

Patient information · Interventional Radiology · Cochin University Hospital AP-HP

This document provides information about venous recanalisation for chronic venous obstruction (post-thrombotic syndrome).

## 1. Principle

Venous recanalisation reopens obstructed iliac or femoral veins using balloon angioplasty and venous stents (Nitinol springs), restoring venous drainage and reducing oedema and chronic pain.

**Results: technical success rate >90%, clinical improvement in ~99% of cases, over 70% of patients completely symptom-free after the procedure.**

## 2. Before the procedure

- Venous CT phlebography and Doppler ultrasound
- Interventional radiology consultation
- Anaesthesia consultation (mandatory, at least 48h before)
- Fasting from 6 hours before

## 3. The procedure

- Short hospitalisation: arrive the day before or the morning
- General anaesthesia or sedation
- Catheter introduced via femoral or popliteal vein
- Balloon dilatation then stent placement
- Duration: 1-2 hours

## 4. After the procedure

- Pneumatic compression stockings on both legs immediately
- Early mobilisation essential (therapeutic prescription)
- Anticoagulation started immediately, minimum 6 months
- Antiplatelet therapy for 1 month
- Doppler control next morning before discharge
- Doppler follow-up at 1, 3 and 6 months · CT at 1 year

**Warning: NEVER stop anticoagulation without medical advice, even for a few days. Contact our team if in doubt.**