Percutaneous mechanical thrombectomy for pulmonary embolism

HAYES, Inc.

Record Status
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Citation

Authors’ conclusions
Percutaneous mechanical thrombectomy (PMT) involves the mechanical removal of a thrombus or embolism from the venous system using percutaneous access. PMT devices utilize various mechanisms to disrupt and remove thromboembolisms, including rheolytic, rotational, and ultrasound-assisted systems. PMT is often used in concert with local application of thrombolytic drugs. Controversy: Because PMT is a physical intervention, it may be advantageous over oral or parenteral anticoagulation alone in emergency situations where there is not enough time for the drugs to work; when anticoagulation alone fails to remove the clot; or when anticoagulation is contraindicated. Further, PMT may offer shorter treatment times, lower thrombolytic doses, and more local delivery of the thrombolytic. Finally, it is less invasive than surgical thrombectomy. PMT may pose benefits for treatment of VTE, particularly in more severe cases requiring immediate intervention, and when anticoagulation alone has failed or is contraindicated. However, the technology is invasive and relatively new, warranting assessment of effectiveness, safety, and the performance of the different commercially available devices. Relevant Questions: For patients with pulmonary embolism (PE), is PMT effective for eliminating thromboses and emboli, restoring blood flow and vascular function, and preventing damage to tissues and organs? Are PMT devices safe? How do PMT devices compare with other standard treatments for thromboses and emboli? Have definitive patient selection criteria been established for PMT for PE?

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Address for correspondence
HAYES, Inc., 157 S. Broad Street, Suite 200, Lansdale, PA 19446, USA. Tel: 215 855 0615; Fax: 215 855 5218 Email: hayesinfo@hayesinc.com

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