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Treating acute blood clots

When you need a special device implanted—and when you don't

A deep blood clot in your leg or pelvis may be dangerous. It can travel to your lungs and block the flow of blood. This can be deadly.

A deep blood clot is called a deep vein thrombosis, or DVT. When it travels to the lungs, it can cause a blockage called a pulmonary embolism, or PE.

If you have a deep blood clot or a high risk for clots, your doctor may recommend an inferior vena cava (IVC) filter. A specialist puts the filter into your body's largest vein, in the abdomen. The filter is shaped like a tiny umbrella, to catch and stop clots from traveling from the lower body to the lungs.

But most patients don't need filters. Here's why:

Filters don't work better than blood thinners alone.

Studies show that IVC filters don't work better than blood thinners alone to prevent death. Blood thinners are also called "anticoagulants."



Filters have risks.

Usually, filters should be removed as soon as the danger of a pulmonary embolism passes. But often, this doesn't happen, partly because patients and doctors do not always follow up after a procedure.

If the filter stays in your vein, it may get clogged. This can lead to a blood clot in your leg.

In rare cases, the filter or pieces of the filter move to other parts of the body. This can lead to complications and the need for surgery.

Filters and follow-up can be costly.

It costs several thousand dollars to put in a filter. Blood thinners cost about the same. However, removing a filter can cost a few thousand dollars more. If you have complications, your costs can go up a lot. You may have to pay for medicines, visits to the doctor, and hospital stays. And you may miss work during treatment.

Who might need an IVC filter?

You may need an IVC filter if you have a deep blood clot and cannot safely take blood thinners. For example, you may need an IVC filter if you have a bleeding disorder or if you are having life-threatening bleeding at the time of treatment.

The filter should be removed as soon as the risk of pulmonary embolism or bleeding is over and it is safe to use blood thinners.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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