



Radiology department

A guide to your IVC filter removal

Introduction

This leaflet tells you about the procedure known as 'inferior vena cava (IVC) filter removal'. It explains what is involved and what the benefits and risks are. It may help you to think of things that you would like to discuss with your doctor.

What to tell the doctor

It is important to tell the doctor **before the procedure** if you are taking any medication to prevent blood clots such as warfarin, heparin, dalteparin (Fragmin), aspirin or clopidogrel. We will normally ask you not to take aspirin or clopidogrel for one week before your procedure as this prevents the blood from clotting normally. Please check with your Christie doctor first. You can contact the radiology department on 0161 446 3325.

What is an IVC filter removal?

This is a procedure in which the umbrella like IVC filter, which was placed in the large vein in your abdomen through either your neck or groin area, is removed. The filter was originally placed to prevent large clots from travelling to the lungs. It is now considered safe for you to have the filter removed.

Why do I need an IVC filter removal?

The IVC filter can be left in place long term but this carries its own risks, which can include blockage of the filter.

Who has made the decision?

Your doctors and the interventional radiologist (specialist doctor) will have discussed your situation and have recommended that filter removal is the best treatment option for you. However, if following discussion with your doctors you do not wish to have the procedure, you can decide against it.

Who will be doing the IVC filter removal?

An interventional radiologist will remove the filter. Interventional radiologists have special expertise in using x-ray equipment to perform procedures and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

Where will the procedure take place?

In the procedure room in the radiology department (x-ray department). This room is adapted for specialised procedures.

How do I prepare for an IVC filter removal?

You need to be an inpatient in the hospital. We will ask you not to eat for six hours beforehand, though you can drink clear water up to two hours before the procedure. We will ask you put on a hospital gown.

You may receive an injection of a sedative and a pain killer to make you more relaxed but as the procedure is usually well tolerated this is not usually necessary.

The vein in your neck will be used to remove the IVC filter even if it was previously inserted via the groin.

You **must** let your doctor know if you have:

- any allergies
- a previous reaction to intravenous contrast medium (the dye used for CT scanning).

Agreeing to treatment

The radiologist will explain the procedure and discuss any possible risks to you. You will be asked to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns.

You are entitled to request a second opinion from another specialist doctor. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

What actually happens during the IVC filter removal?

The procedure is very similar to when you had the IVC filter inserted. It usually takes between 30 to 60 minutes.

On arrival at the radiology department you will have the opportunity to discuss the procedure with the radiologist. The radiologist will explain all the benefits and possible risks associated with this procedure and you will be asked to sign a consent form.

You will lie on your back on the x-ray table. You will already have a needle in the vein in your arm, so that we can give you a sedative or painkillers if required.

You will have monitoring devices attached to you and have oxygen delivered through small tubes in your nose.

The radiologist needs to keep everything sterile and will wear a theatre gown and gloves. He or she will swab the skin around the puncture site with antiseptic and cover the area with theatre towels.

The skin and deeper tissues over the vein will be anaesthetised with local anaesthetic and then a needle will be inserted into the vein. A guide wire is then placed through the needle into the vein. The radiologist will use the x-ray equipment to make sure that the wire is in the correct position.

The needle is then withdrawn and a fine plastic tube, called a catheter, is placed over the wire into the vein. Dye is then injected to check that it is safe to remove the filter. The filter is removed through the catheter and all the tubes are removed from the neck.

The radiologist will press on your neck for a couple of minutes to reduce the risk of bleeding.



©2016 Christie NHS Foundation Trust. This document may be copied for use within the NHS only on condition that The Christie NHS Foundation Trust is acknowledged as the creator.

The Christie Patient Information Service February 2016
CHR/XRD/1133/12.01.16 version 1 Review February 2019
☎ 0161 446 3000 www.christie.nhs.uk

Details of the sources used are available, please contact Patient.Information@christie.nhs.uk