GUIDELINE TITLE: Venous Thrombolysis and/or Thrombectomy, including Follow-up/Cessation

DEPARTMENT: Vascular Center of Colorado
ORIGINATION DATE: 06/2010
CATEGORY: Interventional Radiology
EFFECTIVE DATE: 02/02/16

SCOPE
These guidelines apply to all clinical staff and physicians performing a venous thrombolysis, or thrombectomy

PURPOSE
To restore patency of an artery in patients who have an acute DVT

GUIDELINE
To obtain recanalization of a vein affected by a DVT

PROCEDURE
Equipment
- Large Pack
- Heparinized Saline
- Chloraprep
- Lidocaine
- Ultrasound probe cover (for Popliteal access)
- Wire of physician choice
- Sheath of physician choice
- Isovue 300 (100mL)
- Angiojet supplies

Procedure
After obtaining informed consent, the patient will be prepped and draped in sterile fashion. The physician will administer lidocaine to the area around the vein the physician will be using for access. The physician will access the vein, using ultrasound guidance, with a needle and place a wire in through the needle. The needle will be removed and a sheath will be placed into the vein. A catheter and wire will be inserted and contrast will be injected to visualize the occlusion. Once the occlusion has been visualized, the physician will treat accordingly. The physician will decide if the procedure is complete or if the patient will need to be brought back later for more evaluation. If the patient is to be brought back, an infusion catheter will be inserted into the affected vein and tPA will be infused (at a rate of the physician’s choice). The sheath will be sutured into place and a sterile dressing will be applied.

Additional Equipment for Follow-up, or Cessation
- Ask physician if the patient will need to be prepped and draped
Procedure for Follow-up, or Cessation
The physician will inject contrast into the infusion catheter to assess the progress of the tPA and vessel. The physician will decide if the procedure is complete or if the patient will need to be brought back later for more evaluation. If the procedure is complete, the infusion catheter will be removed and the sheath will be left in to be later removed by the floor nurse.

REFERENCES AND SOURCES OF EVIDENCE
NA

REVIEW/APPROVAL SUMMARY

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<th>REVIEW/REVISION DATES: 06/2010, 02/02/16</th>
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<th>APPROVAL BODY(IES): VCC Medical and Clinical Directors</th>
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