

# International Surgery and Ortho Conference

October 25-26, 2017 | Toronto, Canada

## Venoplasty: A less frequent but essential procedure

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**Statement of the Problem:** Balloon venoplasty and stenting of venous obstruction was introduced in late 1980s and 1990s. Earliest venous stenting was done in 1997. It is less frequent but recognized essential procedure. Its clinically significant is more common in upper than lower extremities. Most commonly affected sites include axillary, brachial, cephalic, Subclavian, Superior vena cava, Femoral and Iliac veins. Majority of cases are hemodialysis catheter related from intimal hyperplasia and fibrosis due to intimal trauma secondary to catheter movement during cardiac cycle or due to propagating infection along the venous wall from entry point. Other causes include central venous catheter, pacemaker leads, radiation, trauma or external compression. Venous stenosis presents with swelling of affected area of drainage. Duplex scanning is less reliable in subclavian vein whereas venography is less reliable in femoral and iliac vein obstruction. Endovascular therapy is the effective modality of treatment. Balloon angioplasty preferred in subclavian veins and stenting preferred in femoral or iliac veins.

**Outcome:** In subclavian balloon angioplasty luminal diameter improvement in 70%, elastic recoil in 23% and failed in 7%. Restenosis develops in 81% at 7.6 months; one-year patency 35% and two-year patency 6%. Primary patency in subclavian


stenosis varies from 20% to 70%. Repeat procedure is needed in large number of patients. Femoral or iliac vein stenting has no in-stent restenosis at 27±4 months but stent thrombosis in 4%.

**Conclusion & Significance:** Majority of venous obstructions are iatrogenic mostly hemodialysis patients. It's a less frequent procedure but essential to keep open the vein related to dialysis, the lifeline for the patient. Need for repeat procedure is very high.

### Speaker Biography

Abdullah Al Jamil graduated from Sher-E-Bangla Medical College, under Dhaka University, Bangladesh in 1988. He has started his career as House Physician in Department of Medicine, IPGMR, Dhaka. Then, he has served in CCU and Internal Medicine, Dhaka Medical College Hospital as Assistant Registrar and Registrar. He has obtained Fellowship in Medicine from Bangladesh College of Physicians and Surgeons in 1997. Subsequently, he has worked as Junior Consultant, Medicine, Shaheed Suhrawardy Hospital, Dhaka for three years. He has obtained MD Cardiology from Dhaka University in 2001. He has worked as Assistant and Associate Professor of Cardiology, Bangabandhu Sheikh Mujib Medical University, Dhaka over three years. Then, he has joined at Square Hospital as Consultant, Interventional Cardiology in January 2007. He has joined the present working place in June 2016. He has attended several International Conferences as faculty, and presented papers in USA, Switzerland, Japan and Singapore. He has performed 2130 procedures including PCIs, Device Implantations, Balloon Valvuloplasties, Peripheral Angioplasties and EPS and RFA.

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