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Revascularization In Deep Vein Thrombosis

Patient History

85 year old female presented with occlusion of both the Deep Femoral and Superficial Veins

- The vessels had been occluded for more than 6 months
- Clot in SFV was found to be chronic
- Clot in DFV was found to be acute on chronic

Treatment

EKOS Ultrasound Accelerated Thrombolysis was selected for treatment

- 24 cm treatment length catheter was placed in Superficial Femoral Vein, 100,000 u/hr Urokinase started – 70,000 u/hr through treatment zone and 30,000 through coolant lumen
- After lytic check, a 12 cm treatment length EKOS catheter was placed in Deep Femoral Vein, 100,000 u/hr Urokinase – 70,000 u/hr through treatment zone and 30,000 through coolant lumen

Results

At 16.5 hrs lysis

- Complete lysis of the Superficial Femoral Vein

At 6.5 hrs (23 hours total treatment)

- Complete lysis of Deep Femoral Vein
- An IVC filter was placed so the patient could be released without follow-up medication

With less than 1 day treatment, the EKOS system achieved complete lysis of two chronically occluded veins

EKOS®

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Intended Use The EKOS® EndoWave® Infusion Catheter System is intended for controlled and selective infusion of physician-specified fluids, including thrombolytics, in the peripheral vasculature. All therapeutic agents utilized with the EndoWave Infusion Catheter System should be fully prepared and used according to the instructions for use of the specific therapeutic agent. **Contraindications** * Not designed for peripheral vasculature dilation purposes. * This system is contraindicated when, in the medical judgment of the physician, such procedure may compromise the patient's condition. **Potential Complication** The complications that may result from an infusion procedure include: vessel perforation or rupture, distal embolization of blood clots, vessel spasm, hemorrhage, hematoma, pain and tenderness, sepsis / infection, intimal disruption, arterial dissection, vascular thrombosis, drug reactions, allergic reaction to contrast medium, arteriovenous fistula, thromboembolic episodes, and amputation. For complete instructions on use refer to the IFU.

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Pre-EKOS



EKOS device placed



Post EKOS — complete lysis