INFORMATION AND CONSENT FOR INFERIOR VENA CAVA (IVC) FILTER PLACEMENT

Your physician has requested that we evaluate you for possible placement of an Inferior Vena Cava Filter (IVC filter).

Introduction: The inferior vena cava is the large vein through which blood circulation in the abdomen, pelvis or legs return to the heart. Clots that have formed in the veins of the legs or pelvis must pass through the IVC to reach the heart and lungs. When these clots reach the lungs they may cause severe shortness of breath and not, infrequently, death.

The mainstay of treatment for clots is a blood thinning medicine (heparin, coumadin, or Lovenox). Some patients cannot take these medicines usually because of recent surgery, active bleeding, or because of a high risk of head injury or fall. In these patients, an IVC Filter can prevent fatal or debilitating passage of clot to the lungs.

A Radiologist or Physician Assistant will make a tiny incision in either the groin or in the neck. Only local anesthetic is usually needed, but some patients will require a mild sedative. After the jugular vein (neck) or femoral vein (groin) is entered, a small tube (catheter) is inserted to the level of the veins draining the kidneys under direct x-ray vision.

The filter device is then released and the procedure is completed. Except for mild pain experienced during the administration of local anesthetic, the procedure is painless and usually takes less than 30 minutes.

- As most IVC filters are permanent devices, they should only be placed after careful consideration and when there is no reasonable alternative.
- Major problems or complications during the insertion of the filter are very uncommon but instances of filter migration into the heart with fatal results have been reported.
- Once in place, there have been a few reports of filters migrating or causing perforation of the inferior vena cava (IVC).
- The most common complication (occurring in up to 15% of patients) is blockage (thrombosis) of the inferior vena cava. This can occur when clots breaking off from the legs and becoming trapped below the filter or from formation of clots within the IVC itself. In most patients, this is a slow process and no symptoms occur. In some patients, this occurs more suddenly and can result in leg and lower abdomen swelling and discomfort.
- Infection of the filter device can occur, but is fortunately very uncommon.

What are the benefits of an IVC filter?

- An IVC filter is generally at least 95% effective in preventing pulmonary embolism.
- In a patient who cannot have standard blood thinner (anticoagulant) therapy, it can prevent fatal pulmonary embolism (clots to lungs).

Is the device permanent?

In the US, there is no filter that is currently FDA approved for temporary placement. There are, however, several filter devices on the market which can technically be removed through a simple procedure following short term placement (<30 days). If the inability to have blood thinner is due to a time limited condition one of these devices can be considered.
Consent for Inferior Vena Cava (IVC) FILTER PLACEMENT:

I agree to undergo Inferior Vena Cava (IVC) FILTER PLACEMENT. I understand the risks, benefits, and alternatives to the procedure and agree to undergo the procedure.

X_______________________________ (Patient or Agent) (Date) (Time)

X_______________________________ (Witness) (Date) (Time)

X_______________________________ (Physician/Physician Assistant) (Date) (Time)