

2017 MID-ATLANTIC  
CONFERENCE

7th *ANNUAL* CURRENT CONCEPTS IN  
**VASCULAR THERAPIES**

2017



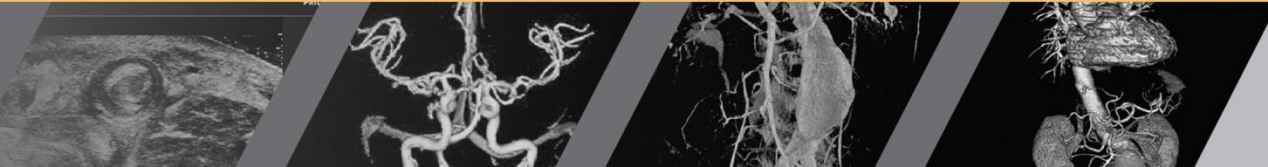
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MD

4/22/17

One Man's Approach to Venous  
Insufficiency

# The Patient

- History
  - Medical morbidity
  - Trauma/DVT
  - Venous distribution



# Venous Insufficiency

- Symptomatic varicose veins?
- Physical exam - No cosmetics

This















Not this



# Venous Insufficiency

- Conservative RX failure
  - Stockings, elevation, NSAIDS

Health Insurance Company CEOs' Total Compensation in 2014	
 <p>David Cordani, Cigna <b>\$27.2 million</b> (\$104,479 per day)</p> 	 <p>Stephen Hemsley, UnitedHealth <b>\$66.1 million</b> (\$254,328 per day)</p> 
 <p>Michael Neidorff, Centene <b>\$28.1 million</b> (\$107,796 per day)</p> 	 <p>Mark Bertolini, Aetna <b>\$15.0 million</b> (\$57,745 per day)</p> 
 <p>Bruce Broussard, Humana <b>\$13.1 million</b> (\$50,319 per day)</p> 	 <p>Joseph Swedish, Anthem <b>\$8.1 million</b> (\$31,016 per day)</p> 



# Venous Insufficiency

- Diagnostics – venous reflux study

## Findings

**Bilateral:** A bilateral lower extremity venous insufficiency duplex study was performed to assess the deep and superficial veins. The bilateral common femoral, femoral, popliteal, great saphenous and small saphenous veins were imaged with duplex ultrasound. B mode, color and spectral Doppler images are obtained to assess for thrombus and venous reflux.

## Conclusions

1. No evidence of deep venous thrombosis in the bilateral common femoral, femoral or popliteal veins.
2. Venous valvular reflux >1000 ms in the right common femoral deep venous system.
3. Right great saphenous vein reflux >500 ms at the level of the groin.
4. Venous valvular reflux >1000 ms in the left common femoral deep venous system.
5. Left great saphenous vein reflux >500 ms at the level of the groin.
6. Left small saphenous vein reflux >500 ms.





# Venous Insufficiency

- Diagnostics

## Results

Great Saphenous					
Right	Diam (mm)	Vein Status	Comments	Reflux Time (ms)	Depth (cm)
SFJ	6	R+		3110	
Prox Thigh	5.5		2 cm distal to the SFJ		
At Knee	2.8	R-			
Great Saphenous					
Left	Diam (mm)	Vein Status	Comments	Reflux Time (ms)	Depth (cm)
SFJ	7.4	R+		930	
Prox Thigh	5.2		2 cm distal to the SFJ		
At Knee	3.2	R-			
Small Saphenous					
Right	Diam (mm)	Vein Status	Comments	Reflux Time (ms)	Depth (cm)
SPJ	3.6	R-			
Small Saphenous					
Left	Diam (mm)	Vein Status	Comments	Reflux Time (ms)	Depth (cm)
SPJ	4	R+		1650	



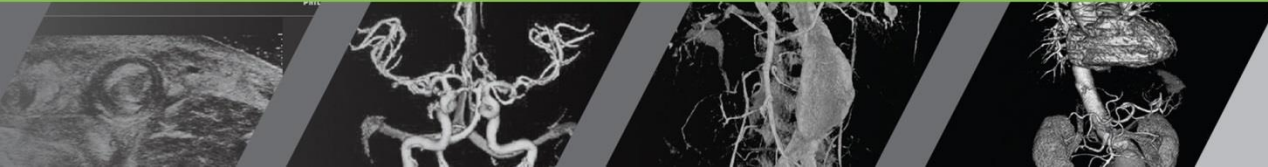
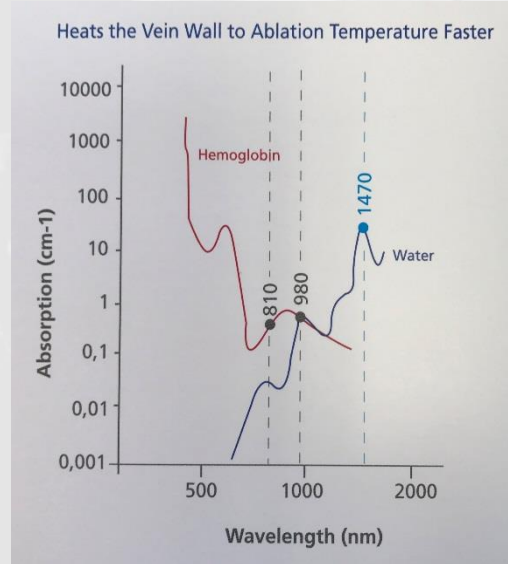
# Venous Insufficiency

- Treatment options
  - Conservative
    - Stockings
  - Mechanical (STAGED)
    - Stripping with excision
    - EVLA



# Venous Insufficiency

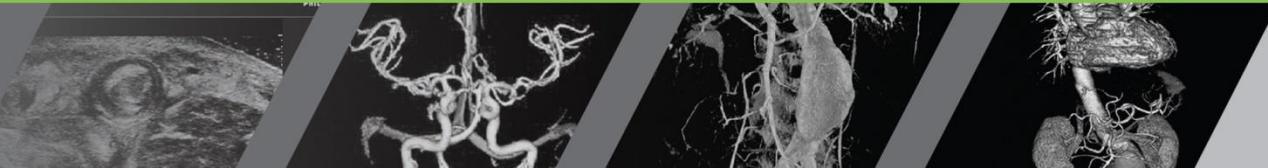
- EVLA





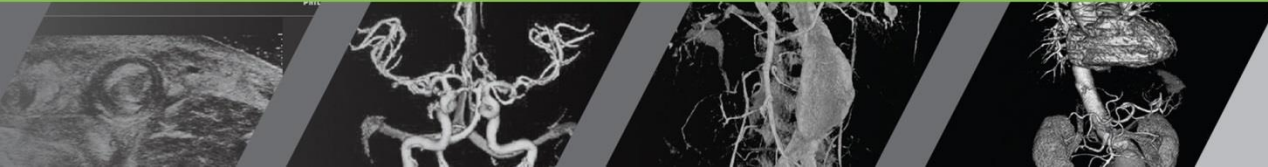
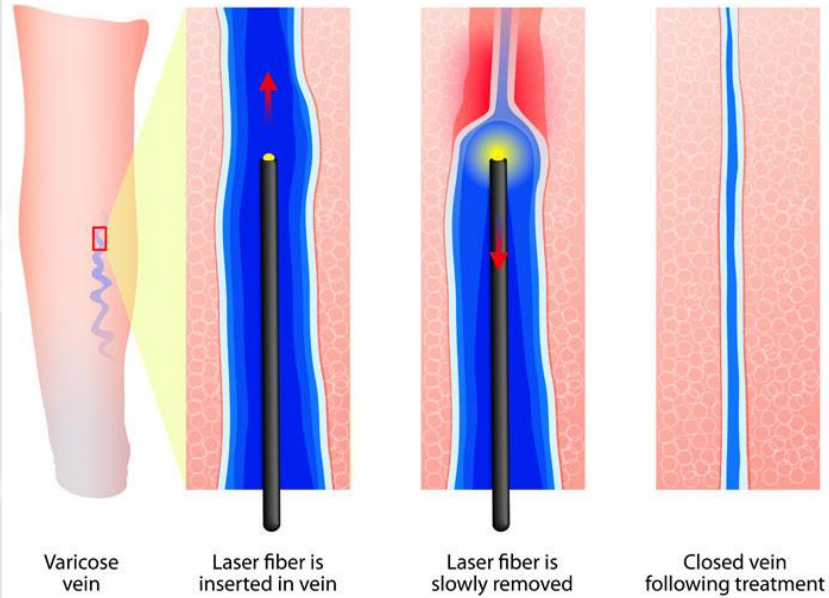
# Venous Insufficiency

- Procedure
  - In office
  - Oral sedation
  - Supine or prone
  - Tumescent anesthesia
  - < 1 hour
  - No phlebectomy



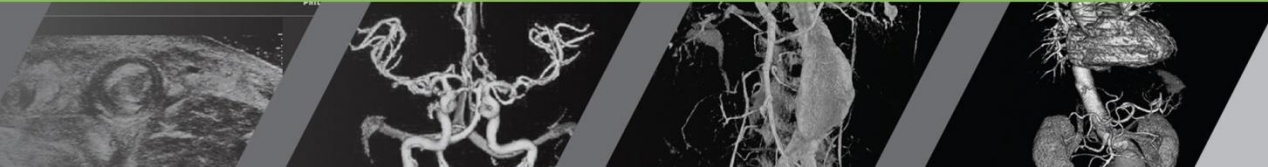
# Laser Effect

## ENDOVENOUS LASER TREATMENT



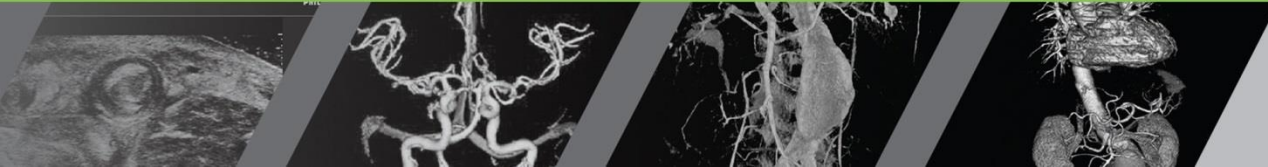
# Venous Insufficiency

- Recovery
  - Compression dressing
  - Return to office 2-3 days
  - Full ambulation at 24 hours
  - Follow up at 4-6 weeks for US
  - Follow up at 1 year for Vein Center accreditation purposes (really PRN)



# Venous Insufficiency

- Personal data
  - 510 EVLA (GSV/SSV) combined
  - 1 documented recurrent reflux in SSV
  - 1 missed duplicate GSV
  - 5 stab phlebectomies for persistent SXs
  - 1 sural/1 saphenous neuropathy
  - 0 DVTs



# Summary

- EVLA
  - Low risk
  - Highly reliable
  - Few adverse events
  - Long term durability

