OhioHealth Vascular Institute

OHVI RECOMMENDATIONS

Indications for IVC Filter Placement and Follow up

Primary Indications

Patients with documented PE/DVT

One more of the following:

+ Complication of AC
+ Contraindication to AC
+ Failure of AC
  - Recurrent PE/DVT despite adequate therapy.
  - Propagation of PE/DVT despite adequate therapy.
  - Inability to achieve adequate anticoagulation.

Consider serial surveillance duplexes instead of IVC filter for patients with calf vein/distal DVTs.

Relative Indications

Patients with documented PE/DVT

One more of the following:

+ Massive PE with residual DVT and patient unable to tolerate further PE due to example — limited cardiopulmonary reserve due to COPD, CHF etc.
+ Free-floating ilio-femoral or IVC DVT.
+ Pregnant patient with proven DVT during caesarean section or birth.
+ Temporary contraindication to anticoagulation such as elective surgery that is high risk for VTE (Ex – Orthopedic surgery/ Neuro-Spinal surgery, high risk bariatric surgery) and moderate to high risk for bleeding with anticoagulants.
+ Temporary complication of AC such as GI bleed, RP bleed etc.
+ Local fibrinolysis for DVT/ PE.

Patients *without* documented PE/DVT

+ Severe trauma with–closed head injury, spinal cord injury, multiple long bone or pelvic fractures.

No Indication

Patients with documented PE/DVT

+ Able to undergo anticoagulation.
+ Brief contraindication to anticoagulation in a patient who is low risk for bleeding with anticoagulation and surgery is low risk for VTE. (Ex– A young patient with situation DVT undergoing elective cholecystectomy and the surgeon is confident that the heparin can be stopped on-call to surgery and resumed few hours after the closure of incision).

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OHVI RECOMMENDATIONS | IVC FILTER PLACEMENT AND FOLLOW UP

Special Considerations

Supra Renal IVC Filter placement:

+ Presence of IVC thrombus up to the renal veins precluding infra-renal IVC filter placement.
+ Thrombus extending above previously placed infra-renal IVC filter
+ Gonadal/ Renal vein thrombus
+ During pregnancy
+ Anatomic variants
  - Duplication of IVC (can consider filter placements in both IVCs if size appropriate)
  - Anomalous distal insertion of renal veins
+ Intraabdominal or pelvic mass in patients who will undergo surgery and in whom operative IVC mobilization is contemplated
+ Intrinsic narrowing of the infra-renal IVC

Megacava

Consider bilateral iliac vein filters if possible with early retrieval plan vs. Bird's Nest filter.

Retrieval recommendations in these settings:

+ Plan for retrieval/ follow-up in 100% of patients without terminal medical condition.
+ Retrieve as soon as the contraindication to anticoagulation is resolved.

Filter Retrieval Recommendations:

+ **FDA:** *"Get IVC filters out as soon as the risk outweighs the benefit."*
+ Implanting physician is responsible for retrieval of the filter.
+ Retrieve as soon as the contraindication to anticoagulation is resolved.
+ Follow up and retrieval must be set up within 3 months.
+ Reasons for not retrieving the filter must be documented.
  - **Situations for possible long term use:**
    - Persistent contraindication to anticoagulation
    - High risk for VTE
    - Patient refused / PCP refused
    - Patient could not be contacted/ multiple unsuccessful attempts
    - Thrombus on the filter
    - Inability to retrieve the filter
    - Hypercoagulable patients being maintained on long term anticoagulation who may require future surgeries/AC interruptions
    - Patient death

FOR QUESTIONS OR TO PROVIDE FEEDBACK, PLEASE CONTACT:

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PLEASE NOTE:

+ ***These guidelines are not intended for chronic DVT or PE.***
+ ***Long term use of IVC filters increase the risk of DVT.***

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Glossary:

AC – Anticoagulation

COPD – Chronic obstructive pulmonary disease

CHF – congestive heart failure

DVT – Deep Vein Thrombosis

FDA – Food and Drug Administration

GI – Gastrointestinal

IVC – Inferior venacava

PE – Pulmonary Embolism

RP – Retroperitoneal

VTE – Venous thromboembolism

References

http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm396377.htm

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