Objective(s): There are over 200,000 inferior vena cava (IVC) filters placed annually. Complications of the long-term presence of IVC filters include recurrent pulmonary emboli (PE), filter migration, erosion through vessel walls or caval occlusion. The reasons that patients fail to follow up are poorly understood.

Methods: We analyzed 257 patients who underwent IVC filter placement between January 1, 2000 and September 12, 2017. We identified patient responses for patients lost to follow-up for IVC filter retrieval by using a standard telephone questionnaire.

Results: Of 257 patients with an IVC filter, 189 were lost to follow-up. We successfully contacted 77% of these patients (146 of 189). Common indications for filter placement were perioperative PE prophylaxis for bariatric surgery (46%), and history of blood clot or bleeding with contraindication to anticoagulation. Twenty-one percent followed up but were told to keep their filters. Fifteen-percent did not have the physician information for follow-up. Ten percent had had their filter retrieved by another physician, 9% percent did not want more surgery, and 2% had busy schedules. Twenty-seven percent of patients did not fall into an above category with a frequent explanation being cancellation of a scheduled follow-up appointment. The remaining 16% were deceased.

Conclusions: IVC filter placement has reduction in all-cause mortality in patients at high-risk for PE. Risks associated with these filters are not insignificant yet compliance with retrieval is between 10-20%. Our findings suggest that, while patients understand why an IVC filter is placed, a majority do not have a clear understanding of the indications to follow-up and the timing for filter retrieval. This lends itself to quality improvement measures that can be standardized and implemented into vascular surgery practice.