Anticoagulation for at least 3 months or the duration of the indwelling CVAD is recommended for treatment of CRT” Rajasekhar and Streiff (2017).

Abstract:

Central venous access device (CVAD)-related thrombosis (CRT) is a common complication among patients requiring central venous access as part of their medical care. Complications of CRT include pulmonary embolism, recurrent deep venous thrombosis, loss of central venous access and post-thrombotic syndrome.

ReTweet if useful... Treatment of central venous access device-related upper extremity DVT https://ctt.ec/58Hhq+ @ivteam #ivteam

Click To Tweet
Patient, device and treatment-related factors can influence the risk of CRT. Despite numerous randomized controlled trials, the clinical benefit of pharmacologic thromboprophylaxis for prevention of CRT remains to be established. Therefore, minimizing patient exposure to known risk factors is the best available approach to prevent CRT. Venous duplex is recommended for diagnosis of CRT. Anticoagulation for at least 3 months or the duration of the indwelling CVAD is recommended for treatment of CRT. Thrombolysis should be considered for patients at low risk for bleeding who have limb-threatening thrombosis or whose symptoms fail to resolve with adequate anticoagulation. CVAD removal should be
Treatment of central venous access device-related upper extremity DVT | 2

consider for patients with bacteremia, persistent symptoms despite anticoagulation and if the CVAD is no longer needed. Superior vena cava filters should be avoided. Prospective studies are needed to define the optimal management of patients with or at risk for CRT.

Reference:


Thank you to our partners for supporting IVTEAM