

## Thrombectomy JETi

Dr. D van den Heuvel — St .Antonius Ziekenhuis, Nieuwegein.  
Interventional radiologist

### Patient Presentation

70 years old male

Hemodialysis

Relevant Medical history: repeat interventions of the outflow tract; POBA of axillary and subclavian vein.

Presents with an occluded brachiocephalic fistula in the left arm. Confirmed occlusion with Duplex ultrasound for 3 days.

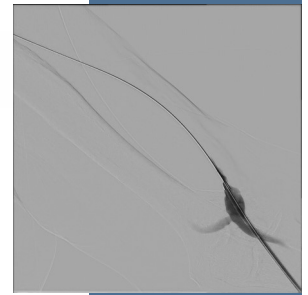
### Percutaneous intervention:

8 Fr antegrade approach

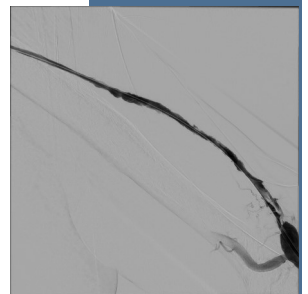
Thrombectomy with 8Fr JETi catheter

POBA outflow tract 6 mm DCB

Duplex 6 weeks shows a patent shunt with flow of 1200cc/min



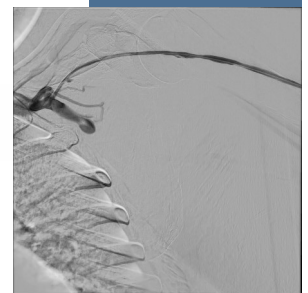
Pre



After first pass



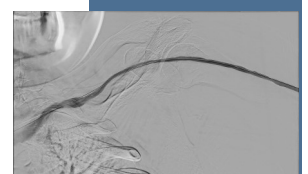
After second pass



After ballooning  
the outflow



After ballooning  
the outflow



End

## Thrombectomy JETi

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### Patient Presentation

71 years old female

Relevant Medical history: fibrinolysis and POBA  
left fem-pop segment, DCB popliteal artery

Presents with recurrent occlusion left fem-pop  
segment, acute RBC 2A

### Percutaneous intervention:

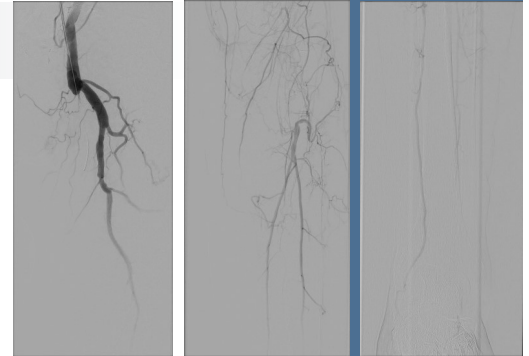
8 Fr antegrade approach

Thrombectomy with 8Fr JETi catheter

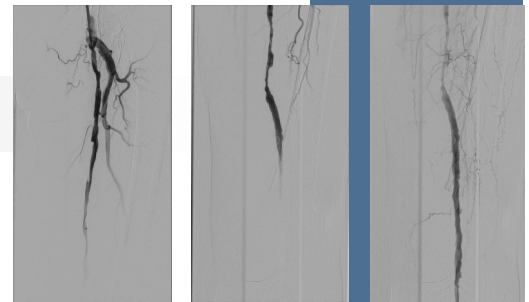
After thrombectomy 6 hours of fibri-  
nolysis to clear residual thrombus  
before treatment of underlying high-  
grade stenosis and outflow lesions.

Viabahn stenting

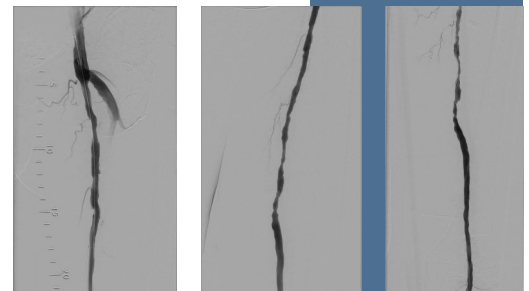
No distal emboli.



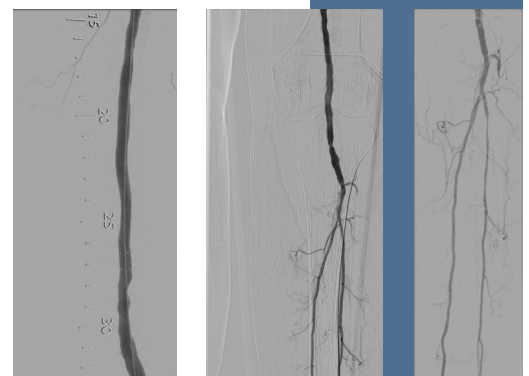
Pre



Post



After Lysis



End