



Inferior Vena Cava Filter



INFERIOR VENA CAVA FILTER INSERTION

This brochure will provide you with essential information about having an inferior vena cava (IVC) filter inserted. It explains briefly what is involved, its benefits over other forms of treatment and some of the more salient risks. It is not meant to replace an informed discussion between you and your referring doctor or interventional radiologist who will be performing the procedure. If you have any questions regarding the procedure, do not hesitate to ask your referring doctor or the interventional radiology staff.

What is an IVC filter?

The IVC is the largest vein in the body. It carries venous blood from the lower limbs, pelvis and abdomen back to the heart. An IVC filter is a small metal device which is implanted in the IVC, usually below the kidneys. The filter is designed to allow blood to flow through normally but traps large blood clots that may have broken loose (a blood clot which has broken free and travels is called an embolus) from one of the thrombosed deep veins of the lower limbs and pelvis. This prevents the embolus from reaching the heart and lungs. If emboli reach the lungs, this is a condition called pulmonary embolism. It can be fatal if large amounts of emboli reach the lungs.

Why is an IVC filter necessary?

The usual treatment for Deep Vein Thrombosis (DVT) is by using blood thinning medication. In some situations, this treatment is not an option or the risk of pulmonary embolism is high even with this treatment. In such cases, an IVC filter is necessary to protect the lungs. Occasionally, an IVC filter may be necessary even before a patient develops DVT; for example patients who are a high risk of developing DVT and who are undergoing certain types of surgery.

Preparation for the procedure

A blood test may be required to test for any blood clotting problems.

If you are on any medication, kindly inform your referring doctor and the Radiology Department of this. If you are currently taking any blood thinners, this may have to be stopped for 3-5 days prior to the procedure. Your referring doctor will advise you on this. Similarly, diabetic medication may have to be halted until after the procedure as fasting may be required for the procedure.

In general, fasting 4-6 hours prior to the procedure is recommended. This is especially so if sedation or general anaesthesia is required.

Arrive early at the hospital as time is often required for registration, admission and other administrative details. If the procedure is to be performed as an outpatient, please arrive at least 20 minutes before your procedure time. If the procedure is to be performed as a day-case or inpatient, please arrive at least 2 hours before the procedure time.

What happens during IVC filter insertion?

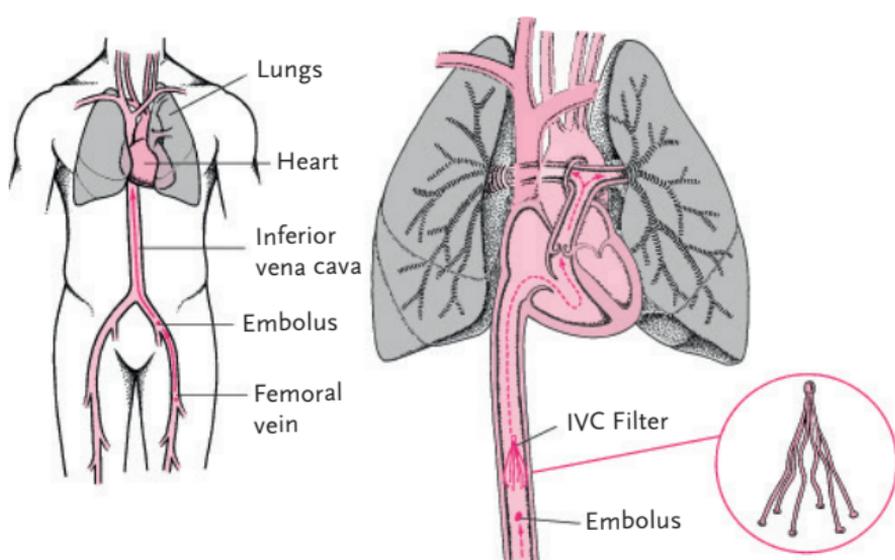
The procedure is performed in the Angiography Suite of the Radiology Department. It is performed under local anaesthetic, via a groin or neck vein puncture. A fine tube called a catheter will be inserted into the IVC and X-ray dye (contrast media) will be injected to outline the IVC. Under X-ray guidance, the device will then be inserted and deployed in the IVC, usually below the level of the kidney veins. Following this, the catheter will be removed and pressure will be applied to the vein puncture site to prevent bleeding. A pressure bandage will be applied to this site, once bleeding has stopped.

After the procedure

You will be taken back to your room where you can rest and where you will be monitored for a few hours before discharge.

Temporary vs Permanent Filters

The filters are all designed to be permanent. However, some of the newer filters are designed with the option to retrieve them at a later date, when there is no longer a significant risk of pulmonary embolism. Even with this option, there may be situations where a retrievable IVC filter cannot be safely removed. For example, there may be blood clots trapped within the filter or parts of the filter become embedded in the wall of the IVC, resulting in a risk of damaging the IVC and bleeding while attempting to remove the filter.



Benefits and Risk

BENEFITS

- Minimally invasive procedure
- No general anaesthetic or surgical incision required.
- Performed as a day case.
- Reduces the risk of pulmonary embolism.

RISKS

Overall, the risks are low. Below is a list of some of the more salient risks.

- Bleeding from the puncture site
- Injury to the access vessel or the IVC itself
- Thrombosis of the IVC
- Perforation of the IVC by the device
- Infection
- The filter may shift, requiring re-positioning or retrieval
- Very rarely, there have been cases of the filter itself embolizing to the heart and lungs. This can be fatal.

In any procedure, there are risks, including death, which are rare and unpredictable. It is not possible to list every single risk. Any of these potential complications, both listed and not listed above, may require further surgical or interventional procedures for treatment



I confirm that I understand the information herein about Inferior Vena Cava Filter as it has been read by me and / or explained to me.

Name: _____

*Passport/NRIC No: _____

Signature: _____

Date: _____

Confirmation given before (Staff's name): _____

Staff's Signature: _____

Date: _____

*Please delete as applicable



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