

## FACULTY

Our physicians are all full time faculty at Weill Cornell Medical College and NewYork-Presbyterian Hospital.



**Akhilesh K. Sista, M.D.** has authored guidance documents, reviews, and chapters on the endovascular treatment of DVT and PE, is a frequent invited speaker and moderator on these topics at international meetings, and is an active member of the Society of Interventional Radiology Venous Service Line.

**Clinical and research expertise:** Catheter-directed treatment of Post-Thrombotic Syndrome, Deep Venous Thrombosis, Chronic Venous Insufficiency, Pelvic Congestion, Varicoceles, and Pulmonary Embolism



**Ronald S. Winokur, M.D.** is a member of the Society of Interventional Radiology and the American College of Phlebology, for which he participates on the Practice Guidelines Committee.

**Clinical and research expertise:** Endovenous laser ablation (EVLT), sclerotherapy and microphlebectomy for removal of varicose and spider veins; catheter-directed treatment of Deep Venous Thrombosis, Post-Thrombotic Syndrome, Pelvic Congestion, and Pulmonary Embolism



**Neil Khilnani, M.D.** is the Chair of Venous Service Line of the Society of Interventional Radiology and President-Elect of the American College of Phlebology. He serves on the Executive Committee of the Intersocietal Accreditation Commission, responsible for accreditation of Vein Centers.

**Clinical and research expertise:** Minimally invasive treatment of varicose and spider veins using advanced techniques including endovenous laser ablation (EVLT), sclerotherapy and microphlebectomy



## CONTACT

Our medical center has been consistently ranked as the Best Hospital in NY Metropolitan area and one of the top 10 in the United States by the US News and World Report.

### Weill Cornell Vascular Thrombosis and Venous Program

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Phone: 800.836.6666

# Weill Cornell Vascular Program for Thrombosis and Deep Venous Health



Weill Cornell Medical College

## WHO ARE WE?

An academic practice of interventional radiologists (**Drs. Sista, Winokur, and Khilnani**) who specialize in the medical management and endovascular treatment of the following conditions:

- Acute and chronic deep vein thrombosis (DVT)
- Chronic venous insufficiency
- Pelvic congestion syndrome
- Varicoceles
- Post-thrombotic syndrome (PTS)

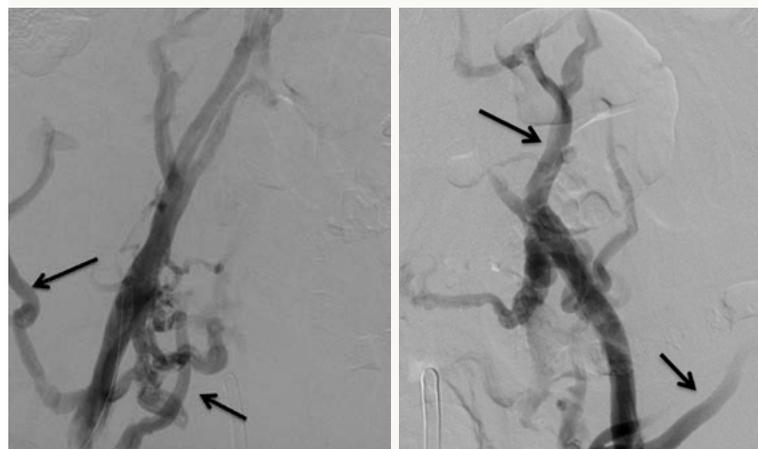
## WHAT DO WE DO?

We evaluate whether patients with the above conditions are candidates for image-guided minimally invasive endovascular procedures and treat those patients accordingly. For those who are not, we offer conservative therapies and medical management, or refer to our strong network of wound care centers and hematologists. **Thus, we offer complete care for patients with venous and venous-related disorders.**

## WHO CAN WE HELP?

- Patients with acute and chronic lower or upper extremity swelling, pain, heaviness, varicosities, or venous ulcers
- Patients with indwelling IVC filters who are past the standard removal period and are symptomatic from filter penetration or caval stenosis (back pain, unilateral/bilateral leg swelling)
- Patients who suffer from pelvic pain and fullness secondary to pelvic congestion syndrome
- Men and adolescents with scrotal pain or heaviness or reduced fertility secondary to varicoceles
- Patients with post-thrombotic (post-phlebotic) syndrome (PTS)

## CHRONIC VENOUS INSUFFICIENCY FROM PTS



Obstructed deep veins in the **right** pelvis with many alternative pathways (arrows)

Obstructed deep veins in the **left** pelvis with many alternative pathways (arrows)



Excellent flow after stenting open the obstruction. Notice no alternative pathways are seen because the obstruction has been opened



Appearance of leg before intervention

Appearance of leg after intervention

## WHAT IS THE POST-THROMBOTIC SYNDROME (PTS)?

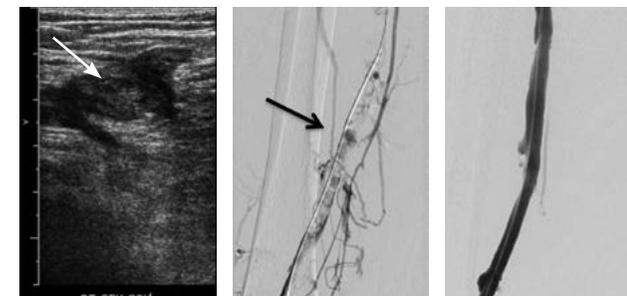
Persistent pain (aching or cramping), heaviness, itching or tingling, swelling (edema), varicose veins, brownish or reddish skin discoloration, or ulcers following a DVT.

## WHO IS AT RISK FOR DEVELOPING PTS AND CAN IT BE PREVENTED?

30-40% of patients with proximal acute DVT involving the femoral vein (previously known as the superficial femoral vein), common femoral vein, or iliac vein are at risk for developing PTS, even with optimal anticoagulation.

To prevent PTS and acutely relieve symptoms, endovascular thrombus removal (thrombolysis) as practiced by our interventionalists (example below) has been shown to reduce the rate of PTS in numerous studies and one large randomized trial; we are an active site for the landmark ATTRACT trial that seeks to definitively answer this question.

### Acute DVT Treatment



Ultrasound demonstrating DVT

Clot in the femoral vein before treatment (arrow) obstructing flow

After catheter-directed treatment, the vein is open with excellent flow

## HOW DO WE TREAT ESTABLISHED PTS AT WEILL CORNELL VASCULAR?

If PTS is already established, angioplasty and stenting (example to the left) can recanalize chronically obstructed post-thrombotic veins and reduce venous hypertension in the affected limb, thus relieving symptoms. **Many patients who have been told they have no options have been helped with such procedures.**