Extreme IR
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“The Senior IR Guy”
Radiology Associates, Inc.
Jeffersonville, IN
No Disclosures....except
2013 “Year of the Cardinal”
What is “Extreme IR”? 

• Interventional Radiology on the fringes of “the norm”
• Aggressive approaches to solving often complex IR problems
• It is what separates IR from “the rest of the pack”
Case Studies
500 + lb Patient

- Diabetic with ESRD
- Multiple Prior AV Access Infections
- Several Prior HD Catheters
- Chronic Bilateral IJ Occlusions
- Limited options
- Enter IR....
Patient Presents for a Port

- Prior Long Term Left Chest Wall Port
- History of Prior VTE, incl IVC Filter
- No History of Head & Neck, Upper Extremity or Truncal Swelling
- Enter IR…
Infusaport Options

• “Midline” Upper Extremity Port
• Short Jugular Port
• Femoral Port
• Translumbar IVC Port
• Abort the Port
• Or……..
Questions

• Should we have stented the SVC? Why or why not?
• Any added danger to the patient?
Elderly Veteran Male

- Severe COPD (unable to lie supine)
- Short Gut Syndrome on Chronic TPN
- Multiple prior VAD’s
- Most recent Hickman removed due to infection
- Surgeons spent > 4 hrs in OR attempting new catheter plcmt
- Known IVC occlusion
- Enter IR....
Your Christmas Bonus is on the Way
WONG FOOK HING BOOK STORE
Introducing AngioVac

Cannula and Circuit

Designed to facilitate en-bloc removal of undesirable intravascular material during the performance of extracorporeal circulation.
~ 33 y/o Female MVA

- Multiple fractures
- Splenic rupture requiring splenectomy
- “Degloving” injuries both groins
- Cardiopulmonary arrest post-splenectomy Day 1
- Enter IR.....
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Intrapulmonary Pharmacomechanical Thrombolysis: Preliminary Experience
Thank you for submitting the above captioned abstract for consideration for presentation at the SCVIR 22nd Annual Scientific Meeting in Washington, DC.

Each year the Program Committee is faced with the difficult task of selecting from among many worthy abstracts to construct a well balanced program within the time available for the scientific sessions. Unfortunately, it is impossible to include all the abstracts we receive, and we regret to inform you that the above abstract is one we are not able to accommodate.

Your interest in the program and support of the SCVIR is sincerely appreciated. We encourage you to submit abstracts for future meetings at which time we hope they will meet with success.

Sincerely,

Michael D. Darcy, MD
INTRAPULMONARY PHARMACOMECHANICAL THROMBOLYSIS: PRELIMINARY EXPERIENCE.
SO Senler, GW Mader, GC Postel, Department of Diagnostic Radiology, University of Louisville Hospital, Louisville, Kentucky

PURPOSE: To determine the efficacy of catheter-directed pharmacomechanical thrombolysis in patients with massive pulmonary embolus.
MATERIALS AND METHODS: Five patients with angiographically-confirmed massive pulmonary embolus and varying degrees of significant cardiorespiratory compromise were treated with a catheter-directed...
Middle Aged Female

- Known Hx PAD, incl Severe Mesenteric Art Occlusive dz (SMA, IMA, and Celiac) and Lt CIA occlusion
- Underwent supraceliac Aorto-SMA bypass grafting ~ 3 yrs earlier
- Presents with graft occlusion and severe mesenteric ischemia, with gut “rest pain”, a rare and ominous sign
- IR Consulted for Graft Lysis
Therapeutic Options

- Repeat Aorto-SMA Bypass
- Bowel Resection
- Endovascular Intervention (graft lysis requested)
- Call a Priest
Middle Aged Male

- Hx Testicular CA
- Multiple prior surgeries, XRT & Chemo
- Known Retroperitoneal Fibrosis
- Chronic TPN for Short Gut Syndrome
- Multiple Ports → SVC stenosis
- Attempted SVC stenting at outside hospital (22mm Wallstent)
- “Houston, we have a problem….”
- Enter IR….
“A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty”

Sir Winston Churchill
“It’s not what you gather, but what you scatter that tells what kind of life you have lived”

Helen Walton
LIVE LONG
AND GO CARDS