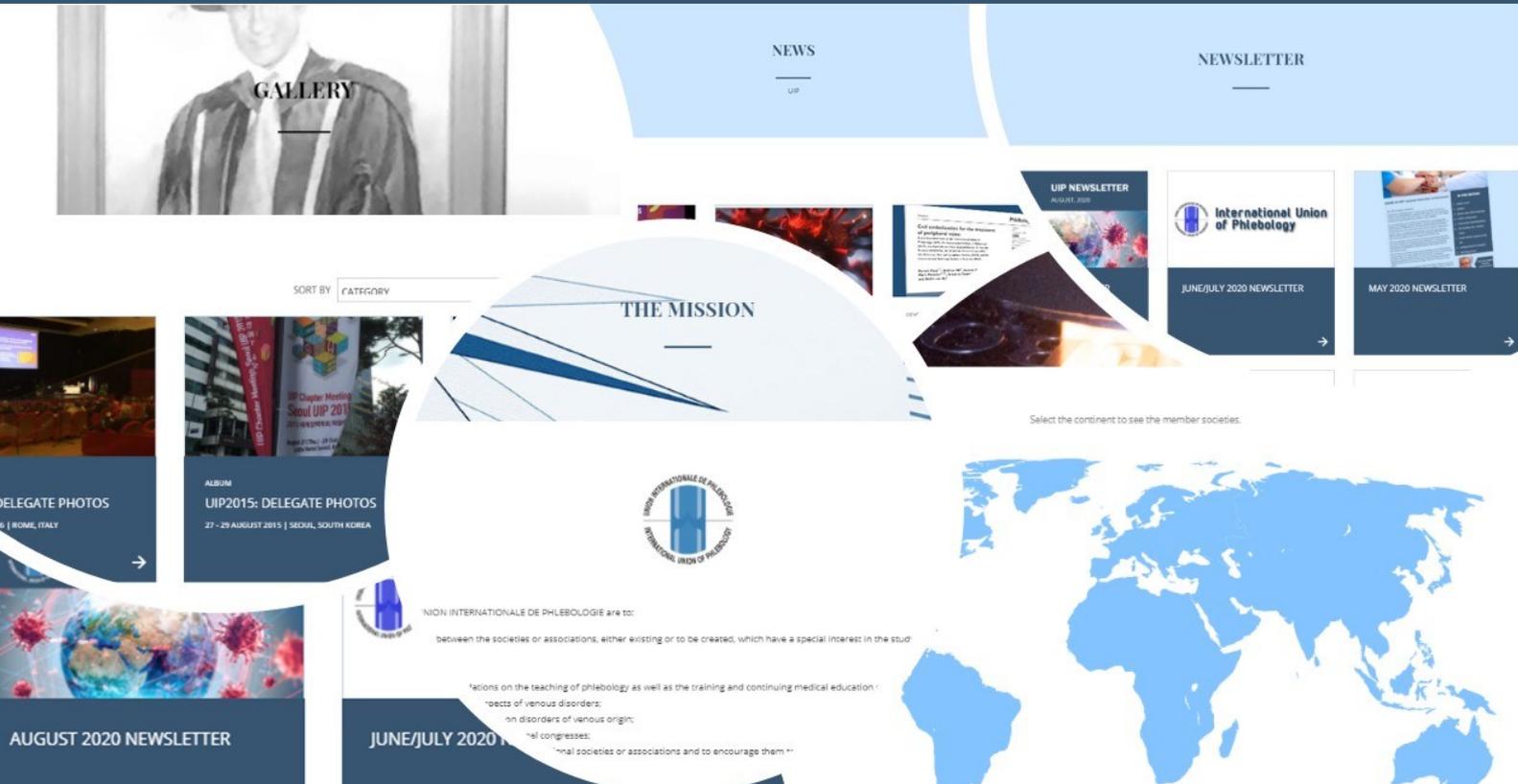




UIP NEWSLETTER

FEBRUARY, 2021



UIP WEBSITE GOES LIVE THIS WEEK!

After a long and arduous process in developing the website, we are very excited to announce that the new website will be available to the general public this week.

On the new website you will find all kinds of information, from the history of the UIP to the latest publications of the newsletter. Members will also be able to :

- Contribute to Venous and Lymphatic Discussion forums
- Access the UIP Official Journal *Phlebology*
- Reach out to other Venous and Lymphatic Professionals worldwide
- Access news from your society and news from other societies around the world
- More features will be added to our portal soon.

IN THIS EDITION

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UIP ANNOUNCEMENT

HOSTING THE UIP 2025 WORLD CONGRESS

Expression of Interest now closed!

The UIP received a number of expressions of interest to host the UIP 2025 World Congress destination. Information on the application process can be found on the [UIP website](#).

Expression of Interest were received from:

- Argentinian Society of Phlebology and Lymphology
- Benelux Society of Phlebology
- Chinese Association of Phlebology
- Egyptian Venous Forum
- Saint Petersburg Society of Phlebology
- Singapore Society of Vascular and Endovascular Surgery
- A joint bid of Latin American Societies including:
 - Association of Phlebology and Lymphology of Buenos Aires Province
 - Bonaerense Society of Phlebology and Lymphology
 - Brazilian Society of Phlebology and Lymphology
 - Paraguayan Society of Phlebology and Lymphology
 - Association of Phlebology and Lymphology of Rosario
 - Argentinian Society of Phlebology and Lymphology
 - Civil Association of Phlebology and Lymphology of Cordoba
 - Argentinian College of Venous and Lymphatic Surgery
 - Uruguayan Society of Phlebology and Lymphology



Important Dates:

- ⇒ 22nd February, 2021 – Expression of Interest Now Closed
- ⇒ 1st March, 2021 – Online application opens 1st
- ⇒ September, 2021 – Submission Deadline

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, Paola Vargas is a Business Administrator from Medellin Colombia, based in Sydney since 2016. Advertising opportunities are available, and contributions and enquiries are welcome! 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!



UIP UPDATES

GENERAL COUNCIL WEBINAR

The UIP constitutional reform committee has been very busy meeting almost weekly or fortnightly going through all the required changes to update the constitution and bring it to the 21st Century. The process has involved multiple members of the Executive Committee and will go through a substantial review by the entire Executive Committee.

We are planning to hold 2 online General Council meetings where the members of the General Council are informed about the proposed changes and their input is incorporated into the proposed UIP constitutional reforms before a face-to-face general council meeting that will be held later.

We would like to inform our member societies that we will be organising a series of online webinars for the General Council to go through the proposed constitutional changes on the **10-11 of April 2021**

These webinars will be important to get the feedback and support from our member societies, so your involvement is crucial.

It is important to note that these webinars will **NOT** be used to vote for these changes.

The voting on these changes will occur during our next UIP General Council meeting.



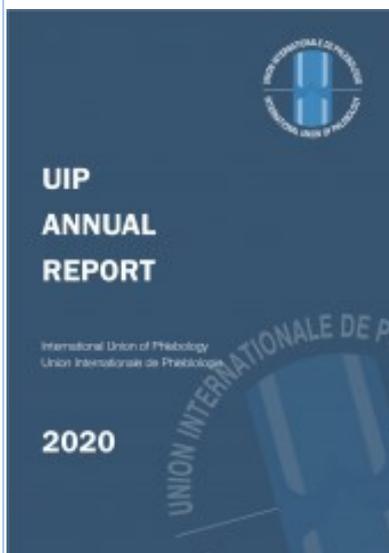
SPONSORSHIP OPPORTUNITIES

The UIP welcomes sponsorship for its newsletter from Industry. If you are interested in placing and advertisement or sponsoring the UIP newsletter, please contact us at:

execdirector@uipmail.org

UIP UPDATES

UIP ANNUAL REPORT 2020



The UIP has for the first time produced an Annual Report of its activities for its member societies. The report outlines the activities of the UIP in 2020, as well as its financial position.

The Annual Report will be sent to its member societies in March

INVITATION FOR NEWSLETTER CONTENT UIP SPEAKER BOX

The UIP is delighted to offer all its members to report a comment in future editions of the UIP newsletter. Topics can be related to evidence based science, phlebology advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

communications@uipmail.org

MEMBERSHIP FEES

The UIP will be sending out invoices for 2021 membership fees shortly. There are still a few societies whose membership fees for 2020 are still outstanding.

We will be reaching out to these societies individually.

UIP SOCIETIES: past, present & future

The 47-year history of the Canadian Society of Phlebology

The **Canadian Society of Phlebology** is a nonprofit scientific organization established in 1974 in Montreal, Quebec, Canada. Its founders were a handful of physicians from the province of Quebec with a keen interest in the treatment of varicose veins. They worked in the interests of patients and physicians alike to advance the understanding of venous disorders and their management. Through meetings, they advocated and argued, learned and taught, met and mingled.

In France and Canada, from 1920 to 1950, varicose vein surgery was the treatment of choice for chronic venous disease. Due to Raymond Tournay's influence, sclerotherapy was popularized and became a suitable option for the treatment of varicose veins.

In 1932, Dr. Perrin of Quebec City first introduced sclerotherapy to Quebec. In 1947, Raymond Tournay founded the French Society of Phlebology, and many physicians from Canada and Quebec were present in Paris at the meetings of this new society, including Drs. Lemieux, Gervais, Luke, and Miller. Dr. Roger Lemieux from Montreal was Dr. Perrin's trainee in 1950 and became the teacher of Dr. Gilles Cloutier in 1962. It was during this period that sclerotherapy got introduced in Canada, mostly in the province of Quebec. All francophone Quebecois doctors had access to French phlebology literature through the *Phlébologie Journal* and from textbooks such as *La Sclérose des Varices* by Raymond Tournay and *Les Varices des Membres Inférieurs* by Glauco Bassi. All injections at that time were performed from the lower part of the leg, as recommended by Fegan and Sigg techniques.

In 1970, Robert Stemmer (the president of the French Society of Phlebology) travelled to Montreal with his family for a vacation in the wilderness. However, he found time to teach a group of Quebecois phlebologists the sclerosing technique of

saphenofemoral and saphenopopliteal junctions that had already been in use for a long time in his country. In 1974, Jean Hardillier, a ve-nous surgeon also from Paris, taught Quebecers his technique for crural stripping followed by sclerotherapy, which had been used in France since 1960. As a result, the Quebecois surgeons Jacques Gaboury, Jean-Claude Ménard, and Christian Chouinard were able to operate on venous patients with this limited surgery technique in conjunction with sclerotherapy by Drs. Roger Lemieux, Gilles Cloutier, Fernand Dagenais, and Yvon Payette. The French method of treating from the proximal to the distal part of the leg was employed.

When the Canadian Society of Phlebology was founded in 1974, Dr. Stemmer encouraged the Canadians to join the International Union of Phlebology, which they did. Canadian physicians, such as Drs. Guylaine Lanctot, Hélène Sansoucy, and Jocelyne Trempe, visited French phlebologists and started to perform sclerotherapy. In 1976, Dr. Pauline Raymond-Martimbeau was the first physician to complete a full-year fellowship in phlebology with Drs. Raymond Tournay, Pierre Wallois, Jean Hardillier, Louis Vergoz, and Jean-Pierre Caillé and she joined Dr. Gilles Cloutier and Dr. Hélène Sansoucy's practice in Montreal. Together, they developed and perfected the saphenofemoral and saphenopopliteal sclerotherapy of varicose veins using sodium iodine iodide as the sclerosing agent.

Starting in 1977, the treatment of venous disease was no longer reimbursed by the Quebec health insurance system. Phlebology became a private practice, which explains why thermal ablation and other non-cost-effective procedures are less popular as first-line treatments for chronic venous disease today. Instead, sclerotherapy has been adopted by Quebecers as the treatment of choice for varicose veins.



UIP SOCIETIES: past, present & future

In 1981, Dr. Pauline Raymond-Martimbeau introduced duplex ultrasound in Canada and USA. It was not well received at first because of the high cost of the exam.

In 1992, the Canadian Society of Phlebology hosted the 11th UIP Congress in Montreal, which attracted physicians from 52 countries. This congress was very successful due to the dedicated work of Drs. Robert Prescott, Michel Zummo, and Pauline Raymond-Martimbeau.

In 1993, Dr. Juan Cabrera travelled to Montreal to introduce foam sclerotherapy to the Canadian Society of Phlebology.

Physicians from the Western region of Canada started to get interested in phlebology, partly due to the influence of a Quebec pioneer practicing in the Western region, Dr. Louis Grondin.

Many Canadian physicians are now attending the congresses of the UIP, the French Society of Phlebology, and the American College of Phlebology (now the American Vein and Lymphatic Society).

Since 1976, the Canadian Society of Phlebology has organized an annual Congress, and since 2005, it has also organized a biannual congress. The congresses are held in the spring in the Western region and in the fall in Montreal. The Society is the only Canadian organization that offers CME programs in phlebology.

Today, with membership in the hundreds, the Society has grown to encompass not only practitioners from Canada but also physicians from all over the world. Its doors are also open to allied health professionals who have an interest in phlebology. Six years ago, the Society created the Member-Fellow Distinction, which separated newer members from more experienced ones. A core curriculum has been established, and

members must master the curriculum in order to become a Fellow Member. The College des Médecins du Québec has created a guide for postgraduate studies in phlebology, and it is mandatory for physicians to complete formal training before practicing phlebology.

The Society is also committed to teaching, providing excellent academic programs, and striving to maintain its high standards of educational content for its members.

Past Presidents of the Canadian Society of Phlebology

Gilles Cloutier, MD†

Jacques Gaboury, MD, FRCSC†

Jean-Claude Ménard, MD, FRCSC

Robert Prescott, MD

Pauline Raymond-Martimbeau, MD, CRF, FAVLS, DABVLM

Louis Grondin, MD, MBA, MScPd, FAVLS, DABVLM

Pauline Raymond-Martimbeau, MD, CRF, FAVLS, DABVLM

Douglas Hill, MD, FCFP, FAVLS, DABVLM

Janna Bentley, MD, CCFP, RVT, DABVLM

President

Mandy Wong, MD



Canadian Society of **Phlebology**

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HONOUR BOX

Dr Angelo Scuderi

The Phlebology and the UIP. A review of the past and a projection of the future.

In Latin America, the first country to follow in the footsteps of European pioneers, to recognize Phlebology as a specialty and form a society of doctors interested in venous diseases was Argentina. On April 5, 1968, the Argentine Society of Phlebology and Lymphology (SAFyL) had Prof Saul Umansky among its founders. Soon after, other countries in the same continental bloc began to follow the same path with the formation of the first scientific phlebology societies.

Some countries with pre-existing Angiology societies preferred to create phlebology departments. In Brazil, Prof Laudenor Pereira, with the support of Professors R.C. Mayall, Mario Degni, Celso Figueiroa and Enivaldo Doria, among others, founded in 1978 the Brazilian Society of Phlebology and Lymphology.

Soon, these associations of doctors interested in the development of venous and lymphatic diseases joined the Union Internationale de Phlebologie (UIP). Phlebology and Lymphology started to gain more fans and interested. The Latin American countries, after some time, created a society that brought together the phlebology societies of the continent and thus the Pan American Society of Phlebology and Lymphology was founded. Later, another society at continental level was created - The Latin American Venous Forum. Until nowadays, new societies continue to be created to serve the growing number of doctors who practice phlebology and lymphology on our continent.

All these societies developed an intense scientific activity with the organization of many events such as congresses, courses, journeys, symposia etc. both nationally and internationally, placing the Latin America on equality with the other continental blocs.

In 1998, in Sydney (Australia), during the UIP World Congress, after a disputed vote by vote election with the United States, Brazil was chosen to host the XV UIP World Congress - RIO UIP 2005, which was organized in the city of Rio de Janeiro from 2 to 7 October 2005.

The Rio de Janeiro congress was one of the most attended in the history of UIP with the participation of more than 2000 congressmen from all over the world. For the first time, we received the abstracts electronically. The evaluation of the abstracts was carried out by the scientific committee in a virtual way. About 1000 abstracts were received by this system and published in a special edition of the scientific journal "International Angiology". It was the first UIP world congress of the digital age.



During the congress in Rio, the new trend in establishing global consensus was continued. It was during this congress in Rio de Janeiro that the main current topics such as laser and foam sclerotherapy in addition to ultrasound studies began to gain prominence. It can be said that, after the Rome congress,

where the foundations of modern 21st century Phlebology were laid, the Rio congress served to sediment the new knowledge and technologies. The congresses of Rome and Rio de Janeiro were a real watershed between ancient and modern Phlebology.

Despite the intense scientific programming, the social aspect was not neglected, allowing foreign congressmen to enjoy the natural beauty of Rio de Janeiro with its world-famous beaches. With this purpose, the organization of the congress reserved the free Wednesday afternoon within the intense scientific program to allow a moment of relaxation and leisure. The gala dinner at the famous "Golden Room" at the Copacabana Palace was also remarkable, and it ended with a typical "Carnaval Carioca".

The congress also had the unprecedented simultaneous translation in 3 languages (English, Spanish and Portuguese) in all rooms. Exhibitors and companies that collaborated with the event were given an extraordinary space of more than 5000 square meters for their activities.

The Rio congress served to pave the way for the previous boards to 'internationalize' the UIP.

The Latin American phlebology has been present in practically all UIP activities since the beginning. Its representatives also participated actively in the administrative formation with the election of some of them in all the executive committees that culminated in my election as President of UIP in 2009 during the World Congress of UIP in Monaco.

My election as president of UIP concluded the process of making UIP a society with global reach, as I was the first non-European president.

Among my achievements as president, with the invaluable help of the members of the executive committee, are the continuation and conclusion of the consensus already started in the previous administration and the new consensus such as that of Venous Hemodynamics, among others. My attention also deserved the encouragement of the creation of new phlebology societies in various parts of the world with the considerable increase in the membership of UIP. During my presidency, all continents ended up having a representation at the UIP.

HONOUR BOX

The phlebology that I knew about 45 years ago was quite different from the current one. It was a specialty based on empiricism and on the experience accumulated by the older professionals with little scientific evidence. Like all Medicine, Phlebology was not isolated and has evolved strongly following other specialties.

An important technological tool has opened up a new scientific horizon: the Ultrasound. This device allowed the understanding of the functioning of the venous system in real time, in addition to the possibility of unlimited repetition of the exam. All basic principles of anatomy, physiology, hemodynamics, and pathophysiology of venous diseases have been revised. The new published studies began to obey stricter scientific criteria. Many concepts, previously considered untouchable, have been modified due to the deepening of studies with ultrasound.

For instance, the concept of removing the saphenous vein in all cases of varicose veins through `stripping` has been completely abandoned. Today, there is a consensus, even among those who adhere to radical conventional surgery, that a saphenous vein cannot be extracted or damaged without a previous ultrasound study.

At the time when I started my activities as a vascular surgeon about 45 years ago, varicose vein surgery invariably corresponded to the removal of great and small saphenous veins in all cases. Only after removing the veins did we assess that we had removed small veins. But it was too late. The harm was done to her, though innocently. Fortunately, those times are only in the annals of medical history.

Unfortunately, the new pandemic that is plaguing the world has forced us to a radical change in behavior. Face-to-face meetings were abolished and all events in 2020 had to be canceled or postponed. Despite the promise of a solution with universal vaccination, it seems that we will still have to wait for the results to return to the previous state. However, it is necessary to highlight the great effort and persistence of the current president of UIP, Prof. Kurosh Parsi, together with his tireless executive committee in maintaining a dig During this entire period of approximately one-year, scientific activities did not have pauses and numerous webinars were held.

Among Latin Americans I want to highlight the performance of their representatives on the executive committee of UIP, Prof. Victor Canata and Prof. Oscar Bottini.

During all these months of the pandemic I had the opportunity to observe the intense scientific activity, mainly of the younger colleagues.

This inspires us to believe that the history of UIP as well as Phlebology still has many pages and chapters to be written.

I have a lot of hope and certainty that the new and young colleagues who make Phlebology their main activity will continue to develop and improve their specialty.

Before closing this letter, which was kindly requested by Prof. Canata, I would like to thank and acknowledge the invaluable work done by all former presidents (some, unfortunately, are no longer with us).



Also always recognize the important work of all executive committees. The current UIP is the result of several years of dedicated work by its members and their boards. The love for Phlebology, for Medicine and especially for the commitment to our patients makes us overcome all obstacles.

“Nos fiduciam in posterum”
We trust the future.

Angelo Scuderi

Emeritus President of UIP

Presidente de Honra da Sociedade Brasileira de Flebologia e Linfologia

Presidente de Honor de la Sociedad Argentina de Flebologia y Linfologia

Presidente de Honor de la Sociedad Panamerica de Flebologia y Linfologia

Miembro de Honor del Forum Venoso Latino-Americano

Honorary Professor of Ulyanovsk State University (Russia)

Honorary Fellow of American College of Phlebology.

Past Director of Angiology and Vascular Surgery Dept. of Hospital Santa Lucinda (Pontifical Catholic University of Sao Paulo – PUCSP).

Past Coordinator of Phlebology course in the Hospital Santa Lucinda (PUCSP)



Prevalence and inventory of venous anatomical abnormalities in the arms of patients with combined capillary, venous and lymphatic malformations (Klippel-Trénaunay syndrome)

LGJM Zwerink, R Praster, CJM van der Vleuten

Objectives: To investigate the prevalence of arm-involvement in Klippel-Trénaunay syndrome (KTS)-patients and to describe the venous anatomy and/or venous aberrations present in the arm, and if possible, their relationship to complaints (pain, congestion and thromboembolic events).

Methods: A retrospective cohort-study was performed with data from medical records of a large KTS-cohort (n = 173) from a tertiary referral center. Within this cohort, a descriptive study (n = 12) was performed on the KTS-patients with arm involvement and who had been examined with Colour Duplex Ultrasonography (CDU).

Results: Our KTS-cohort (n = 173) comprised 43 patients (24.9%) with arm-involvement; in nineteen patients (11.0%) the arm was the only affected limb. Of those KTS patients investigated with CDU, 9 out of 12 (75%) had an aberrant venous anatomy.

Conclusion: Future research needs to clarify whether the complaints of KTS-patients in general are caused by an aberrant venous anatomy, coagulation alterations and/or other factors. Herein, the KTS-arms may play an important role.

A randomised controlled clinical trial comparing the effectiveness of bandaging compared to the JuxtaCures™ device in the management of people with venous ulceration: Feasibility study

Philip Stather, Carroll Petty, Helen Langthorne, Emma Rayner, Jufen Zhang, Karen Hayden, Adam Howard

Introduction: The mainstay of treatment for venous ulceration remains compression therapy. Velcro Wrap devices are being increasingly used in these patients despite limited evidence. This feasibility study aimed to compare standard bandaging to the JuxtaCures™ Velcro wrap device.

Methods: A single centre, unblinded RCT compared participants with venous ulceration randomised to either the JuxtaCures™ device or short stretch bandaging. Participants were followed up for 26 weeks.

Results: 160 participants were screened with 40 randomised. 3 participants in bandaging and 1 in JuxtaCures™ didn't complete the study. 60% in JuxtaCures™ healed v 55% in bandaging despite larger ulcers in the JuxtaCures™ arm (9.33 cm² v 6.97 cm²).

There was no significant difference in time to healing (12.17 v 13.64 weeks). JuxtaCures™ showed improved ulcer reduction for those that didn't heal (14.91–5.00 cm² v 14.20–8.62 cm²; P = 0.06). JuxtaCures™ had more consistent sub-bandage pressure dropping from 39–36 mmHg versus 41–25 mmHg in bandaging between application and removal (P < 0.001). Quality of life (EQ5D) was improved in JuxtaCures at 3 months (mean difference 0.14, p = 0.04), but not at 1 and 6 months, or in disease specific quality of life. Cost was lower in JuxtaCures™ £842.47 v £1064.68. Duration of appointment was significantly shorter in JuxtaCures™ (41 minutes v 53 minutes; P = 0.003).

Conclusion: This study has shown the feasibility and necessity of running a multicentre trial to evaluate the use of Velcro wrap devices for venous ulceration. It highlights the potential benefits of more consistent pressure, increased self-care, and potential with regards to ulcer healing, cost, nursing resource and quality of life.

Treatment of superficial vein thrombosis with intermediate dose of tinzaparin: A real world cohort study – The SeVEN EXTension study

Christos Karathanos, Dimitrios Chatzis, Panagiotis Latzios, Ioannis Papakostas, Konstantinos Goumas, Athanasios D Giannoukas, on behalf of the SeVEN EXT Collaborators

Background: To assess the treatment of superficial vein thrombosis (SVT) with intermediate dose of tinzaparin in a setting of real world practice.

Methods: Prospective observational study of consecutive patients treated by vascular physicians in the private sector with tinzaparin (131 IU/Kg) once daily. Treatment duration was at the treating physician's discretion. The outcomes of the study were symptomatic venous thromboembolism, extension of thrombus and bleeding complications.

Results: 660 patients were included and followed up for at least 3 months. Median duration of treatment was 30 days (14–120). History of prior deep vein thrombosis (HR 2.77; 95% CI= 1.18–6.49; p = 0.018) and current SVT above the knee (HR1.84; 95% CI = 1.33–3.53; p = 0.0002) were associated with prolonged treatment duration. Primary efficacy outcomes occurred in 20 (3%) patients. The median time to the event was 24 (6–92) days and was not related to treatment duration.

Conclusions: Tinzaparin at intermediate dose is an effective and safe treatment for SVT.

ABSTRACTS

Highlighted Article

The efficiency of exercise training in patients with venous insufficiency: A double blinded, randomized controlled trial

Saliha Gürdal Karakelle, Yeldan Ipek, Ozalhas Tulin, İbrahim Ufuk Alpagut

Background: Exercise training (ET) is current treatment method for venous insufficiency (VI). The comprehensive effect of ET in addition to compression therapy (CT) in VI is not clear.

Method: Twenty-four patients with VI were randomly divided into exercise group (EG) and control group (CG). While CG received only CT, EG was applied ET consisting of aerobic, strengthening and stretching exercises in addition to CT for 2 days/week, 6 weeks at hospital under the supervision of physiotherapist. All the patients were assessed with Chronic Venous Disease Quality Of Life Questionnaire-20, Short Form-36, Duplex Doppler Ultrasonography, Venous Clinical Severity Score, hand-held dynamometer, Visual Analogue Scale, circumference measurements, 6 minute-walking test, and 10-meter-walking test before and after the treatment.

Result: Except of hemodynamic status and edema ($p > 0.05$), all parameters were significantly different in favor of EG ($p < 0.05$).

Conclusion: ET in addition to CT was more effective and safe treatment in VI.

New publications in Phlebology (Jan-Feb, 2020)

- ⇒ Retrieval of Bard Simon Nitinol inferior vena cava filters: Approaches, technical successes, complications, and clinical outcomes
Jacob J Bundy, Jeffrey Forris Beecham Chick, Ravi N Srinivasa, Kyle J Cooper, Joseph J Gemmete, Vibhor Wadhwa, John M Moriarty
- ⇒ Management of superficial venous thrombosis in unevaluated situations: Cancer, severe renal impairment, pregnancy and post-partum
Léa Ghenassia-Fouillet, Antoine Morel, Paul Frappé, Claire Le Hello, Vanessa Lerche, Marie-Antoinette Sevestre, Laurent Bertoletti
- ⇒ Referral patterns for catheter-directed thrombolysis for iliofemoral deep venous thrombosis
Kirtan D Patel, Alison YY Tang, Ashik DJ Zala, Rakesh Patel, Kishan R Parmar, Saroj Das
- ⇒ Acute iliofemoral DVT – What evidence is required to justify catheter-directed thrombolysis?
Ahmad Guni, Matthew Machin, Sarah Onida, Joseph Shalhoub, Alun H Davies
- ⇒ The efficiency of exercise training in patients with venous insufficiency: A double blinded, randomized controlled trial
Saliha Gürdal Karakelle, Yeldan Ipek, Ozalhas Tulin, İbrahim Ufuk Alpagut
- ⇒ The effects of water immersion and walking on leg volume, ankle circumference and epifascial thickness in healthy subjects with occupational edema
Giovanni Mosti, Alberto Caggiati
- ⇒ Therapeutic efficacy of physical combined therapy in the treatment of venous crural ulcers
Jarosław Pasek, Sebastian Szajkowski, Grzegorz Cieślak



ABSTRACTS

INVITED SCIENTIFIC COMMENTARY ON THE HIGHLIGHTED ARTICLE

Sergio Giancesini, MD PhD FACS

University of Ferrara (ITALY)

Uniformed Services University of Health Sciences (Bethesda, USA)

The article compares the effect of a standardized exercise protocol and compression vs compression only on chronic venous disease (CVD) patients. The authors conclusions report a significantly higher benefit in the exercise group in terms of health and disease-specific quality of life measures, venous clinical severity score, great and small saphenous vein caliber, superficial and deep reflux, pain, edema, gastrocnemius and tibialis anterior muscle strength, gait velocity, functional capacity.

The paper offers the opportunity to discuss about fundamental topics in exercise assessment for CVD patients. Standardization and reproducibility are mandatory whenever dealing with evidence-based data, particularly in this research field. The authors are to be congratulated for the description of the exercise protocol. Investigations not reporting the detailed exercise can not be reproduced and, therefore, compared. Proper study design and ethical committee approval are mandatory, also in healthy subjects, un-dergoing even simple exercises.

On the other side, the study included 4 layers bandages and compression stockings. This offers the opportunity to stress out the importance of always assess and report the interface pressure applied, otherwise significant heterogeneity could be found.¹

The authors identified no significant variations in edema in the compression group: this data should be analyzed in detail considering even minimum amount of interface pressure demonstrated to reduce significantly the limb volume.²

The study included 24 subjects, ranging from C3 to C6, affected by superficial and/or deep venous insufficiency. Further investigation with homogeneity in these characteristics are encouraged to provide a deeper insight on the edema management.

Ankle range of motion (AROM) reduction was previously reported in CVD.³

Standardized aquatic exercise protocols for venous-lymphatic patients demonstrated to improve AROM,⁴ in a direct correlation with lower limb volume reduction.⁵

Interestingly, the authors reported an improvement of the gait velocity following their protocol, which points out how an evidence-based real step forward in the improvement of standardized and validated exercise protocols can be obtained only by a multi-disciplinary teamwork.

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MEETINGS

Update on Buenos Aires 2021 Congress

Following the unquestionable recommendations of the health authorities, we decided to postpone the date of the **Buenos Aires 2021 Congress** to **September 25-27, 2021**.

All the proper measures will be taken to make the event COVID free: physical distancing, mask use, all venue sanitation. All the attendees and all the organizing personnel will have to produce documentation of acquired COVID 19 vaccination, as per the Argentina custom regulation.



The venue wide rooms will allow to accommodate the participants with large distancing: to give an example, the room previously hosting 1000 people will now host 200 attendees.

The venue has been already assessed by health inspectors for proper compliance with COVID free regulations.

Buenos Aires 2021 will be a hybrid event, hosting world renowned key opinion leaders and a limited number of registrants in person, offering the opportunity of a global interaction with speakers from all over the world, thanks to the online active presence.

We invite all the colleagues from all around the world to send their potential talks: they will be potentially presented in person or online. In both cases, a spectacular auditorium of key opinion leaders will listen to these presentations, actively interacting with the speakers.

A series of preparatory webinars will be also available before the Buenos Aires meeting, thus enhancing the educational opportunity.

Moreover, the meeting will provide the opportunity of hosting the **UIP General Council**, involving societies representatives from all the continents, gathering together for proper advancement of the phlebology world, as well as for the UIP constitutional reform voting.

Looking forward to welcoming you in total safety in Buenos Aires for the first step forward toward the new in person meeting format, we remain at disposal

Buenos Aires 2021 Organizing Committee

COVID-19 RESOURCES

CORONAVIRUS RESOURCE CENTER

The Johns Hopkins Coronavirus Resource Center (CRC) is a continuously updated source of COVID-19 data and expert guidance. They aggregate and analyze the best data available on COVID-19—including cases, as well as testing, contact tracing and vaccine efforts—to help the public, policymakers and healthcare professionals worldwide respond to the pandemic.

More information: <https://coronavirus.jhu.edu/map.html>

CONTACT TRACKING

Resources and Expert Guidance for Tracing the COVID-19 Pandemic

More information:
<https://coronavirus.jhu.edu/contact-tracing>

TRACKING

Follow global cases and trends. Updated daily

More information:
<https://coronavirus.jhu.edu/data>

VACCINES

With dozens of COVID-19 vaccines now in clinical trials, it is important to understand the accelerated timelines for development, the different types of vaccines available, and the facts related to vaccine safety and efficacy. Additionally, as vaccines are approved, we will track data on vaccination efforts.

More information:
<https://coronavirus.jhu.edu/vaccines>

EVENTS WORLD CONGRESS OF THE UIP

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

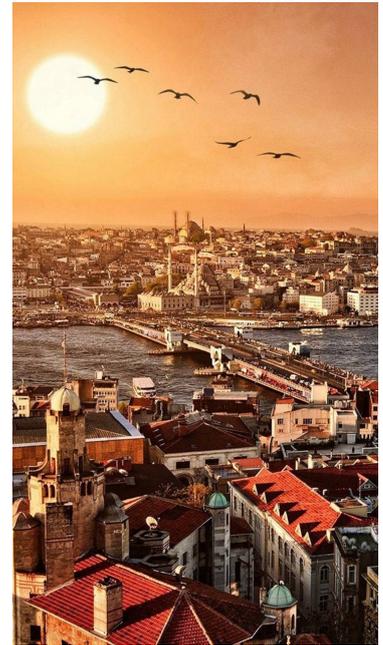
Istanbul, Turkey's most populated and most significant city in cultural and economic terms, is one of the oldest cities in the world. Archaeological findings that have surfaced recently indicate that the first settlement in the city dates back to at least 8500 years.

As host to many different cultures and civilizations as well as to people of various races, religions, 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 for 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.

Register at:

<https://www.uip2021.com/registration/>



Keep updated and follow
our social media
accounts !

   /uipistanbul2021



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.

APRIL 2021



VENOUS SYMPOSIUM VIRTUAL

15th—17th April
Online Virtual Event
*Under the Auspices of the
UIP*



JUNE 2021

**Annual Meeting of
the Benelux Society
of Phlebology**
The Swollen Leg
4th-5th June, 2021
Leuven, Belgium

JUNE 2021

**Flebopanam 2021
Pan American
Congress of
Phlebology and
Lymphology**
11th-13th June, 2021
Guayaquil, Ecuador

JUNE 2021

**6th Edition of Phlebo
-Pratique, French
Society of
Phlebology**
18th-19th June, 2021
Lille, France

SEPTEMBER 2021

**XII International
Congress of the Latin
American Venous
Forum**
25th-27th September
2021
Buenos Aires, Argentina

MAY 2022

**XIXth WORLD CONGRESS
OF THE UIP**
May 2022
T.B.C

Istanbul - Turkey



SEPTEMBER 2023



**UIP 2023
XXth WORLD
CONGRESS OF THE UIP**
17th– 21st September, 2023
Miami Beach, USA

For more information about events visit:
<http://www.uip-phlebology.org/events>

If you would like your event to appear in the UIP Newsletter, contact us at communications@uipmail.org



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