ASCENSION ST VINCENTS
CATHETER-DIRECTED THROMBOLYSIS/THROMBECTOMY
PROCEDURE PATIENT HANDOUT

Radiologist who performed your procedure: _____

Procedure Description:

- Image-guided catheter-directed thrombolysis and/or thrombectomy are procedures used to treat blood clots by dissolving or removing them directly from the affected blood vessel. These procedures are most commonly performed for clots in the legs, arms, lungs, or other blood vessels when restoration of blood flow is needed.
- During the procedure, a radiologist uses X-ray and ultrasound imaging to guide a small catheter into a blood vessel (usually through a tiny opening in the groin, arm, or neck). The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For thrombolysis, clot-dissolving medication is delivered directly into the clot through the catheter to help break it down.
- For thrombectomy, special devices are used through the catheter to mechanically remove clot material.
- In many cases, both techniques may be used together.
- Depending on the situation, other treatment may be performed at the same time, including:
  - Angioplasty: A small balloon is inflated to open a narrowed blood vessel.
  - Stent placement: A small metal mesh tube is placed to help keep the vessel open.
  - Embolization: Small particles, coils, or other materials are placed through the catheter to intentionally block selected blood vessels to control bleeding or reduce blood flow to abnormal tissue.
- The catheter may be left in place for several hours or overnight to allow continued medication delivery if thrombolysis is performed. After treatment, the catheter is removed and a closure device or pressure is applied to the access site to reduce bleeding.
- The overall treatment process may take one or more days depending on the size and location of the clot and your response to therapy.
- You will be required to keep the extremity where the blood vessel was accessed completely still for 2-6 hours following completion of your procedure.
- Patients remain in the hospital until treatment is complete and their other medical conditions are adequately addressed.

Benefits:

- Helps restore blood flow by dissolving or removing blood clots.
- Can rapidly improve symptoms such as pain, swelling, or shortness of breath.
- Imaging allows the radiologist to precisely target the clot.
- Delivers treatment directly to the clot while limiting exposure to the rest of the body.
- Minimally invasive approach performed through small skin openings.
- May reduce long-term complications related to blood clots.
- Can be combined with angioplasty or stent placement if needed.

- Most patients tolerate the procedure well.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but often mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain 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 clots or blockage of unintended vessels can occur but are uncommon.
- Blood clots can form or move during the procedure.
- Incomplete treatment or recurrence of symptoms can occur and may require repeat embolization or additional therapy.
- Re-narrowing or re-blockage of treated vessels can occur over time.
- Bleeding elsewhere in the body can occur, especially when clot-dissolving medication is used.
- Depending on the treatment performed, specific complications may occur (such as vessel rupture with angioplasty, stent movement, or unintended blockage of nearby vessels with embolization). Occasionally, these complications may require additional procedures, surgery and/or hospital admission for treatment.
- Kidney injury from contrast material can occur, particularly in patients with underlying kidney disease.
- 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 alone, depending on the size and location of the clot.
- Systemic (IV) clot-dissolving medication in select emergency situations.
- Surgical removal of the clot in appropriate patients.
- Supportive medical management and close clinical monitoring in select cases.
- Some patients choose no further treatment; however, this may allow the clot to persist or worsen 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; a faster-than-normal heart rate; or numbness, tingling, weakness, or pain in the extremity where the blood vessel was accessed. 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.