Safety and ease of retrievability in long term optional IVC filters: our ALN experience.

*Presented During:* IVC Filters
Tue, 3/25: 2:15 PM - 2:24 PM
San Diego Convention Center
Room: 16A

Abstract No:
180

Abstract of the year:
0

Abstract Type:
Abstract

Authors:
L. Sedrak¹, R. C. Zvavanjanja², N. Clark², A. M. Cohen²

Institutions:
1. Interventional Radiology, The University of Texas MD Anderson Cancer Center, Houston, TX, United States. 2. Interventional Radiology, The University of Texas Health Science Center at Houston, Houston, TX, United States.

Author:
*Lori Sedrak, DO*  - View Disclosure
MD Anderson Cancer Center
Houston, TX

Purpose:
The ALN inferior vena cava filter (ICVF) has been widely available and used on the European market for the past decade, however few centers have extensive experience with this filter in the US; our center is one of the few. We present our experience with this filter in relation to safety and retrievability.

Materials:
Following institutional review board approval, a retrospective review of the ALN IVCFs placed at our institution from August 2010 to August 2013. Information was obtained from the electronic medical records and picture archiving communication system (PACS). Filters placed were evaluated for safety, deployment success rate and tilt angle at placement. The filters retrieved were assessed for dwelling time, the angle of the filter at time of retrieval, fluoroscopy time and any associated complications.

Results:
Over the 37-month period, 140 ALN filters were placed with 15 filters retrieved (10.7%). The median angle of ALN filters at the time of placement was 13.3° (range 3.6 – 21.3°) with 71% (100/140) placed from a femoral vein approach. Retrieval angle median was found to be 10.6° (range of 6–27°). ALN filters were retrieved at a mean of 7.7 months following placement (range 1–24 months). There was a 100% technical success rate of ALN placement and retrieval with a median fluoroscopy time of 6.9 minutes (range 1.5 – 20.6 minutes) for retrieval. Only 1 ALN filter (0.7%) showed limb penetration on incidental CT imaging one month following placement, with uncomplicated removal using the ALN retrieval device. There was no evidence of limb fracture or adjacent thrombus.

Conclusions:

Our retrospective evaluation of ALN filters has revealed good rates of safety and retrievability. ALN filters demonstrate ease of retrieval, even up to 24 months following placement. There are additional advantages to the filter that have resulted in popularity at our institution; including clear visibility of the expanded filter prior to deployment, the low profile of the 7 French delivery sheath and ease of the 9 French retrieval system.