

# Routine Stenting Should be Performed When Treating Iliac Vein Compression

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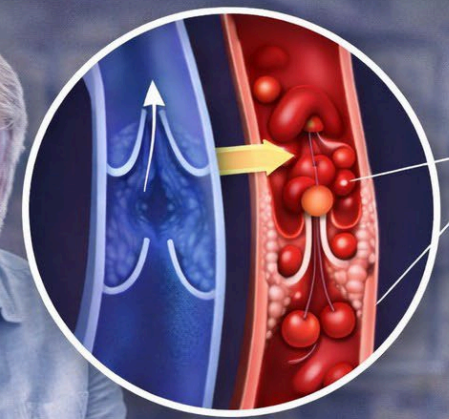
Deep Venous  
Stenting for  
NIVL:

PRO

Not all compressive lesions  
need treatment

When **TREATING** the iliac vein  
compression, it should be  
stented

# What Causes Leg Swelling?



When to Treat

## When to Treat

### Permissive Lesions

### Symptoms of venous HTN

- Significant Pain
- Significant Edema
- Skin changes/ Lipodermatosclerosis
- Ulceration

## When NOT to Treat

Pregnancy or Future pregnancy

Minimal symptoms

Inappropriate anatomy

- No inflow/ outflow
- Diseased common femoral vein

# Why the Debate on Stenting?



Lack of data/ standard of care



Non-uniform usage of IVUS



Lack of technology

Mostly wallstent used



Lack of understanding of new tech

Nitinol stents behave differently

## Why the Debate on Stenting?

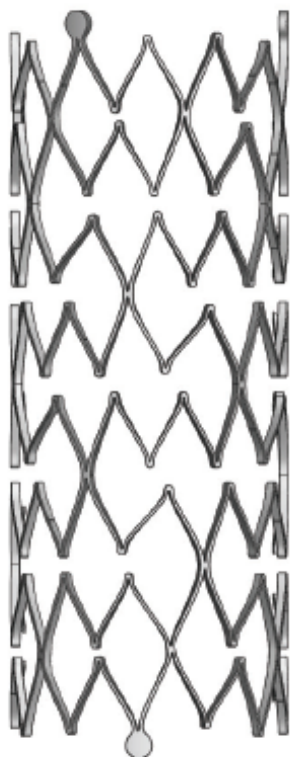
Myth: Stent migration is common

Myth: There is poor patency

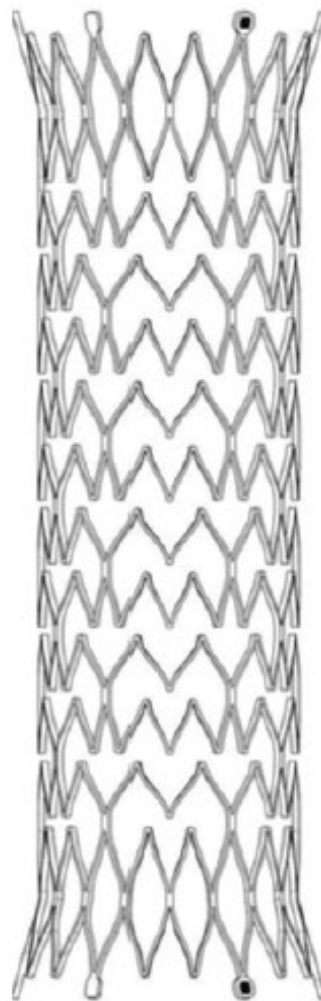
Myth: NIVL happens only at L CIV



Boston Sci  
Vici



Medtronic  
Abre



BD  
Venovo



Cook  
Silver Vena



Gore  
Fortegra



Appropriate Clinical Assessment



Preop Imaging



IVUS

Sizing  
Inflow/Outflow



Postop Medications

Key Aspects  
for Proper  
Deep Venous  
Stenting

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<b>Disease Process</b>	<b>12-mo Primary Patency</b>	<b>5-yr Primary Patency</b>
NIVL	96 - 99	88 - 92
PTS	77 - 79	66 - 77
Acute DVT	86 - 91	62

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Patency  
Outcomes

Death

Major bleeding

Massive PE

Open/ endo  
additional  
intervention

Vessel rupture

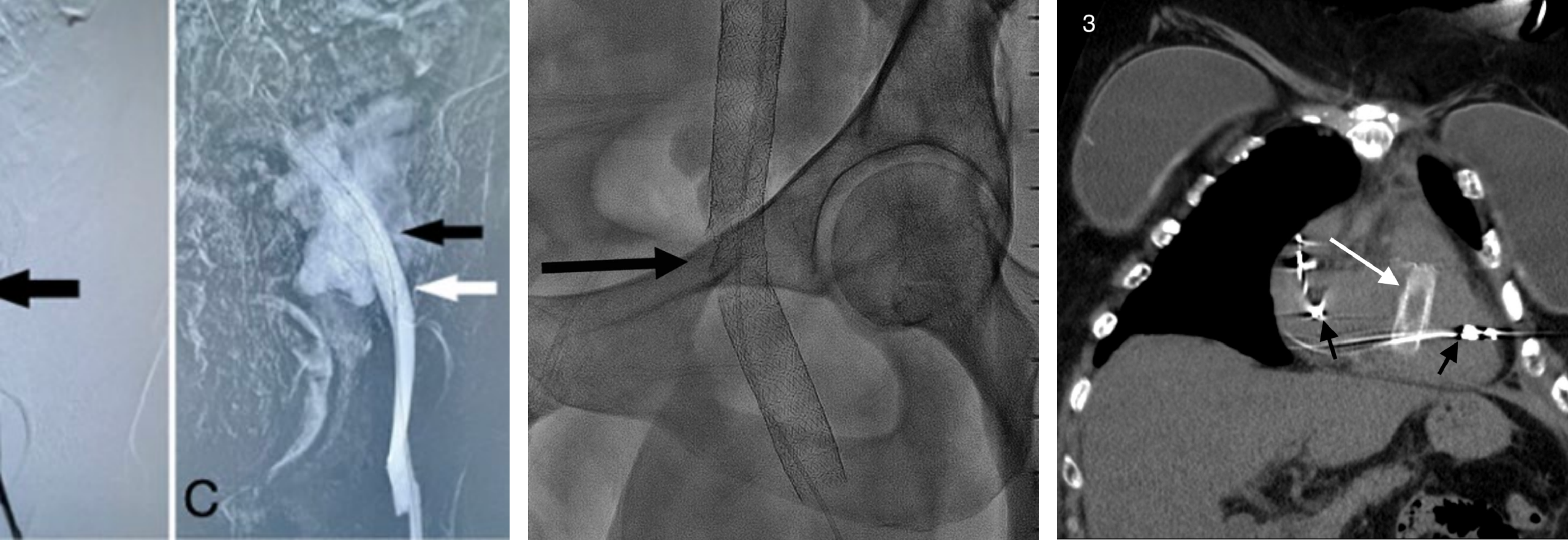
AKI needing HD

Stent issues

- Crush, fx, migration, involution, erosion through vessel wall

Then why not treat everyone?

Complications



Why not treat everyone?

Stent complications

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