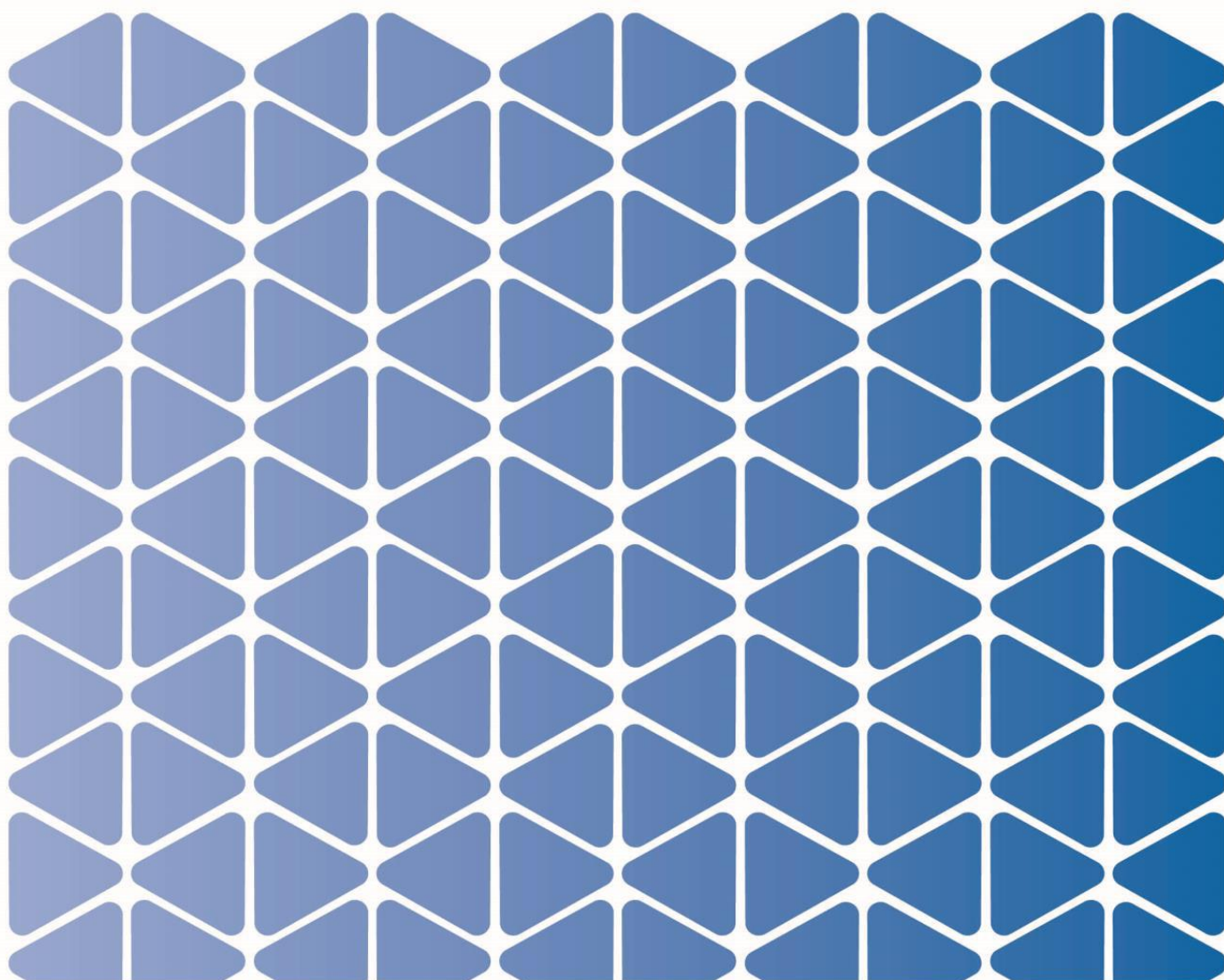


PATIENT INFORMATION

# INFERIOR VENA-CAVA FILTER PLACEMENT



## **Radiology / Imaging Department**

This leaflet tells you about having an inferior vena cava (IVC) filter inserted. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure, please ask the doctor who has referred (the referring doctor) you or the department which is going to perform it.

### **WHAT IS AN IVC FILTER?**

An IVC filter is a small metal device usually placed in a large vein called the inferior vena cava (IVC) that drains blood from the legs and lower part of the abdomen. The IVC filter allows blood to flow through normally but traps any large blood clots, stopping them from getting to your lungs.

### **WHY IS IT USED?**

Blood clots (thrombosis) sometimes form in the veins of the legs and pelvis. They are known as a deep vein thrombosis (DVT). The clot can sometimes break free and enter with the blood flow into the lungs and make you very sick. This is called pulmonary embolism (PE). They can be fatal. An IVC filter prevents a large PE by trapping a clot before it reaches the lungs.

### **WHO SHOULD HAVE AN IVC FILTER?**

The usual treatment for DVT and PE is drug treatment to thin the blood. This is usually with warfarin. In a few patients, warfarin does not prevent further PEs, in others thinning the blood is too risky. When this happens, patients are considered for treatment by inserting an IVC filter. Very occasionally, a patient is advised to have an IVC filter inserted even though they do not have a DVT or PE at that time. Your doctors will explain the reasons why they think you should have an IVC filter.

### **ARE THERE ANY RISKS?**

IVC filter insertion is a very safe procedure. Serious complications are very rare. There may be a small bruise at the needle site and very rarely there may be damage to the vein or blockage of the inferior vena cava. Extremely rarely, the filter can migrate which may require a further procedure to reposition the IVC filter. If you need a magnetic resonance (MRI) scan in the future, you should tell the person doing the scan that you have a filter.

This procedure involves exposure to x-rays. X-rays consist of a type of radiation known as ionising radiation. The doses that are used in medical x-rays are very low and the associated risks are minimal. The radiologist is responsible for making sure that your dose is kept as low as possible and that the benefits of having the x-ray outweigh any

risk. X-rays can be harmful for an unborn baby. If you think you may be pregnant, please contact the x-ray department.

### **ARE YOU REQUIRED TO MAKE ANY SPECIAL PREPARATIONS?**

Insertion of an IVC filter is usually carried out as a day case procedure under local anaesthetic. You can eat and drink normally before the procedure. If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

You will need to have a blood test prior to admission to check your blood clotting levels. You will be informed of the arrangements for this test.

### **Your normal medication**

We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you.

#### **Aspirin**

If you are taking aspirin regularly, please stop 5 days before the procedure unless you have a high risk indication. e.g. have had a cardiac stent inserted within the last twelve months.

#### **Clopidogrel, Prasugrel, Persantin, Clexane,**

If you are taking any of these regularly, please ring the Imaging department on the numbers provided below.

We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the referring clinician.

#### **Warfarin, Dabigatran, Rivaroxaban, Edoxaban, Apixaban**

If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please ring the Imaging department on numbers provided below. We will need to know why you are taking this and what your target INR is.

If you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

Please ring the booking coordinator on 01527 503030 asking for extension 44603 for questions.

## **WHO WILL YOU SEE?**

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

## **WHERE WILL THE PROCEDURE TAKE PLACE?**

In the angiography suite or theatre; this is usually located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

## **WHAT HAPPENS DURING THE PROCEDURE?**

The interventional radiologist will explain the procedure and ask you to sign a consent form. Please feel free to ask any questions that you may have and, remember that even at this stage, you can decide against going ahead with the procedure if you so wish. You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm. You will lie on the X-ray table, generally flat on your back. A needle will be inserted into a vein in your arm, so that a sedative or painkillers can be given if required. You may have monitoring devices attached to your chest and finger and may be given oxygen.

The procedure is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves to carry out the procedure. The skin near the point of insertion, usually the neck but occasionally the groin, will be swabbed with antiseptic and you will be covered with sterile drapes. The skin and deeper tissues over the vein will be numbed with local anaesthetic. A fine tube (catheter) will be inserted and guided, using the X-ray equipment into the correct position. Small amounts of dye (contrast agent) are used to check the position of the catheter. The filter is passed through the tube to the exact site and released. Small hooks grip the wall of the vein and stop it moving away.

## **HOW LONG WILL IT TAKE?**

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about an hour.

## **WHAT HAPPENS AFTERWARDS?**

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will generally stay in bed for a couple of hours and you will be able to go home. Take it easy for the rest of the day but you can resume normal activities the next day.

## HOW WILL THE FILTER STAY IN?

Modern IVC filters can be left in permanently; however, it is becoming more common for these devices to be a temporary solution and removed when they are no longer required. This is often at three months but may occasionally be longer. You might have to take blood thinners until filter is removed.

## FINALLY

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

## Other information

The following internet websites contain information that you may find useful.

- [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)  
Worcestershire Acute Hospitals NHS Trust
- [www.patient.info](http://www.patient.info)  
Information fact sheets on health and disease
- [www.rcoa.ac.uk](http://www.rcoa.ac.uk)  
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- [www.nhs.uk](http://www.nhs.uk)  
On-line health encyclopaedia

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.