ASCENSION ST VINCENTS
IVC FILTER PATIENT HANDOUT

Radiologist who performed your procedure: _____

IVC Filter Placement Procedure Description:

- An inferior vena cava (IVC) filter is a small metal device placed in a large vein in the abdomen called the inferior vena cava.
- Image-guided IVC filter placement is performed to help prevent blood clots from traveling from the legs or pelvis to the lungs.
- During IVC filter placement, a radiologist uses X-ray imaging to precisely guide placement of the filter. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A small catheter is inserted into a vein (usually in the neck or groin) and advanced to the inferior vena cava. The filter is then deployed through the catheter and positioned in place. The catheter is removed, and pressure is applied to reduce bleeding.
- The procedure usually takes 15-30 minutes (sometimes longer). You will then be observed for a period to time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.
- IVC filters are often intended to be temporary. Once the filter is no longer needed to protect against blood clots traveling to the lungs, removal is recommended to reduce the risk of long-term complications. Please follow up with your ordering provider or Radiology to determine when it is appropriate to remove your IVC filter.

IVC Filter Removal Procedure Description:

- Image-guided inferior vena cava (IVC) filter removal is performed when the filter is no longer needed.
- During IVC filter removal, a radiologist uses X-ray imaging to precisely guide removal of the filter. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A small catheter is inserted into a vein (usually in the neck or groin) and advanced to the inferior vena cava. Special tools are used to capture and remove the filter. The catheter is removed, and pressure is applied to reduce bleeding.
- The procedure usually takes 30–60 minutes (sometimes longer). You will then be observed for a period to time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Helps prevent blood clots from traveling to the lungs when anticoagulation is not possible or not effective.
- Imaging allows the radiologist to precisely place and retrieve the filter.
- Minimally invasive procedures performed through small skin openings.

- Provides temporary protection from pulmonary embolism in appropriate patients.
- Allows safe removal of the filter once it is no longer needed.
- Image guidance helps reduce the risk of complications.
- Most patients tolerate the procedures well and go home the same day.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Blood clot (thrombus) formation at the insertion site or around the filter can occur.
- Migration or movement of the filter can occur but is uncommon.
- Tilt or improper positioning of the filter can occur.
- Penetration of filter struts through the vein wall can occur.
- Difficulty removing the filter can occur, particularly if the filter has been in place for a long time.
- Incomplete removal of the filter can occur and may require additional procedures.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Anticoagulation (blood-thinning) medications when safe and appropriate.
- Compression stockings or pneumatic compression devices to reduce clot risk.
- Medical management and close clinical monitoring in select cases.
- Surgical clot removal or other vascular procedures in rare situations.
- Some patients choose no further treatment; however, this carries the risk of blood clots traveling to the lungs and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the procedure site periodically for 15-30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.

- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; or a faster-than-normal heart rate. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.