Same-Day Relief: Ambulatory Surgery Center-Based Therapy for Chronic Venous Insufficiency

Images/courtesy Sorin Medical

In this case, a 45-year-old female with CEAP 4 chronic venous insufficiency, history of left leg deep vein thrombosis (DVT), and inherited thrombophilia (Factor V Leiden and prothrombin G20210A) presented to an ambulatory surgery center (ASC) with worsening pain and edema despite anticoagulation, compression stockings, and leg elevation. Suspecting May-Thurner syndrome, clinicians ordered a venogram (Artis icono floor angiography system, Siemens Healthineers) that revealed total occlusion of the left common and external iliac veins with collateral formation (Figures A and B). The patient underwent percutaneous transluminal venoplasty and stent placement with a Venovo self-expanding stent (Becton, Dickinson and Company) via femoral vein access (Figures C and D). The procedure was well tolerated, and the patient was discharged the same day. At follow-up, she reported complete resolution of pain and edema, with improved limb function and quality of life. ■

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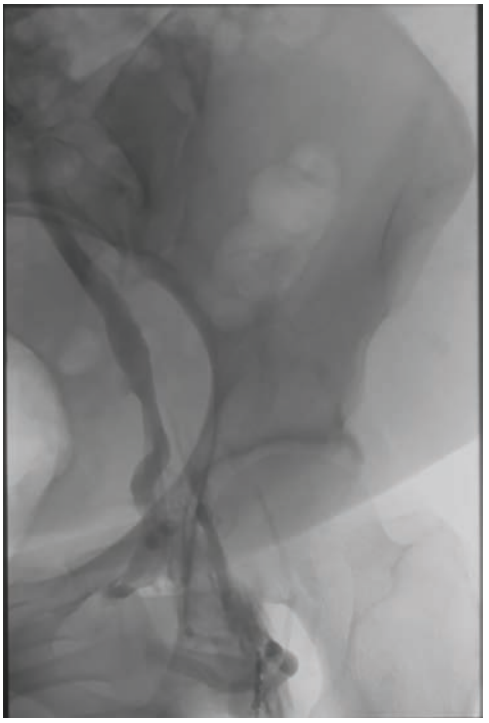

Figure A. Occlusion of left common and external iliac veins with collateral formation.

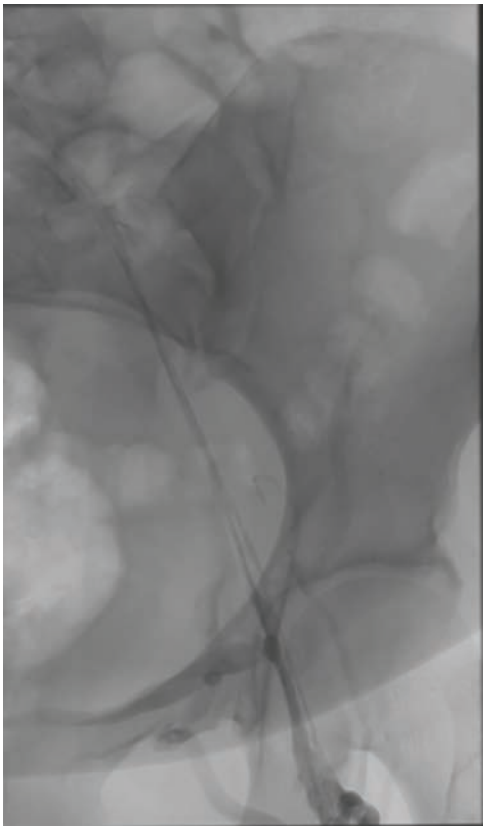

Figure B. Wire placement in left common and external iliac vein.

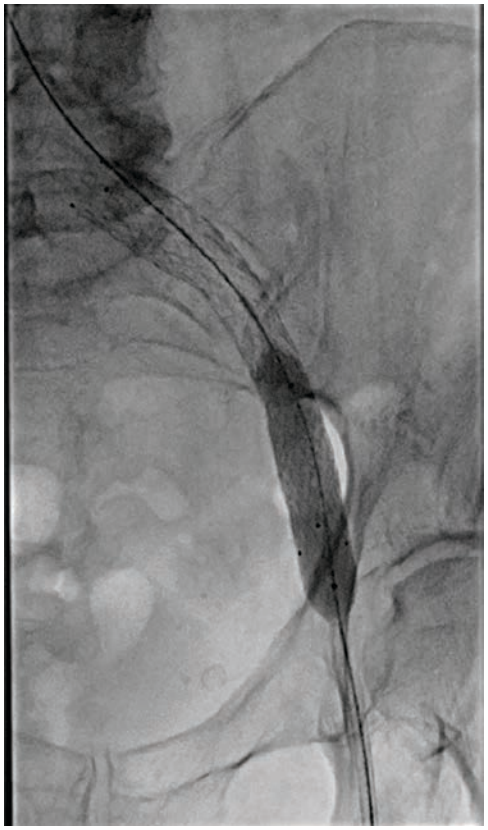

Figure C. Percutaneous transluminal venoplasty.

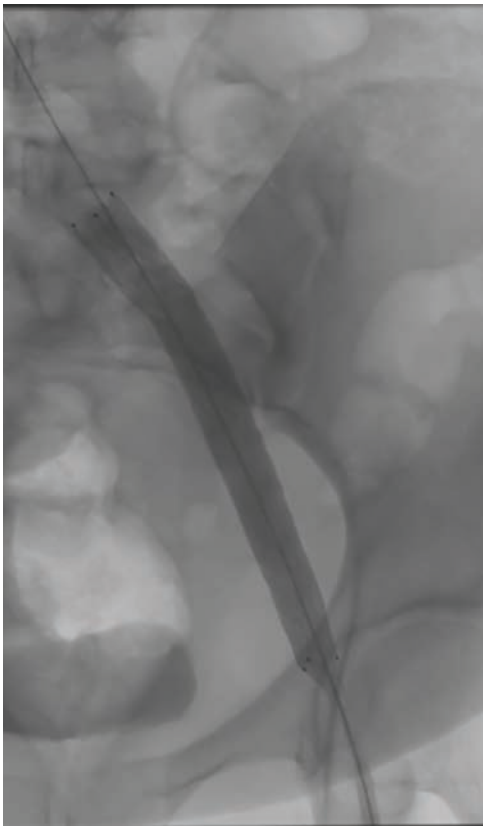

Figure D. Venovo stent placement.