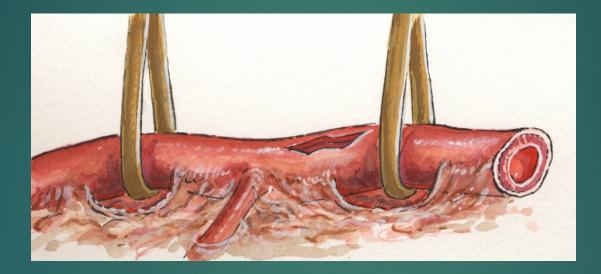
Post Thrombotic Syndrome PAUL BLAIR BELFAST TRUST





Post Thrombotic Syndrome Aetiology

- Failure of acute thrombus to recanalise
- Obstruction and or valve dysfunction
- Chronic venous hypertension
- Development of collaterals (hazards)
- Location and extent of thrombus
- Underlying medical issues
- Patient factors

Post Thrombotic Syndrome Signs and Symptoms

- Swelling and aching
- Venous claudication
- Skin pigmentation
- Ulceration
- Incidence varies depending on thrombus load and location
- Incidence depends on definition 20-40 %
- Quite disabling
- Symptoms v Pathophysiology

Recent developments

- Pockets of enthusiasm for endovenous procedures
- Wide variation in clinical opinions
- RVH very selective mainly acute cases
- BCH more experience in acute and chronic cases
- Benefits of merger
- ► NICE Guidelines
- ATTRACT study
- Improving technology (diagnostic and interventional)

ATTRACT STUDY Acute venous thrombosis: thrombus removal with adjunctive catheterdirected thrombolysis

- Proximal deep vein thrombosis
- 692 Patients randomised
- Control group Anticoagulation only
- Anticoagulation plus pharmaco-mechanical thrombolysis (stents)
- Endpoint development of PTS between 6 and 24 months follow up
- Secondary endpoints , major bleeding, symptomatic PEs, recurrent VTE , death

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ATTRACT STUDY RESULTS

- ▶ No difference in patients with PTS (Rx 47% v Control 48%)
- Recurrent VTEs , no difference (Rx 12% v Control 8%)
- ▶ Moderate/severe PTS (Rx 18% v Control 24%) p=0.04
- No difference in QOL from baseline to 24 months between groups
- Severity scores for PTS lower in Rx v Control at 6,12,18 and 24 months p<0.01 (Villalta scale)</p>
- Major bleeding events within 10 days in Rx group (1.7% v 0.3%) p=.049

Problems with the ATTRACT STUDY

- PTS as a binary outcome , no difference
- Symptom severity of PTS improved at each time point with Rx ?
- Patient selection (initially lleo/Fem but extended to Fem/Pop)
- Low rate of stenting (68% iliac venoplasty 28% stented)
- Villalta scale subjective , validated appropriately ?
- High rate of PTS diagnosed in both study groups

Pragmatic Approach to Deep Vein Thrombosis

Prevention

- Early recognition and diagnosis of DVT
- Prompt treatment (Anticoagulation / Compression/ Elevation)
- Appropriate imaging
- Ileo/femoral DVT acute , severe symptoms , age , comorbidities
- Discuss with Vascular ST/Consultant Surgeon/Radiologist
- ► MDT S
- Consider lysis
- Try and get a bed !

For Discussion

- Decreasing role for vascular surgeon ???
- Haematology and radiology main players
- Changing roles of specialists (Vascular Surgeons and Interventional Radiology)
- Medical management of acute and chronic VTE ?
- New agents , compliance ?
- Reconfiguration of vascular services ?