



RETRIEVABLE GÜNTER TULIP VENA CAVA FILTER IN PATIENTS INDICATED FOR OBSTETRIC OPERATION

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AIM

To evaluate on a limited group of patients the place of retrievable Günter Tulip Vena Cava Filter in the prevention of pulmonary embolism in patients with acute deep vein thrombosis before obstetric operations and to discuss the technical demands associated with its implantation and retrieval.

MATERIALS AND METHODS

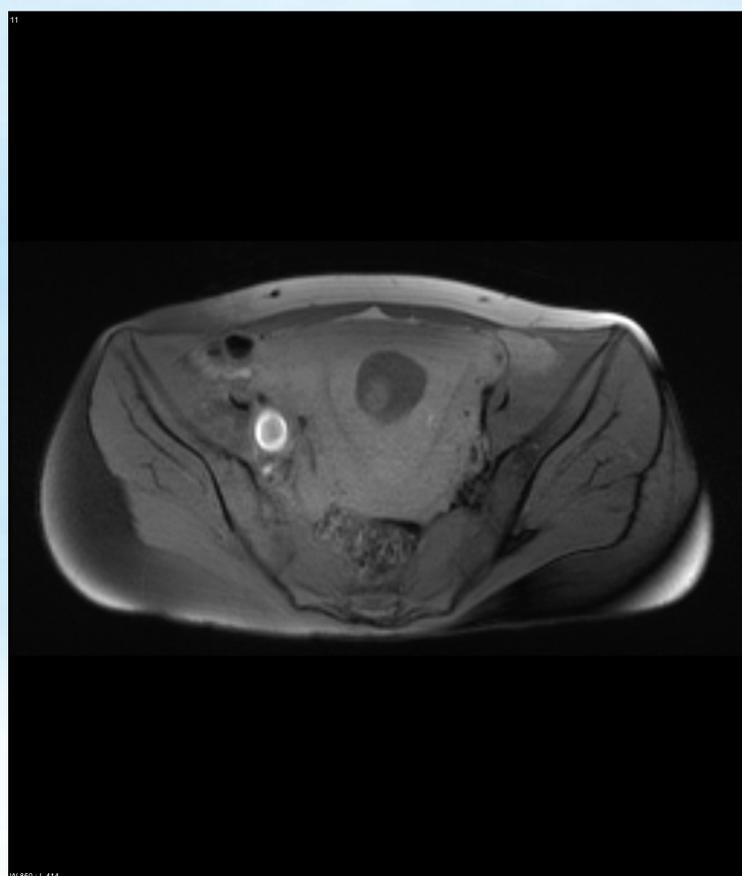
Günter Tulip Vena Cava Filter is a stainless-steel half basket filter. It can be percutaneously introduced via either the femoral or the jugular vein through a 10F introducer sheath. The filter can be retrieved via the jugular approach using an 11F coaxial retrieval system after up to 12 days. The implantation of this type of retrievable filter was indicated in eight females who suddenly developed thrombosis of the pelvic veins shortly before their obstetric operation.

RESULTS

Vena caval filter was implanted suprarenally in all patients immediately before delivery by cesarean section. In all patients, control cavogram showed that no embolus was present in the filter immediately before its planned retrieval. In all patients, the filter was retrieved without complication, always on the twelfth day after implantation.

CONCLUSION

Implantation of the retrievable Günter Tulip Vena Cava Filter is indicated in pregnant women with acute deep vein thrombosis and with a high risk of pulmonary embolism before a planned obstetric operation (caesarean section). The filter is easy to introduce and recover.



1. MRI of the lesser pelvis showing a thrombus caught in the common iliac vein.
2. X-ray of the Gunter-Tulip vena cava filter in a 39-week pregnant patient.