Disclosure

Speaker name:

I have the following potential conflicts of interest to report:

- Consulting: Cook medical; Optimed GmbH; Bard; Volcano/Philips; TVA Medical; Vesper Medical;
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
Correct sequence

• Anamnesis
  • Complaints
  • QoL

• Physical examination
  • Scoring systems

• Imaging
  • Overview
  • Specific
    • Common iliac vein (compression)
    • Common femoral vein
Pre-treatment options

• **Ultrasound**
  - + cheap
  - - operator dependent and patient dependent
  - - not easy accessible during intervention

• **CT venography**
  - + Good planning possibilities
  - - Subtle webs and trabeculations remain obscure
  - - Radiation and contrast medium

• **MR venography**
  - + Good planning possibilities
  - + accurate
  - - scanning duration/contraindications
During intervention

• **Venography**
  • + flow
  • - intraluminal webs and trabeculations remain obscure
  • - multiple projections needed to increase accuracy

• **IVUS**
  • Extremely accurate in stenosis measurement
  • Identification of intraluminal obstructions
  • **Essential when common femoral vein is involved**
Imaging pathway: conditions

• (Cost-) efficient
  • Limit overlapping imaging
  • Which information is needed?

• Confirm diagnosis
  • Nature and extent of obstruction

• Treatment plan
  • Logistics
  • Surgery included?
(My) Pathway

Femoral confluence

MR venography
Compression

Endovascular

+ Stent

Uncertainties
• Flow
• Stent

IVUS

Inconclusive

Angiography
• Collaterals?

IVUS
• Stenosis >50%

Stent

Hybrid

(IVUS)

Desobstruction + AVF

Stent
Key points

• No “best” strategy
  • Largely depends on your practice

• Focus on planning
  • MRV>CTV>IVUS

• Focus on decision making
  • IVUS>MRV>CTV