

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet - Inferior Vena Cava Filter Insertion

1. Introduction

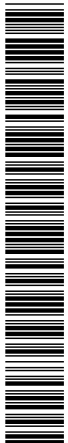
- 1.1. A vena cave filter is a small, metal device about an inch long, shaped rather like the spokes of an umbrella, or a cage, that is designed for percutaneous caval interruption. The filter is placed in the inferior vena cava (the large vein in the abdomen) which brings blood back from the legs and pelvis, towards the heart. If there are blood clots in the veins in the legs or pelvis, these could pass up the vena cave and into the lungs, causing potentially fatal pulmonary embolism (PE). The filter will trap these blood clots and prevent them entering the lungs.
- 1.2. IVC filters maybe permanent which are mainly catered for elderly patients, in patients with short life expectancy or in patients who cannot receive anticoagulant (blood thinning agent to prevent clot formation). Retrievable IVC filters are filters that can be removed later if the filters are no longer needed. These may also be left behind permanently if the indications for IVC filters persist.

2. Before the Procedure

- 2.1. You will be invited to a ward or outpatient clinic for some preliminary tests including electrocardiogram, Chest X-ray and blood tests. We will also check your allergy history.
- 2.2. Our medical staff will explain to you and your relatives the procedure and its risks, and present to you this information leaflet. You have to sign an informed consent.
- 2.3. Blood thinning drug (warfarin) or diabetic drugs (metformin) may have to be stopped several days before the procedure. Special anti-platelet drugs (Clopidogrel, Ticagrelor or Prasugrel) should be taken before the intervention. Steroid will be given if there is history of allergy.
- 2.4. Fasting of 4-6 hours is required prior to the procedure. An intravenous drip will be set up. Shaving may be required over the puncture site.
- 2.5. If you are a female, please provide your last menstrual period (LMP) and avoid pregnancy before the procedure as this procedure involves exposure to radiation.

3. The Procedure

- 3.1. This is an invasive procedure performed under local anesthesia in a cardiac catheterization centre.
- 3.2. Electrodes are adhered to the chest to monitor the heart rate and rhythm. Blood oxygen monitor through your finger tip will be set up. Blood pressure will be measured from your arm at regular intervals during the examination.
- 3.3. Generally, the vein in the groin or neck is punctured. The vein in the arm may also be used.
- 3.4. The skin and deeper tissues over the vein will be anaesthetized with local anesthetic, and then a needle will be inserted into the vein. Once the physician is satisfied that this is correctly positioned, a guidewire is placed through the needle, and into the vein. Then the needle is withdrawn and a fine plastic tube, called a sheath, is placed over the guide wire and into the vein.
- 3.5. The vascular anatomy of the vena cava is mapped by performing venogram prior to filter selection and placement.
- 3.6. Physician uses the x-ray equipment to make sure that the sheath and the guidewire are moved into the right position, and then the guidewire is withdrawn. The filter is released from the sheath, and deployed in the vena cava. The filter is usually placed below the level of renal veins. In patients with high clot in the IVC, the filter may be placed above the level of renal veins.
- 3.7. Generally, the procedure will be about ½ to 1 hour, depending on complexity.
- 3.8. Once back to your ward, your vital signs and puncture site will be monitored. Bed rest for about 6 hours and keeping the punctured leg straight, or propped up 30 degrees for neck puncture, are recommended.
- 3.9. If removal or reposition of a retrievable IVC filter is considered, it will be removed or repositioned later. A vein in the neck or the groin will be punctured. A bigger vascular sheath is inserted and the filter is removed or repositioned with a snare made of metallic wire. There is a time frame within which the retrievable filter should be retrieved or repositioned.



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7. Remarks

- 7.1. It is hard to mention all the possible consequences if this procedure is refused.
- 7.2. The list of complications is not exhaustive and other unforeseen complications may occasionally occur. The risk quoted is in general terms. In special patient group (e.g. diabetics), the actual risk may be higher.
- 7.3. Should a complication occur, another life-saving procedure or treatment may be required immediately.
- 7.4. If there is further query concerning this procedure, please feel free to contact your nurse or your doctor.

8. Reference

- 8.1 Hospital Authority (2016). Smart Patient. Retrieved from: <http://www21.ha.org.hk/smartpatient/SPW/en-US/Home/>

I, _____ acknowledged that the above information concerning the operation or procedure has been explained by Dr _____. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:

Patient No.:

Sex / Age:

Case Reg. Date & Time:

Case No.:

Unit Bed No.:

Patient Signature: _____

Patient Name: _____

Date: _____

