



NUEVA PAGINA WEB PROXIMAMENTE DISPONIBLE!

Después de un largo y arduo proceso de desarrollo de la nueva pagina web, estamos muy emocionados de anunciar que estará disponible para el público en general esta semana.

En la nueva web encontrarás todo tipo de información, desde la historia de la UIP hasta las últimas publicaciones de la newsletter. Los miembros también podrán:

- Contribuir a los foros de discusión sobre venas y linfáticos
- Accede al Diario Oficial de Flebología de la UIP
- Comuníquese con otros profesionales venosos y linfáticos en todo el mundo
- Acceda a noticias de su sociedad y noticias de otras sociedades alrededor del mundo
- Pronto se agregarán más funciones a nuestro portal

EN ESTÁ EDICIÓN

1. UIP Anuncios
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ANUNCIOS UIP

ANFITRION DEL CONGRESO MUNDIAL UIP

¡Expresiones de interés ya están abiertas!

La Unión Internacional de Flebología recibió una serie de expresiones de interés para albergar el destino del Congreso Mundial UIP 2025. La información sobre el proceso de solicitud se puede encontrar en el sitio [web de UIP](#).

Se recibieron expresiones de interés de:

- 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



Fechas importantes:

22 de Febrero de 2021 - Expresión de interés ya están cerradas.

1 de Marzo de 2021 - Se abre la solicitud en línea

1 de Septiembre de 2021 - Fecha límite de envío

SOBRE NOSOTROS

El Boletín de la UIP ha sido elaborado y distribuido desde Sydney, Australia, con la contribución de los miembros de la UIP.

La Editora del Boletín de la UIP, Paola Vargas es una Administradora de Empresas originalmente de Medellín-Colombia, pero establecida en Sydney desde 2016. Hay oportunidades de publicidad disponibles y las contribuciones y consultas son bienvenidas



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REDES SOCIALES



¡Mantente en contacto!

¡Sigue nuestras cuentas de redes sociales y asegúrese de ser notificado de actualizaciones, fechas límite y noticias importantes!



UIP ACTUALIZACIONES

SEMINARIO WEB DEL CONSEJO GENERAL

El comité de reforma constitucional de la UIP ha estado reuniéndose semanalmente o quincenalmente revisando todos los cambios necesarios para actualizar la constitución y llevarla al siglo XXI. El proceso ha involucrado a varios miembros del Comité Ejecutivo y pasará por una revisión sustancial por parte de todo el Comité Ejecutivo.

Estamos planeando realizar 2 reuniones del Consejo General en línea donde se informa a los miembros del Consejo General sobre los cambios propuestos y sus aportes se incorporaran a las reformas constitucionales propuestas por la UIP antes de una reunión presencial del consejo general que se llevará a cabo más adelante.

Nos gustaría informar a nuestros miembros que organizaremos una serie de seminarios web en línea para que el Consejo General revise los cambios constitucionales propuestos.

Estos seminarios web serán importantes para obtener los comentarios y el apoyo de nuestras sociedades miembro, por lo que su participación es crucial. Es importante tener en cuenta que estos seminarios web **NO** se utilizarán para votar por estos cambios.

La votación sobre estos cambios ocurrirá durante nuestra próxima reunión del Consejo General de la UIP. Esperamos que todos puedan unirse a las reuniones relacionadas en línea del **10 al 11 de abril de 2021**. Los horarios propuestos se anunciarán pronto.



OPORTUNIDADES DE PATROCINIOS

La UIP da la bienvenida a patrocinios para su boletín. Si está interesado en colocar, publicitar o patrocinar el boletín de UIP, contáctenos en:

execdirector@uipmail.org

UIP REPORTE ANNUAL 2020



La UIP ha elaborado por primera vez un Informe Anual de sus actividades para sus sociedades miembros. El informe describe las actividades de la UIP en el 2020, así como su situación financiera.

El Informe Anual se enviará pronto a todos sus miembros.

INVITACIÓN PARA EL CONTENIDO DEL BOLETÍN MEGAFONO UIP

La UIP se complace en ofrecer a todos sus miembros de enviar comentario en futuras ediciones del boletín de la UIP. Los temas pueden estar relacionados con la ciencia basada en la evidencia, el avance de la flebolinfología y la resolución de problemas en la práctica clínica. Si está interesado en enviar un comentario, envíe un resumen de 300 palabras a:

communications@uipmail.org

COUTAS DE AFILIACIÓN

La UIP enviará prontamente las facturas correspondientes a las cuotas de membresía para el 2021

Todavía hay algunas sociedades cuyas cuotas de membresía para 2020 aún están pendientes. Estaremos llegando a estas sociedades individualmente.

SOCIEDADES UIP: Pasado, presente y futuro

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 venous 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.

SOCIEDADES UIP: Pasado, presente y futuro

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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1. Cloutier G. A Comparative History of Phlebology, Presentation at CSP Meeting.



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)



Artículos Destacados - Phlebology

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 throm-boembolic 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.

RESUMEN

Resumen Destacado

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

Saliha Gürdal Karakelle, Yeldan Ipek, Ozalhas Tulin, Ibrahim 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, Ibrahim 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

RESUMEN

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, undergoing 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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REUNIONES

Actualización sobre el Congreso Buenos Aires 2021

A quien le interese,

Siguiendo las recomendaciones indiscutibles de las autoridades de salud, decidimos posponer la fecha del Congreso Buenos Aires 2021 al 25-27 de septiembre de 2021.

Se tomarán todas las medidas adecuadas para que el evento sea libre de COVID: distanciamiento físico, uso de mascarillas y tapabocas, sanitización completa de áreas comunes. Todos los asistentes y todo el personal organizador deberán presentar documentación acreditando vacunación COVID 19, según la normativa de autoridades argentinas.



Las amplias salas del recinto permitirán acoger a los participantes con gran distanciamiento: por poner un ejemplo, la sala que antes albergaba a 1000 personas ahora acogerá a 200 asistentes. El lugar ya ha sido evaluado por inspectores de salud para verificar el cumplimiento adecuado de las regulaciones libres de COVID.

Buenos Aires 2021 será un evento híbrido, que albergará a líderes de opinión de renombre mundial y un número limitado de inscriptos en persona, ofreciendo la oportunidad de una interacción global con oradores de todo el mundo, gracias a la presencia activa en línea.

Invitamos a los colegas de todo el mundo a enviar sus posibles charlas: se presentarán potencialmente en persona o en línea. En ambos casos, un espectacular auditorio de líderes de opinión escuchará estas presentaciones, interactuando activamente con los ponentes.

También estará disponible una serie de seminarios web preparatorios antes de la reunión de Buenos Aires, mejorando así la oportunidad educativa. Además, el encuentro brindará la oportunidad de acoger el Consejo General de UIP, en el que participan representantes de sociedades de todos los continentes, reunidos para el adecuado avance del mundo de la Flebología, así como para la votación de la reforma constitucional de UIP.

Esperando darle la bienvenida con total seguridad en Buenos Aires como primer paso hacia el nuevo formato de reunión presencial, quedamos a su entera disposición.

Comité Organizador Buenos Aires 2021

COVID-19 RECURSOS

CORONAVIRUS CENTRO DE RECURSOS

El Centro de recursos sobre el coronavirus de Johns Hopkins (CRC) es una fuente de información de COVID-19 y orientación experta que se actualiza continuamente. Ellos agregan y analizan los mejores datos disponibles sobre COVID-19, incluidos casos, así como pruebas, rastreo de contactos y esfuerzos de vacunas, para ayudar al público, los legisladores y los profesionales de la salud de todo el mundo a responder a la pandemia.

Más información:

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

CONTACTO

Recursos y orientación de expertos para rastrear la pandemia COVID-19

Mas información

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

SEGUIMIENTO

Follow global cases and trends. Updated daily

Mas información

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

VACUNAS

Con docenas de vacunas COVID-19 ahora en ensayos clínicos, es importante comprender los plazos acelerados para el desarrollo, los diferentes tipos de vacunas disponibles y los hechos relacionados con la seguridad y eficacia de las vacunas. Además, a medida que se aprueben las vacunas, realizaremos un seguimiento de los datos sobre los esfuerzos de vacunación.

Mas información

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

EVENTOS CONGRESO MUNDIAL DE LA UIP

ESTAMBUL TE ESPERA PARA EL XIX CONGRESO MUNDIAL DE LA UNION INTERNACIONAL DE FLEBOLOGIA

Estambul, la ciudad más poblada y más importante de Turquía en términos culturales y económicos, es una de las ciudades más antiguas del mundo. Los hallazgos arqueológicos que han surgido recientemente indican que el primer asentamiento en la ciudad data de al menos 8500 años. Como anfitrión de muchas culturas y civilizaciones diferentes, así como de personas de diversas razas, religiones, culturas e idiomas a lo largo de los siglos, Estambul siempre ha conservado su sensación cosmopolita.

Estambul es tanto una capital mundial ahora como lo fue en el pasado. Un claro ejemplo de ello es la representación multicultural para el XIX Congreso Mundial de la Unión Internacional de Flebología, que se celebrará en 2023 en esta hermosa ciudad. Muchos especialistas internacionales de todo el mundo se reunirán y tendrán la oportunidad de debatir e intercambiar conocimientos sobre aspectos relacionados con flebología y llegar a una amplia gama de profesionales en todos los campos relacionados, lo que le permitirá expandirse a nuevos mercados, así como disfrutar de la belleza y glamour de esta ciudad.

Regístrate en:

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



Mantente actualizado y sigue nuestras redes sociales!

   /uipistanbul2021



PROXIMOS EVENTOS

Una de las principales visiones de la UIP es promover relaciones productivas entre sociedades. Con esta visión, informamos tanto los eventos con auspicio de la UIP como los eventos sin ella, para informar a todos sobre posibles actividades educativas. La esperanza es también ofrecer una herramienta útil para los colegas que organizan reuniones futuras, para evitar superposiciones entre eventos.

ABRIL 2021



VENOUS SYMPOSIUM VIRTUAL

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



JUNIO 2021

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

JUNIO 2021

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

JUNIO 2021

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

SEPTIEMBRE 2021

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

MAYO 2022

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

Istanbul - Turkey



SEPTIEMBRE 2023



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

Para obtener más información sobre eventos, visite:

<http://www.uip-phlebology.org/events>

Si desea que su evento aparezca en el Boletín de UIP, contáctenos en

communications@uipmail.org



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