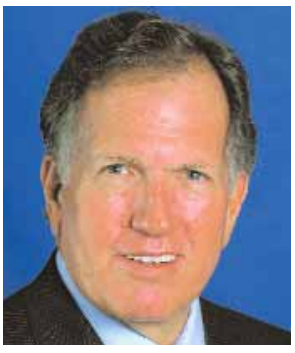
Continued Progress in Venous Disease Therapy

Venous disease and intervention remains an important area of endovascular therapy. It is a field of great opportunity, with expanding applications and techniques. This month's issue provides a timely update on advances in endovascular therapy of a diverse group of entities within the venous system.

Thuong G. Van Ha, MD, opens our cover story by offering his tips on IVC filter retrieval, noting that the success of retrieval is often determined by the initial placement. He reviews several retrieval methods and includes device-specific contraindications for removal. David Rosenthal, MD, and his coauthors then describe how to place a filter at the ICU bedside using IVUS guidance and a single femoral puncture technique, noting the benefits of this option.



David Gillespie, MD; Marcia Johansson, RN, MS; and Carolyn Glass, MD, provide a careful evaluation of how endovascular stenting should—and should not—be used to treat venous outflow obstruction after thrombolysis and thrombectomy. Next, Suresh Vedantham, MD, brings us up to speed on the current state of DVT treatment and the goals of the ATTRACT trial. He reviews the trial's design and the questions it will aim to answer, concluding with comments on the recent Call to Action by the US Surgeon General and his own call for continued support of this important trial.

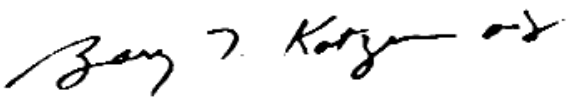
Pelvic venous insufficiency, often the cause of chronic pelvic pain, may be treated successfully if proper case selection and evaluation are utilized. Carl M. Black, MD; Kelly Thorpe, NP; and Ryan Nielsen, MD, provide an overview of the disease and site transcatheter embolization as a viable endovascular treatment method.

Superior vena cava syndrome is increasing in prevalence in part due to the increased use of central venous catheters. Jonathan D. Grant, BS; Julie S. Lee, MD; Edward W. Lee, MD, PhD; and Stephen T. Kee, MD, review the medical and surgical treatment options, as well as the endovascular therapies available, and conclude that endovascular therapy should be the first line of treatment.

Lowell S. Kabnick, MD, FACS, FACPh, and Jayne A. Caruso, RN, share data from their single-center study of endovenous laser ablation with jacket-tip laser fibers. Although additional investigation is warranted, their findings show that this method may improve postoperative recovery. Thomas M. Proebstle, MD, compares current options for treating the saphenous veins, weighing the relative importance of procedural success versus side effects and quality of life. James F. McGuckin, MD; Adrienne M. Gosnear, BS, RTC; and Renee L. Williams, BA, RT, discuss the role of a radiofrequency guidewire for the treatment of central venous occlusions when conventional, more conservative techniques have failed.

Before our venous feature begins, Atul Gupta, MD, and Alessandro G. Radaelli, PhD, provide us with a comprehensive Imaging & Diagnostics article on the use of real-time three-dimensional imaging for an array of endovascular procedures. We conclude this month with an interview with interventional radiologist Craig R. Greben, MD, who always has a unique case or two to share and offers his insights on how embolization can be used to treat a wide range of disease and injury states.

We hope that this edition of *Endovascular Today* provides a stimulating look at some of the many venous disease states, as well as the techniques currently being employed to treat them. ■



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