

Table 1. AHA 2011 Scientific Statement. Iliofemoral Deep Vein Thrombosis**Recommendations for initial anticoagulation for patients with iliofemoral deep vein thrombosis (IFDVT)**

In the absence of suspected or proven heparin-induced thrombocytopenia, patients with IFDVT should receive therapeutic anticoagulation with either

IV UFH	I-A
or UFH by subcutaneous injection	I-B
or LMWH	I-A
or fondaparinux	I-A
Patients with suspected or proven heparin-induced thrombocytopenia should receive a direct thrombin inhibitor	I-B

Recommendations for long-term anticoagulation therapy for patients with IFDVT

Warfarin overlap with initial anticoagulation therapy for a minimum of 5 days and until the INR is >2.0 for, at least, 24 hours, and then targeted to an INR of 2.0–3.0.

Patients with first-episode IFDVT related to a major reversible risk factor should have anticoagulation stopped after 3 months.	I-A
Patients with recurrent or unprovoked IFDVT should have at least 6 months of anticoagulation and be considered for indefinite anticoagulation, with periodic reassessment of the risks and benefits of continued anticoagulation.	I-A
Cancer patients with IFDVT should receive LMWH monotherapy for, at least, 3 to 6 months or as long as the cancer or its treatment (e.g. chemotherapy) is ongoing.	I-A
LMWH monotherapy in children with DVT.	IIb-C

Recommendations for use of compression therapy for patients with IFDVT

30 to 40 mmHg knee-high graduated elastic compression stockings (ECS) on a daily basis for, at least, 2 years.	I-B
Daily use of 30 to 40 mmHg knee-high graduated ECS in patients with prior IFDVT and symptomatic post-thrombotic syndrome (PTS).	IIa-C
Intermittent sequential pneumatic compression, followed by daily use of 30 to 40 mmHg knee-high graduated ECS in patients with prior IFDVT and severe oedema.	IIb-B

Recommendations for filters for patients with IFDVT (as described in Chapter 76 on PE)**Recommendations for endovascular thrombolysis and surgical venous thrombectomy for patients with IFDVT**

Catheter-directed thrombolysis (CDT) or pharmacomechanical CDT (PCDT) to patients with IFDVT associated with limb-threatening circulatory compromise (i.e. phlegmasia cerulea dolens).	I-C
Transfer to a centre with expertise in endovascular thrombolysis if indications for endovascular thrombolysis are present.	I-C
CDT or PCDT for patients with IFDVT associated with rapid thrombus extension despite anticoagulation, and/or symptomatic deterioration from the IFDVT despite anticoagulation	IIa-C
	IIa-B
CDT or PCDT as first-line treatment of patients with acute IFDVT to prevent PTS in selected patients at low risk of bleeding complications.	IIa-B
Surgical venous thrombectomy by experienced surgeons in patients with IFDVT.	IIb-B
Systemic fibrinolysis routinely to patients with IFDVT.	III-A
CDT or PCDT to most patients with chronic DVT symptoms (>21 days) or patients who are at high risk for bleeding complications.	III-B

Recommendations for percutaneous transluminal venous angioplasty and stenting for patients with IFDVT

Stent placement in the iliac vein to treat obstructive lesions after CDT, PCDT, or surgical venous thrombectomy.	IIa-C
Percutaneous transluminal angioplasty without stenting for isolated obstructive lesions in the common femoral vein.	IIa-C
Iliac vein stents to reduce PTS symptoms and heal venous ulcers in patients with advanced PTS and iliac vein obstruction.	IIa-C
After venous stent placement, the use of therapeutic anticoagulation after venous stent placement; similar dosing, monitoring, and duration as without stents.	IIa-C
Use of antiplatelet therapy with concomitant anticoagulation in patients perceived to be at high risk of rethrombosis.	IIb-C

Management of massive and submassive pulmonary embolism, iliofemoral deep vein thrombosis, and chronic thromboembolic pulmonary hypertension: A scientific statement from the American Heart Association. *Circulation*. 2011;123:1788–1830 with permission from Wolters Kluwer.

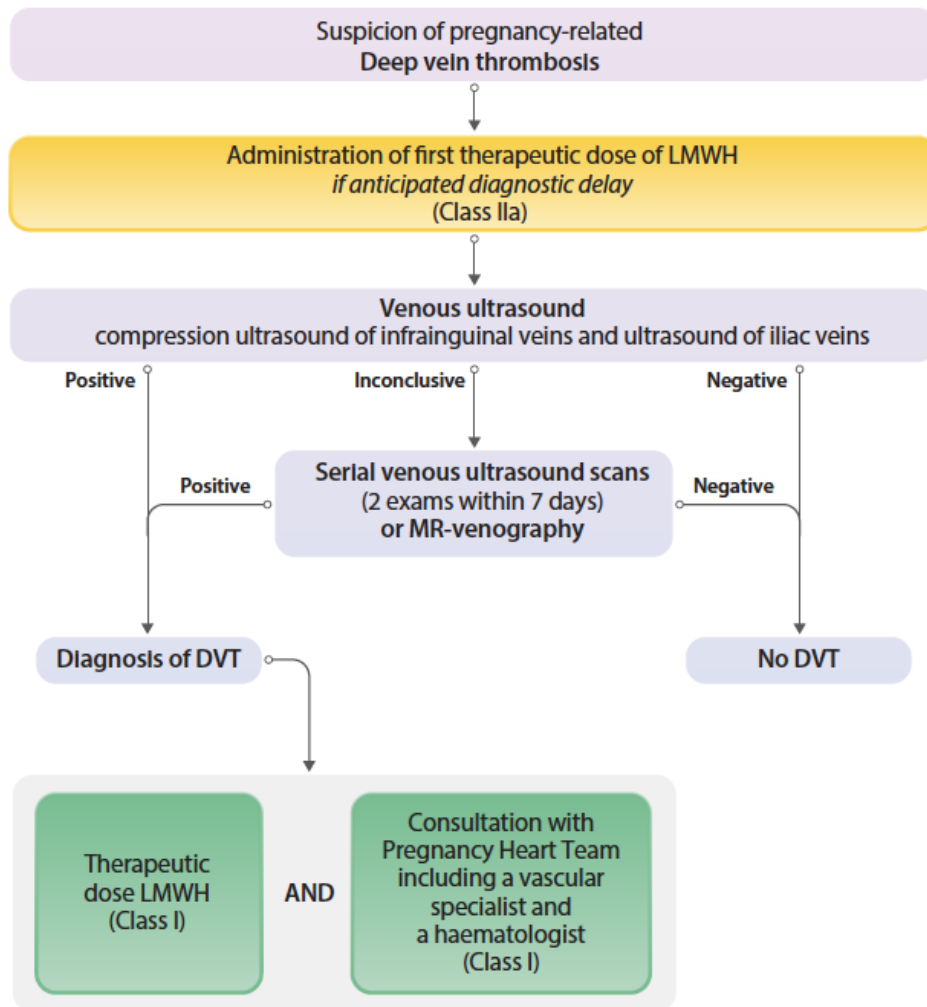


Figure 1. ESC 2025 GL on Pregnancy. Algorithm for the diagnosis and treatment of deep vein thrombosis during pregnancy.

DVT, deep vein thrombosis; LMWH, low-molecular-weight heparin, MR, magnetic resonance.