Inferior Vena Cava (IVC) Filter Retrieval

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

Patient has retrievable\(^1\) IVC filter placed for a temporary indication

- A 10 week Interventional Radiology (IR) follow-up appointment for IVC removal will be scheduled when the placement order for the retrievable filter is placed
- If filter removal needed prior to 10 weeks, consult IR

Proceed with removal on scheduled date?

No

Successful removal?

No

Consult Benign Hematology for anticoagulant\(^1\) maintenance

Yes

Proceed with removal

Successful removal?

No

Consult Benign Hematology for anticoagulant\(^1\) maintenance

Yes

Patient returns to primary service

Follow-up with Benign Hematology in 2-3 months

Schedule Benign Hematology consult prior to IR removal appointment

No

Patient clinically appropriate for IVC filter removal but transient short term delay\(^3\) expected?

Yes

IR to reschedule removal

No

1 week prior to IVC removal date, IR to assess if removal clinically indicated

1 Retrievable IVC filter placement: anticipated surgery or current contraindication to anticoagulation with potential for retrieval

2 If filter removal was unsuccessful because of in situ thrombus, then consider re-consulting IR for IVC filter removal following a period of therapeutic anticoagulation

3 Short term delays for removal such as: upcoming surgery with need to hold anticoagulation temporarily and at high risk for re-thrombosis; temporary clinical deterioration, infection, and/or hospitalization with expected recovery within the next month; recent significant bleeding episode on anticoagulation and unclear if patient able to tolerate anticoagulation in the long-term; delays secondary to logistical considerations (vacations or patient difficulty getting to IR suite); etc

4 Change in patient status where filter will not be removed: for example recurrent hemorrhage or patient going to hospice

Department of Clinical Effectiveness V3
Approved by the Executive Committee of the Medical Staff on 09/21/2021
SUGGESTED READINGS

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