

# **UIP NEWSLETTER**

AUGUST, 2020



### **NEW UIP WEBSITE COMING SOON**

The new UIP website is in its final stages of development. The new website will be a dramatic improvement of the current website that will allow members and member societies to:

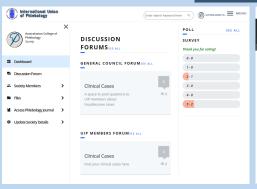
- Apply to join the UIP
- Pay membership fees
- Subscribe to the official UIP journal Phlebology
- View a calendar of Phlebology conferences and events around the world.
- Update their membership details
- View photos to previous UIP events
- Read the latest news from the
- Review and comment on changes to the UIP

These are just some of the improvements to the UIP website. Most importantly, the website will have a new user friendly look and feel. We look forward to sharing this with you soon.

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# **UIP UPDATES**

### **UIP PHOTOS**

Do you have any old photos from UIP conferences? Feel free to send them to us! They could be used for promotional purposes. You can do this on the following link:

https://forms.gle/zCe1VZuaCqFYfctZ6







### **ABOUT US**

The UIP Newsletter has been produced and distributed from Sydney, Australia, with the contribution of the members of the UIP.

The UIP Newsletter Editor, Lucia del Caz is a Marketer from Spain, based in Sydney since 2019.

Advertising opportunities are available, and contributions and enquiries are welcome!

#### **Email us at:**

communications@uipmail.org



#### **SOCIAL MEDIA**

#### **Keep in touch!**

Follow our social media accounts and make sure you will be notified of updates, deadlines and important news!

# **COVID-19 RESOURCES**

# GOVERNMENT AND WORLD BODIES

- Centres for Disease Control and Prevention (CDC)
- World Health Organisation (WHO)
- National Institute of Health

# JOURNAL RESOURCES FREE COVID-19 CONTENT

- Lancet Resource Centre
- New England Journal of Medicine

#### **GUIDELINES AND POSITION STATEMENTS**

Despite not being written with Phlebology specifically in mind, a number of bodies have developed a number of useful resources that may assist you

#### International Society of Ultrasound in Obstetrics and Gynaecology:

- ISUOG Position Statement
- Webinar series on COVID-19 (Including topics such as how to clean your equipment properly)
- Resources in French, German, Romanian, Portuguese, Chinese, Italian, Spanish, Ukrainian and Czech

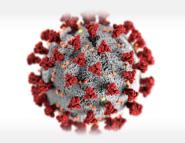
# **Article from Prof. Yung Wei Chi**

# **Compression Use in COVID Time**

YUNG-WEI CHI—UNIVERSITY OF CALIFORNIA, DAVIS, VASCULAR CENTER

hroughout human history, world events destroyed, shaped, and built societies. In the last century, no event had such wide impact than the current COVID-19 crisis. It brought nations to its knee and subjected all man kind equally. But disparity still exists! Using the United States as an example, COVID-19 affected African Americans and Hispanic Americans especially hard. Until now, no genetic preference was found to affect or protect one from COVID's wrath. More and more evidence pointed toward crowded living conditions, 1st line working environment requiring face to face interaction and etc. as ingredients for the high viral exposure rate in these 2 racial groups.

As phlebologists, an unique aspect of COVID-19 attracted our attention, venous thromboembolism (VTE). Published literature thus far raised the alarm on the high VTE incidence in COVID-19 patients, 27% and up, despite of standard VTE pharmaco-prophylaxis<sup>1</sup>. To put it in perspective, H1N1 infection in 2009 had a high rate of VTE, but it was only 13%<sup>2</sup>. Many hypotheses have been postulated but the only real fact is that our current VTE thromboprophylaxis strategy failed miserably. Obviously various dosing regimen whether prophylactic vs. therapeutic vs. subtherapeutic dosing are still being studied without conclusive evidence as to one is better than the other. On top of this confusion, many COVID-19 patients at high VTE risk are also subjected to high risk of bleeding especially in the Asian population. As phlebologists and clinicians, we need to do the best we can for our patients. In light of this dilemma, we need all the gadgets available for us to care for these patients. Compression therapy including intermittent pneumatic compression pump, compression stockings and compression wraps, is an obvious tool. Despite of the negative result of the PREVENT<sup>3</sup> and GAPS<sup>4</sup> trial suggesting adding intermittent pneumatic compression pump did not offer patients additional benefit in addition to standard VTE pharmaco-prophylaxis, meta-analysis offered a contrary conclusion.



To sum this up, there are still many unknowns in COVID-19 and until we have a better handle on the high VTE rate in COVID-19, all tools including compression therapy should be available at the hands of the care provider. Needless to say, the recommendation was according to the ICC guideline published in 2018<sup>5</sup>. Moreover, research on COVID-19 remedy should address not only the scientific but also social disparity amongst racial groups as previously described and not assume if a therapy is good for one, it must be good for all.

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# **Article on COVID19 & VTE**

### Sclerotherapy and Coagulation in COVID Time

**GIANESINI S** <sup>1</sup> — University of Ferrara, ITALY - USUHS University, USA **CONNOR D** , **PARSI K** — University of New South Wales, AUSTRALIA

Covid-19 pandemic and its correlation with vasculitis<sup>1</sup> and venous thrombosis<sup>2</sup> has raised concerns about safety of superficial venous procedures among vein specialists, in particularly regarding sclerotherapy induced thrombosis.

The topic of sclerotherapy and thrombosis was well investigated back in 1992 when Suzuki demonstrated a prolongation of prothrombin and activated partial thromboplastin time rather than an increased thrombotic risk following sclerotherapy of dog esophageal varices.<sup>3</sup>

The *in vitro* evaluation of the interaction of human blood with detergent sclerosants demonstrated that higher sclerosant concentrations have anti-coagulant activity<sup>4</sup> and that a trimodal effect can be observed in the sclerosant-induced clot formation, depending on the sclerosant concentration: high concentration-no clot formation, medium concentration-weak clot formation, low concentration- strong clot formation.<sup>5</sup>

Moving from the bench to the bedside, a distant-dependent effect of sclerosants on procoagulant activity has been demonstrated. The same investigation reported foam sclerotherapy induced D-Dimer elevation, even at one week after the injection, with no variation of other systemic clotting tests. This data suggests caution in the D-dimer use as thrombosis diagnostic tool in patients who recently underwent sclerotherapy since potentially representing a false positive. Another investigation performed on sclerosed reticular veins also confirmed no variation in clotting times.

These observations are in line with the data showing the difference between thrombosis and sclerosis. Histologically sclerosis is a fibrotic occlusion secondary to collagen and fibrous tissue deposition, whereas thrombosis is due to fibrin generation. While thrombus can embolize, fibrosclerosis is a local occlusion. D-dimer levels can guide in the interpretation of sclerosis ( $<1\mu g/mL$ ) vs thrombosis ( $>1\mu g/mL$ ).

Thrombosis has been reported after sclerotherapy, but with a significantly low incidence and with a significant risk factor in > 10 mL volume injections. Expertise is needed in order to perform safe and effective sclerotherapy. In such condition, even patients at thrombotic risk can be treated, as demonstrated by Hamel-Desnos<sup>11</sup> and Ikeda. <sup>12</sup>

A special attention in the thrombotic risk assessment of each and every patient is specially needed in this challenging COVID time. The Caprini Score has been updated taking into the consideration 2 extra points for the asymptomatic positive and 3 points for the symptomatic positive (5 points in case of also D-dimer elevation). Proper risk/benefit assessment must be performed before performing whatever procedure. In this decision process, a triage system has been proposed by the International Union of Phlebology and remains at disposal of all veins practitioners. As a triage system has been proposed by the International Union of Phlebology and remains at disposal of all veins practitioners.

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# **HONOUR BOX: PROF KEN MYERS**

#### PROF. KEN MYERS: BIOGRAPHY

Ken Myers graduated in Melbourne, Australia, in 1957 and gained his surgical qualifications in 1962.

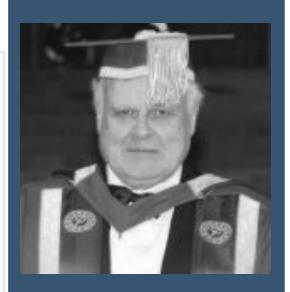
After training at the Royal Melbourne Hospital, he spent two years in the Professorial unit at St Mary's Hospital, London, and one year at Presbyterian St Luke's Hospital, Chicago.

On return to Melbourne, he was appointed as surgeon to Prince Henry's Hospital and later to the Monash Medical Centre to become Head of the Department of Vascular Surgery.

While working as a general vascular surgeon, he had a particular interest in venous disease and for the last 20 practising years worked exclusively as a phlebologist.

- He has been Chancellor of the Australasian College of Phlebology.
- He has written textbooks on arterial surgery, vascular ultrasound and venous and lymphatic diseases as well as books on non-medical topics.
- He has been involved in writing some 200 articles and book chapters. As well as many studies of venous disease by ultrasound, he introduced all current endovenous ablation techniques to Australia.





**Prof Ken Myers** *Australia* 

# Australian Phlebology and St Mary's Hospital, London. GROWTH OF THE SCIENTIFIC METHOD

hen I was training to be a surgeon in Melbourne, Australia, it was traditional to spend a term in the United Kingdom. I was able to secure a scholarship to work at St Mary's Hospital in Praed Street, Paddington, London with Professor William Talbot Irvine. Until then, my teaching had been the traditional 'we've always done it this way and it works all right so that's what you do'. Bill Irvine was of a new school of 'Scientific Surgery'. His constant exhortation over the next two years was 'give me data, Myers, give me data'. Bill Irvine wrote a book 'The Scientific Basis of Surgery' and he asked if I would proof-read it. Some wag advised me that the only way to do this without becoming absorbed in the content was to read it backwards and I foolishly did so perhaps the only person ever to read a large textbook beginning at the end.

Many Australians had preceded me. The earliest to do so that I had worked with was 'Weary' Dunlop who was with Arthur Dickson Wright when World War II broke out. He was to become the hero of the Burma Railway prisoner of war camp and later Sir Edward Dunlop, Australia's second most famous son after Sir Donald Bradman, cricketer. Others from my graduation year in Melbourne also worked in England.

John Royle was with Peter Martin in Essex and returned to Australia to be a leader in venous surgery and later President of the Australasian College of Surgeons. Peter Morris worked for a short time at Mary's but became involved in transplantation in Boston and was appointed Professor of Surgery in Oxford and later became Sir Peter Morris, President of the Royal College of Surgeons. Other prominent Sydney phlebologists were Peter Conrad who worked at the West Middlesex Hospital and Peter Halliday at St Thomas's. Bill Campbell from Brisbane joined John Royle in Essex and spent time learning sclerotherapy with George Fegan in Dublin.

I arrived from Melbourne as a registrar with Bill Irvine at Mary's in January 1964. Over the next two years Bill infused into me the fun that could be had from the scientific scrutiny of what we do, a mantra that has stuck with me to this day. Ever since I have obsessively recorded data for everything that I do for ultrasound findings, clinical procedures and clinical outcome, just as Bill would have wanted. Sorting these in a database allowed findings that would otherwise not have occurred to me and which apparently have been of interest to others on occasions. It has allowed me to become friends with like-minded phlebologists around the world, invited to join them at far-

# **HONOUR BOX: PROF KEN MYERS**

flung meetings for me such as Buenos Aires with Roberto Simkin and Bologna with Attilio Cavezzi. I gave a paper in Argentina on ultrasound findings for venous tributaries only to have my friend Massimo Cappelli in discussion give reasons to tell all that everything that I had said was wrong, a predicament sorted out over morning tea.

A fellow registrar in 1964 was John Hobbs, sadly recently departed. Bill Irvine ordered us to his office and said that he wanted us to set up a Vascular Laboratory. We said 'sure Prof but what is it?' He explained and we established what was perhaps the first in Britain although Gene Strandness and Dave Sumner were well before us in America. We invited Terry Needham to join as technician and he initially turned us down saying that he could see no future in the project. However, he then relented as he had nothing else to do at the time and he went on to become a pioneer in blood flow research and non-invasive investigations in the UK and vascular ultrasound in America. The room that we were given was next to the office where Sir Alexander Fleming had discovered penicillin, but while we were there it was used as a broom cupboard. Michael DeBakey from Houston led a group of American surgeons to visit Mary's and they made a pilgrimage to the room only to be appalled to find that it had not been made into a shrine. This has subsequently been rectified. Almost every unit in the hospital had a vascular inclination. As well as the Professorial Unit, the other vascular team was headed by HHG 'Felix' Eastcott, a pioneer in carotid artery surgery, and even the Urology unit was headed by vascular surgeon Ken Owen who was a world authority for renal artery surgery. After I left, my position was replaced by Jim Yao from Chicago who developed the Ankle/Brachial Pressure Index (ABI). It was several years before we finally met, at a meeting in Sydney, and it was rather like Stanley meeting Livingstone in Tanganyika.

Bill Irvine arranged for George Fegan from Dublin to visit and encouraged John Hobbs to develop an interest in varicose veins. From this was born a rivalry between Fegan and Hobbs that entertained us for the rest of their lives. George was adamant that John had stolen his techniques which was not true, and they fed off each other to get their kicks ever after. In keeping with the Mary's tradition, John evaluated his results in the first and possibly only scientific comparison between sclerotherapy and surgery which remains a classic. His results came down in favour of surgery although this would possibly not be the case if it were repeated now.

Praed Street that fronted the hospital specialised in shops selling pornographic literature. Without knowing this, I entered one and asked if they had any travel books upon which I was led into a back room to check out some books in plain brown wrappers. Everyone smoked in those days and the cheapest cigarettes were Woodbines. People was fairly poor and were catered for by a bowl of them cut in halves. For a cheap quick drag one half Woodie could be bought for a penny. I personally gave up when we discovered that continued smoking markedly reduced long-term patency rates for femoropopliteal vein bypass grafts,

studied with life table analysis techniques that I had learned at Mary's.

I returned to Melbourne to a practice in vascular surgery and later exclusively in phlebology and I set up a vascular laboratory that later evolved into an ultrasound unit. I kept in contact with the many friends that I had made in London. In 1985 I accepted an invitation from Andrew Nicolaides to be 'Associate Director' in the Irvine Laboratory for Cardiac and Vascular Research at St Mary's and I stayed there for a wonderful 12 months. Andrew had been recruited by Bill Irvine, the unit had been established by Felix Eastcott in Bill's memory when he died, and Andrew was appointed as its director. Over the next twenty years or more, Andrew working at Mary's used his meticulous scientific approach to explore almost every aspect of vascular disease and in particular phlebology. He has had in a hand in almost every aspect of what we now understand about venous haemodynamics in health and disease. My year in the unit had me working with young researchers from all over the world many of who gained positions of considerable eminence. José Fernandes e Fernandes went on to be Professor of Surgery in Lisbon. Dmitris Christopoulos developed air plethysmography and as his guinea pig I whipped my trousers off to be the first ever studied by the technique. Gianni Belcaro returned to Italy to conduct many community studies in venous disease. I was also exposed to the clinical side with vascular surgeon Felix Eastcott and neurologist Sir Roger Bannister, the first athlete to run the sub- four-minute mile. The vascular unit was as strong as ever headed by Averil Mansfield and John Wolfe. Hugh Dudley was Professor of Surgery having moved from a similar position in Melbourne. Several Australians were working in the vascular unit or the Irvine laboratory while I was there. Michael Grigg from Melbourne developed what was possibly the first method to produce true foamed sclerosant later perfected by Lorenzo Tessari with Cavezzi and Frullini. Mark Malouf from Sydney worked with John Hobbs and returned to Australia to become President of the Australian and New Zealand Society of Phlebology, a leader in the field to this day. Andrew Lennox from Sydney later did much work in the unit and returned to Sydney to further develop endovascular surgery.

There have been many Australian surgeons to work at Mary's at other times including Mike Appleberg, John Frawley, John Harris and Rod Lane from Sydney, Sam Melick from Brisbane, John Ludbrook from Adelaide and Campbell Miles from Melbourne, together with a few I'm sure that worked there without my knowing. It is more than ten years since I last visited, and all has changed since Andrew left the Irvine unit and rationalisation of London hospitals abolished the vascular identity of St Mary's. For me it is the place where I spent some three years that more than any other experience shaped any contribution to phlebology that I may have made. The scientific approach to phlebology is now fully accepted but this was far from the case back in 1964 or even in 1985. To my mind, this current scientific method in phlebology that I have followed throughout my career is in no small part the result of work at Mary's by the likes of my Professor, Bill Irvine, and his successor, my good friend Andrew Nicolaides.

# **VALE DR EUGENIO BRIZZIO**



**Dr. EUGENIO BRIZZIO** was born in Buenos Aires on April 6th, 1938. He was an alumni of the National University of Buenos Aires (La Universidad de Buenos Aires), graduating in 1962. He sadly passed away August 24th, 2020, aged 82. He was a very passionate, kind and hard working doctor. He was a member of multiple societies and was known well for his work in Elastocompression.

As we know working as a Doctor is no easy task. It requires commitment, a lot of dedication and a big heart to want to help others. Making the lives of others better requires a very selfless person. Dr. Brizzio embodied these traits, working tirelessly to help his patients and others. He achieved so much during his time, from being the President of SAFYL during 1990-92, and was twice Vice President of the UIP From 1994-98 and 1998-2002. He did only his best to help out others, he will be missed. After years of dedication to help others he is finally having some rest, he is in a better place.

# UIP SOCIETIES PAST, PRESENT AND FUTURE

Each month, the UIP plans to feature information about its societies in its newsletter and include information on each society's past, present and future. This month we focus on the **Cuban Society of Angiology and Vascular Surgery** 

#### **CUBAN SOCIETY OF ANGIOLOGY AND VASCULAR SURGERY**

#### **FOUNDERS**

- Prof. Jorge B. Mc. Cook Martinez
- Prof. José A. Bidart Labourdette
- Prof. Delia E. Charles-Edouard Otrante
- Prof. Carlos Villar Rentería
- Prof. Arquímedes Sedeño Argilagos
- Prof. Andrés Casanova
- Prof. Francisco Hernández Guerra

#### **DATA OF ITS FOUNDATION**

On February 16, 1953, the initial Cuban Society of Angiology,

created the first bases as a subsidiary of the International Society of Angiology, which was not accepted by the Ministry of Justice. In 1959, it was called by the Ministry of Public Health, Prof. Jorge B. Mc. Cook Martínez, to organize the specialty as a branch of General Surgery, thus officially creating Angiology and Vascular Surgery. From then on, the organizational steps of it begin to be carried out. In 1971, a National Congress of the specialty was held; at the Ministry of Public Health, Havana, where the presence of another founding figure of the specialty in Spain, was present, Prof. Fernando Martorell.

The Society was founded and settled in the Ministry of Justice, in 1963, with the objectives of achieving interrelation between its specialists with related specialties and their basic sciences, and at the same time; as a way of linking the specialty internationally. Its Provincial Affiliates have sponsored multiple Congresses, Conferences and Symposia at the National, Provincial and International Level, always working to be able to count in their national congresses with renowned figures in the field of the specialty worldwide.

#### PRESIDENTS THE SOCIETY HAS HAD

- Jorge B. Mc Cook Martínez 1963-1967
- José A Bidart Labourdette 1967-1970
- Jorge B. Mc Cook Martínez 1970-1975
- Pedro A. Brunet Pedroso 1975-1977
- Enrique Uguet Bonet 1977-1980
- Miguel A Martínez Griñán 1980-1982
- Rafael Castellanos Gutiérrez 1982-1984
- Jorge B. Mc Cook Martínez 1984-1990
- José I. Fernández Montequín. 1992-2006
- Juana M. Quiñones Castro. 2006-2017
- Calixto Valdés Pérez. 2017-2019
- Osvaldo Eliseo Mussenden 2019 (Current President).

### FOREIGN SCIENTIFIC SOCIETIES AND ASSOCIATIONS RELATED TO OURS:

- International Society of Cardiovascular Surgery.
- Latin American Chapter of Cardiovascular Surgery.
- International Union of Angiology.
- International Union of Phlebology.
- Latin American Venous Forum.
- Spanish Speaking Vascular Surgeons.
- Latin American
   Association of Vascular
   Surgery and Angiology
   (ALCVA).
- Latin American
   Cooperative Group for
   Hemostasis and
   Thrombosis (CLAHT)

#### OTHER OLDER CURRENT MEMBERS

- Pedro D. Beauballet Fernandez
- Carlos S. Durán Llobera.
- Rubén T. Moro Rodríguez.
- Héctor T Álvarez Duarte.
- Carlos Rodríguez Valdés-Fauly
- Daisy Acosta Lapera.
- Máximo Sández López.
- Orestes Díaz Hernández.
- Carlos del Risco Turiño.
- María de J. Bustillo Santandreu.
- Jesús Tejidor Fernández.
- Sergio L. Fernández Odicio.
- Lilia E. Wednesday Cazate.
- Arturo J. Pérez Chambers.
- Pedro González Scull.
- Eneida Carballosa Peña.

# CURRENT BOARD OF DIRECTORS OF THE COMPANY

- President: Prof. Osvaldo Eliseo Mussenden.
- Vice: DC Aristides Garcia Herrera
- Secretary: Ms. C Maria Eugenia Triana Mantilla
- Vice. Dr. Ridel Febles
- Treasurer: Dr. William Savigne. Gutierrez.
- Vice. Dr. Luis Rodríguez Villalonga
- Honour Member: Dr. José Ignacio Fernández Montequin'

# **EVENTS** WORLD CONGRESS OF THE UIP

### ISTANBUL AWAITS YOU FOR THE XIX **WORLD CONGRESS OF THE** INTERNATIONAL UNION OF PHLEBOLOGY

stanbul, Turkey's most populated and most significant city in cultural and economic terms, is one of the oldest cities in the world. Archaeological findings that have surfaced recently indicate that the first settlement in the city dates back to at least 8500 years.

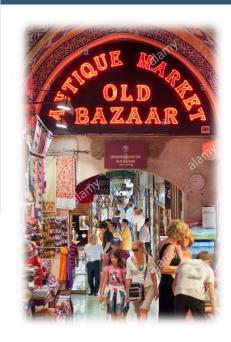
As host to many different cultures and civilizations as well as to people of various races, religions, cultures and languages throughout the ages, Istanbul has always preserved its cosmopolitan feel. Istanbul is as much a world capital now as it was in the past. A clear example of that is the multicultural representation fort the XIX World Congress of the International Union of Phlebology, to be held on 2023 in this beautiful city.

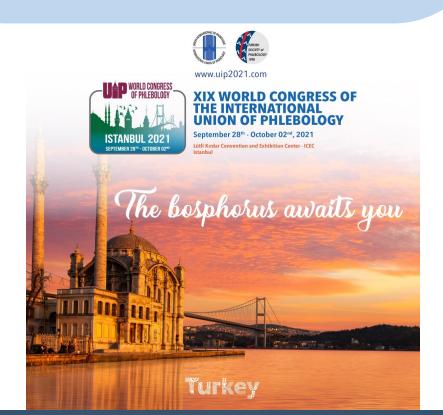
Many international specialists from all over the world will come together and have the opportunity to discuss and exchange knowledge about aspect of Phlebology related matters and to reach a wide range of professionals in all related fields, allowing you to expand into new markets and enjoy the beauty and glamour of this city.

# **28TH SEPTEMBER** - 2ND OCTOBER 2021

Register at:

https://www.uip2021.com/reaistration/







Keep updated and follow our social media



# **LOOKING FORWARD TO ISTANBUL**



# XIX WORLD CONGRESS OF THE INTERNATIONAL UNION OF PHLEBOLOGY

Lütfi Kırdar Convention and Exhibition Center - ICEC, Istanbul / Turkey





#### Dear Colleagues,

It is with honor and the greatest of pleasure I invite you to the XIX World Congress of the International Union of Phlebology, in the wonderful city of Istanbul.

The congress will be held in the splendid "Congress Valley" of Istanbul between 28 September – 02 October 2021.

In this international congress, many international specialists will come together and have the opportunity to discuss and exchange opinions on every aspect of phlebology related matters. I believe that the topics to be addressed in this congress and the results will make great contributions to our profession, considering the scope of the congress and the level of participation.

Please make sure that you find the time to enjoy one of the most beautiful cities in the World: Istanbul. Congress Organization will offer you the best support and I believe you will enjoy a great congress and a great city.



#### Dear Friends,

It is my great pleasure as the President of the UIP to invite you to the 2021 UIP World Congress of Phlebology (28th September-2nd October).

With more than 70 member societies from across 5 continents, UIP is the peak body representing phlebology on a global level. The UIP World Congress will draw the world's top key opinion leaders (KOLs) in venous and lymphatic disease, while providing a great opportunity for young

vascular specialists to meet, greet, be inspired, encouraged and energised.

Turkey with its amazing ancient culture and beautiful natural scenery will be a fabulous and exotic destination. The splendid city of Istanbul, the old Capital of the Byzantine and Ottoman empires, the city that bridges Europe to Asia, will be an incredible host city. I invite you to sponsor, exhibit and support this amazing event and partner with thousands of young phlebologists from Europe, Middle East, Asia and North Africa who will find Turkey an easy to reach destination and Istanbul a wonderful city to visit. Phlebology is a multi-disciplinary field drawing membership from vascular, general and plastic surgery, interventional radiology, vascular medicine and angiology, lymphology, haematology, cosmetic medicine and surgery, sonography and nursing. The UIP World Congress will provide you a great opportunity to reach a wide range of professionals in all related fields, allowing you to expand into new markets.

I have no doubts that the 2021 UIP World Congress of Phlebology under the leaderships of Prof. A. Kursat Bozkurt and Dr. Serdar Bayrak and the Turkish Society of Phlebology will be a well-organised, well-attended, grand and glamorous event. The Congress venues are within the walking distance of the city centre. The Headquarter hotel, Hilton Istanbul Bosphorus, will take you back to the golden age of Hollywood. Be prepared for glamour!

Turkey will welcome you with open arms.

See you all in Istanbul!

The draft program for the meeting, including topics, has been published and you can find it on the following link:

https://www.uip2021.com/scientific/program-at-a-glance/



# **LOOKING FORWARD TO ISTANBUL**

#### Congress Venue ICEC: Istanbul Lutfi Kırdar Convention & Exhibition Center







Istanbul Lutfi Kırdar - ICEC, situated in the heart of the congress valley of Istanbul, has the capacity to host all kinds of organizations from conventions to fairs, from concerts to exhibitions with its halls filled with natural daylight and superb views over the Bosphorus located within the cross section of Istanbul's elegant restaurants, luxury brands and fashion district.



There are many three, four- and five-star hotels within walking distance to Istanbul Lütfi Kırdar - ICEC and its location provides easy and fast transportation to the important historical places of the city.

#### REGISTRATION IS NOW OPEN!

Full Registration Type	Standard Registration Until 31/12/20	Late Registration From 31/12/20	On Site Registration From 20/09/21
Fulltime Physician	\$ 1070 USD	\$ 1120 USD	\$ 1220 USD
Fulltime Physician - Developing Countries*	\$ 550 USD	\$ 580 USD	\$ 680 USD
Full time Nurses / Sanographers / Scientists / Post Graduate Students	\$ 290 USD	\$ 340 USD	\$ 440 USD
Fulltime Registrars / Residents/ Trainee Doctors	\$ 450 USD	\$ 480 USD	\$ 580 USD
Fulltime Medical / Under graduate Student	\$ 50 USD	\$ 50 USD	\$ 150 USD
Accompanying Person	\$ 95 USD	\$ 120 USD	\$ 220 USD
Exhibitor	\$ 260 USD	\$ 260 USD	\$ 300 USD

DELEGATE TYPES tional Radiologist

LAST 5 UIP WORLD CONGRESSES Melboume, Australia (2018) Boston USA (2013) Monte-Carlo, Monaco (2009) Rio de Janeiro, Brazil (2005) Rome, Italy (2001)

#### FULL REGISTRATION INCLUDES

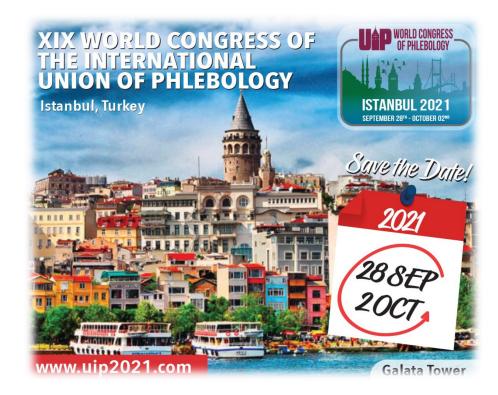
- · Access to the congress sessions
- · Access to the industry exhibition and poster area
- Welcome reception
- Congress bag
- Access to congress abstracts
- Electronic book
- Bosphorus tour

www.uip2021.com



#### ORGANISATION SECRETARIAT

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# **UPCOMING EVENTS**

One of the main UIP visions is to promote productive relationships among societies. With this vision, we report both events with UIP auspices and events without, so to inform everyone about possible educational activities. The hope is also to offer a tool useful for the colleagues organizing future meetings, so to avoid overlapping among events.

#### **OCTOBER 2020 NOVEMBER 2020 APRIL 2021 SEPTEMBER 2020** International XVI Congress of Brazilian **Buenos Aires 2021 62nd Annual Conference Association of Phlebology Compression Club** of the German Society of XII International Congress **Annual Meeting** and Lymphology and IX of the Latin American **Phlebology Brazilian International** 20th November, 2020 Venous Forum **Meeting of Phlebology** 2nd-5th September, 2020 London - UK (BIMEP) 7th-9th April, 2021 Leipzig-Germany 15th- 17th October, 2020 Buenos Aires - Argentina Sao Paulo - Brazil **AVLS 2020 Congress** 15th- 18th October, 2020 Washington DC- EEUU

#### **MAY 2021**

#### **ACP2021**

21st Annual Scientific Meeting of the Australasian College of Phlebology

8-11th May, 2021,

Auckland - New Zealand

# 1ST VEINS INTERNATIONAL CONGRESS VIENA

VIC Vienna Minimally Invasive Venous Surgery

28th May, 2021

Viena, - Austria

#### **JUNE 2021**

#### **FLEBOPANAM 2021**

Pan American Congress 2020 Phlebology and Lymphology 10–12 th June, 2021

Guayaquil - Ecuador

#### ANNUAL MEETING OF THE BENELUX SOCIETY OF PHLEBOLOGY: The Swollen Leg

4-5 th June, 2021

Leuven, Belgium

#### **SEPTEMBER 2021**

# UIP 2021—XIXth WORLD CONGRESS OF THE UIP

28th September – 2nd October Istanbul - Turkey



#### **SEPTEMBER 2023**

# UIP 2023—XXth WORLD CONGRESS OF THE UIP

17th– 21st September 2023



#### SOME EVENTS HAVE BEEN POSTPONED UNTIL UNKNOWN DATES DUE TO COVID-19

For more information about events visit:

http://www.uip-phlebology.org/ events/category/event-list/

If you would like your event to appear in the UIP Newsletter, contact us on <a href="mailto:communications@uipmail.org">communications@uipmail.org</a>

#### **Executive Committee**

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TBA

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