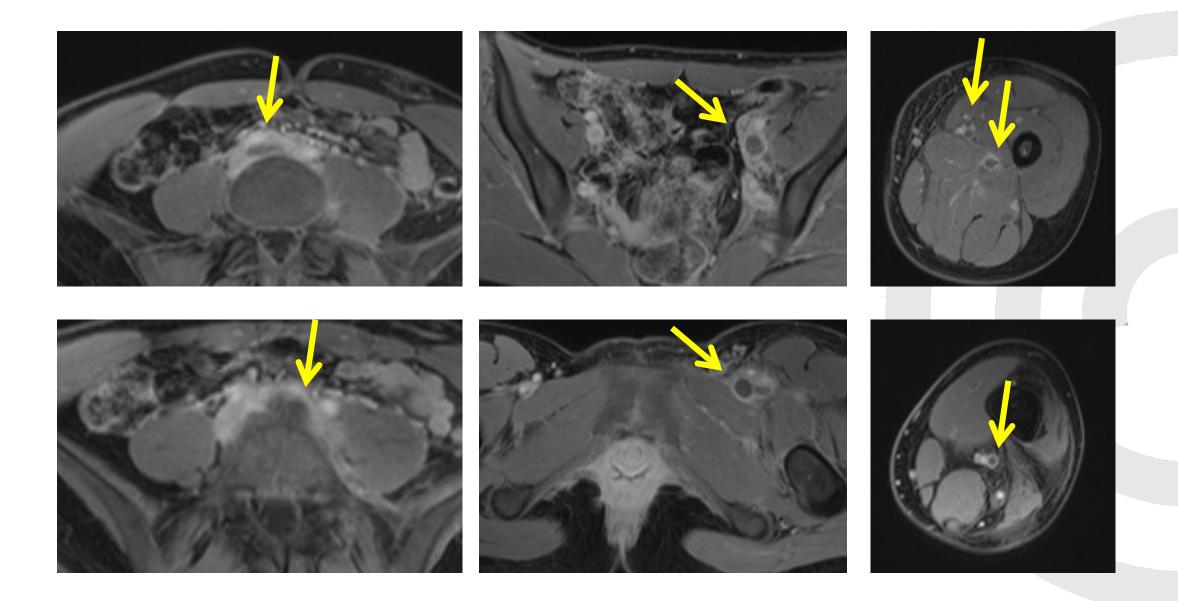
Percutaneous thrombectomy of multilevel iliofemoral DVT in 20y old female: a case report

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Patient 20y, female

- Conservative treatment for tibial plateau fracture 5 weeks ago
- No thromboprophylaxis in the last 3 days
- Meds: Oral contraceptive
- Pain and swelling left leg @day of admission
- Strong pain and severe swelling +10cm



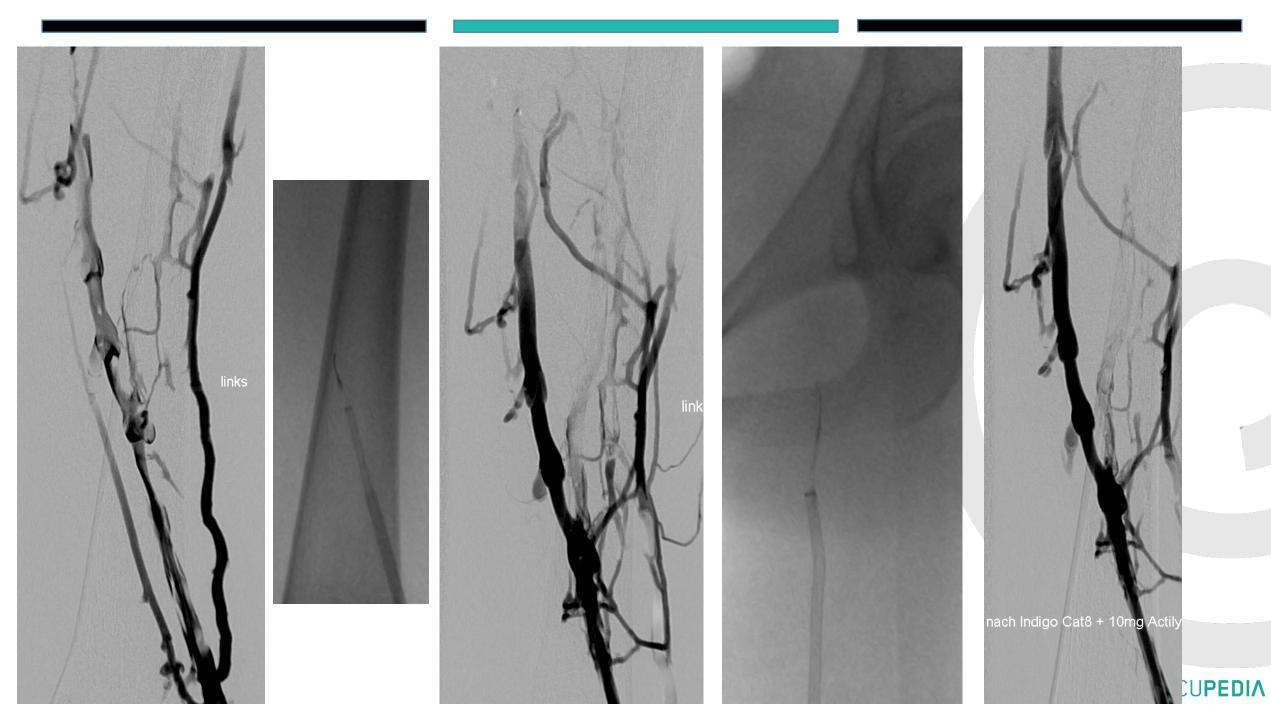


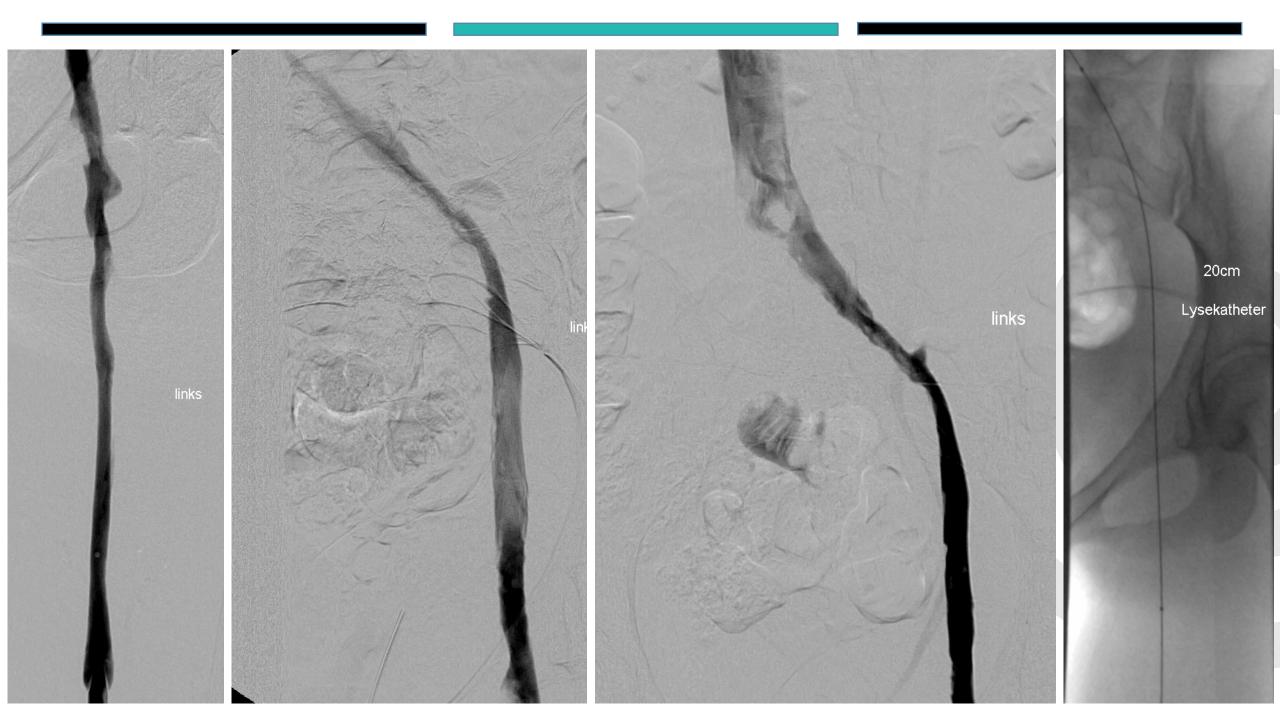
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Therapy

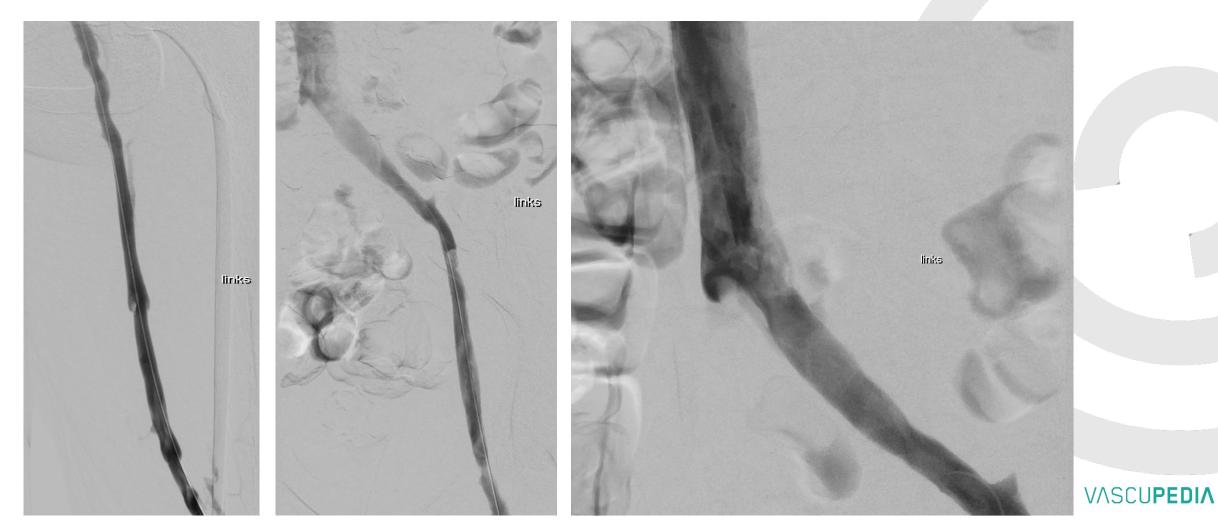
- General anesthesia
- Prone position
- US guided punction of left popliteal vein
- 10F sheath
- Indigo CAT8 (8F) XTORQ for aspiration thrombectomy
- Injecting 10ml rt-PA in the thrombus





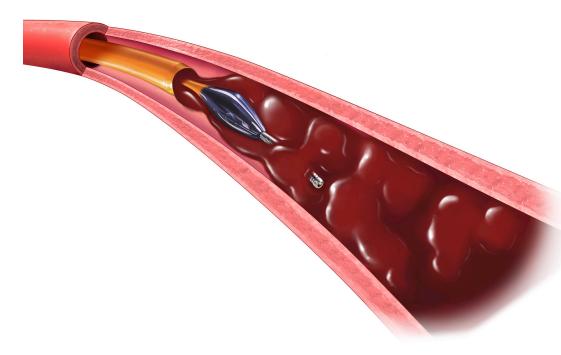


- Inserting 20cm Thrombolysiscatheter: 1mg/h rt-PA, 25000 IU Heparin 2ml/h
- control after 24 hours



- Discharge after 2 days, no pain, almost no swelling left leg
- Patient put on (N)OAK for at least 6 months

• DUS after 1 month : Valves intact, no thrombus, no swelling



Tips & Trics

- 10F sheath allows to insert contrast medium with 8F Indigo catheter in place
- Insert CAT8 Indigo catheter, activate suction and wait for 5 min before

going in with the separator

- Administering thrombolysis inside the thrombus will facilitate thrombectomy
- The fresher the thrombus, the better Indigo works
- No cava filter required
- Be patient



Indigo

• Difference with syringe aspiration:

Vacuum drops off as soon as fluid starts filling the syringe

With Penumbra Indigo: vacuum pump stays on the entire time on max power

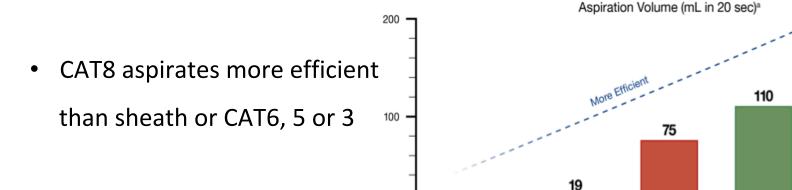
Competitor Rheolytic Thrombectomy Catheter CAT3

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CAT5

CAT6

Tip: always keep an eye on the pump!





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CAT8

Conclusion

- In patients with "fresh" DVT the Indigo system is safe and very effective
- Don't be afraid to puncture a (semi)occluded popliteal vein : if the wire goes in, so will your CAT8 catheter
- The separator will help you during aspiration, so use it
- Keep your eye on the pump!

