



UIP NEWSLETTER

JULY, 2021

GENERAL COUNCIL WEBINAR

The Executive Committee would like to take the opportunity to update its member societies on its activities since the last meeting. The meeting will be held as an online webinar. During the webinar, the UIP will present the 2020 UIP Annual report, summarising its activities since the last General Council Meeting.



Dear General Council Members,

As you will be aware, the UIP has had to reschedule the 2021 Istanbul World Congress until 2022 due to the COVID-19 pandemic.

Since the last UIP General Council Meeting was held in 2019, the Executive Committee would like to take the opportunity to update its member societies on its activities since the last meeting. The meeting will be held as an online webinar.

This will be an informal event compared to regular General Council meetings as it is intended to provide an update to its members societies. During the webinar, the UIP will present the 2020 UIP Annual report, summarising its activities since the last General Council Meeting. There will be no voting during these webinars, but we will also take the time to demonstrate to the council a potential updated voting system to be adopted by the UIP for future General Council meetings.

As our member societies exist in many time zones, the UIP will conduct 2 webinars on different dates and at different times so that you can pick a time and date that is convenient for you.

UIP General Council Webinar 1
Convenient timing for North and South America
30th July, 2021
21:00 GMT (UTC)

UIP General Council Webinar 2
Convenient timing for Europe, Asia, Oceania and Africa
4th September, 2021
07:00 GMT (UTC)

Registrations for the meeting will be sent to you by MCI, the UIP's core professional congress organiser in the next few weeks.

In order to have your invitation sent to you, please take the time now to ensure your contact details have been updated in the new UIP website

<https://www.uip-phlebology.org>

Finally, as was resolved in the last UIP General Council meeting, the UIP is still intending to hold a General Council meeting during the *Flebología, Linfología y Estética* meeting in Buenos Aires in September 2021. Details of this meeting will be sent in due course.

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5. Events Calendar



UIP ANNOUNCEMENT

INVITATION FOR NEWSLETER 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

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

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 General Council Webinar 1

Convenient timing for North and South America
30th July, 2021 - 21:00 GMT (UTC)

GENERAL COUNCIL WEBINAR

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UIP ANNUAL REPORT

For the first time, the UIP has produced an ANNUAL REPORT of its activities. The UIP executive will present the annual report to the general council.

UPDATES TO ELECTRONIC VOTING

The UIP would like to present to the general council a proposed update to the electronic voting system used in previous council meetings. A NON-BINDING vote of the general council will be held to demonstrate how the system will be used. Feedback from the GC will be encouraged



INTRODUCTION TO THE UIP CONSTITUTIONAL CHANGES

The UIP Executive will seek the feedback from the General Council on their vision for the future of the UIP, including how the UIP Constitution and Internal Policies can be updated to best suit its members.

REGISTRATION

A registration link will be sent to member societies by the UIP Core PCO, MCI. Go to www.uip-phlebology.org to ensure your society's contact details are correct.



UIP SOCIETIES: Past, Present & Future

Romanian Society of Phlebology

HISTORY OF THE ROMANIAN SOCIETY OF PHLEBOLOGY

The beginning of venous surgery in Romania was due to the contribution of Pius Brînzeu, founder of the surgical phlebological school. Petru Ignat and Marius Teodorescu continued his work in venous diseases, and now Sorin Olariu is the Chief of the Surgical Department and develops the phlebological tradition of the clinic. He introduced the cryostripping technique in Surgical Clinic I of University of Medicine and Pharmacy "V.Babes" Timișoara, Romania as a national premiere. Our Society was founded in 24 April 1979 by Pius Brînzeu and in 1984 was affiliated to the UIP.



An important contribution to scientific research and development of Romanian Phlebology, with excellent international presence had also Cluj Medical University by renowned masters in the field: Aurel Kauffmann, Aurel Andercou, Serban Rădulescu, Ionel Gherman, Florin Galea, Aurel Mironiuc, Ion Zăgrean.

Bucharest Medical Center has worked in the vessels field in two distinct levels. Cardio-Vascular Surgery School led by Pop D. Popa from the "Fundeni" Hospital was imposed in cardiac and peripheral vascular surgery. At that time he published two excellent books in the field of aortic and inferior caval system pathology. Also in Bucharest, Dr. H. Angelescu was the promoter of the CHIVA method almost 10 years before Franceschi; his work was continued by Dr. Valerian Ciubotaru. In the field of Phlebology had worked on the same level and distinguished Dr. Gheorghe Bucur, dermatologist. Craiova Medical Center had an important contribution to the Romanian phlebology through Voicu Tanase, author of books about the venous ulcer and Firmilian Calota author of Phlebopathology. In Surgical Clinic I, of University of Medicine and Pharmacy "V.Babes" Timișoara, Romania P. Brînzeu developed a prestigious surgical school in the field of Phlebology, famous in the medical practice.

Romanian Society of Phlebology

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Pius Brînzeu.

First board:

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V. Ivan,

M. Teodorescu,

J. Avram,

N. Bota.

Previous Congresses

2019 The 16th Romanian Congress of Phlebology with international participation
2018 The National Conference of Phlebology with international participation

2017 The 8th Educational Course of Central European Vascular Forum and 15th Romanian Congress of Phlebology.

2016 Balkan Venous Forum and 14th Romanian Congress of Phlebology with international participation.

We are involved in the Erasmus European Project "TRAPP" (Training path for phlebologists in Europe-2017-1-RO01-KA202-037136)

We have organized numerous workshops with the presentation of modern procedures for the diagnosis and treatment of varicose veins with guests with expertise in the field: Mark Whiteley, Eberhardt Rabe, Lorenzo Tessari, Pier Luigi Antignani, Claudio Allegra.

We have an active participation in all scientific events organized under the auspices of UIP and IUA



UIP SOCIETIES: Past, Present & Future



SPEAKER CORNER

Phlebology training during a pandemic: A personal perspective from an Australian trainee

The Covid -19 pandemic has created the necessary dichotomy of both disruption and innovative change in the way healthcare has been delivered worldwide. Coronavirus has seen clinicians urgently overcome any prior reluctance to the adoption of telehealth to deliver care. The Australian Government initiated a public health response to minimise the spread of disease by creating telehealth Medicare item numbers and placing intermittent restrictions on elective surgery. Medicare is a scheme in Australia that allows residents access to a wide range of health and hospital services at no cost or low cost. The prioritisation of patient, staff and community safety has also led to the expansion and development of innovative pedagogical methods in all educational sectors, including medicine.

So, where does that leave a phlebology registrar? It turns out I ended up working in an emergency department in remote Western Australia, and ceased all clinical vein work for a significant period of time. The barriers were too challenging for me to overcome during that time. The occupational risk of my essential work as an emergency doctor without a vaccine in 2020 was not a risk I wanted to pass on to my vein patients. I also considered that the reticular and spider vein work I was doing at that time did not fit the description of essential medical services.

Interestingly this hiatus of working with veins bought about a clarity and urgency of the strength of my conviction to complete my studies. The design of the Australasian College of Phlebology training program enabled me to continue online learning and to continue increasing my theoretical knowledge. Serendipitously, there was an ultrasound in the ED. The remoteness of the location was a catalyst to improving my general ultrasound skills, in particular ultrasound guided arterial lines, intravenous lines and DVT scans.

Vaccinated and now 2021. In Australia there are continued unpredictable state border closures and lockdowns. Phlebologists are still facing the intermittent challenge of smaller patient numbers and as a direct result the learning opportunities for trainees can be affected. My intentions to fly interstate fortnightly for supervision and training has at times been thwarted by Covid. I am fortunate to be able to access Medicare item numbers for telehealth appointments and have adopted flexible approaches to the delivery of health care.

It has been essential for phlebology trainees, supervisors and colleges to adapt and embrace flexibility and unpredictability. I have been able to use technology to continue to connect regularly with my interstate supervisor for clinical concerns. Journal clubs continue - I have been a face on a mobile phone on a coffee table amongst cheese and biscuits in an interstate journal club. We have a national ACP conference coming up in Sydney soon, with the option of attending virtually.

My increased use of ultrasound in ED has just recently enabled me to diagnose a DVT at the bedside of a patient 2 weeks post covid vaccine. The advent of vaccine induced thrombosis has urgently made me revise anticoagulation, familiarise myself with the local VITT guidelines, connect with my local haematologist and perform multiple bedside DVT scans on concerned patients.

It would be remiss of me to write an article on the effect of Covid on phlebology training without a mention of the challenges of homeschooling during lockdowns. The often already limited time and energy that trainee parents have to study and complete logbooks is further stretched with the demanding role of teaching their children full-time.

So, all up my training has continued, albeit more slowly. The volume of sufficient clinical learning cases as a direct result of the viral induced restrictions and limitations of practise and travel have seen my advanced training logbooks fill up more slowly than I anticipated. However, my resolve to complete the training has become stronger.

The future of phlebology training and continued professional development will directly benefit from the innovation used and developed during the pandemic. Adopting an ongoing hybrid model of delivery will enable webinars and conferences that were previously mostly accessible only in person to be available from our living rooms in our own time. I personally will miss the direct contact with my colleagues at the upcoming Sydney conference but am appreciative for the technology that will enable me to still be present.

Dr. Lucy McKinnon

Lucy McKinnon is a phlebology advanced trainee with the Australasian College of Phlebology and a current member of the UIP Engagement Working Group. Read more about the Engagement Working Group [here](#)

ABSTRACTS

Each month, the UIP identifies new articles in the journal Phlebology that are of great interests to its readers and invite a scientific commentary of a featured article.

Individual members of the UIP can access the journal Phlebology by the new [UIP website](#)

FEATURED ABSTRACT, JULY 2021



An algorithm combining VVSymQ® and VCSS scores may help to predict disease severity in C2 patients

Mikel Sadek, Matthew Pergamo, Jose I Almeida, Glenn R Jacobowitz, Lowell S Kabnick

First Published June 14, 2021

<https://doi.org/10.1177%2F02683555211023306>

Objectives

The purpose was to assess whether combining patient reported scores (VVSymQ®) and physician reported scores (VCSS) stratifies disease severity in C2 patients.

Methods

Consecutive patients were pooled from the VANISH-1 and VANISH-2 cohorts. VCSS and VVSymQ® were calculated for each patient. The relationship between scoring systems was evaluated using Pearson's correlation and frequency distribution analysis.

Results

Two-hundred and ten C2 limbs were included. Scoring systems demonstrated: VVSymQ®: mean = 8.72; VCSS: mean = 6.32; correlation ($r = 0.22$, $p = 0.05$). Frequency distribution analysis demonstrated 61.4% of patients had low VVSymQ® and low VCSS; 31.3% had elevated VVSymQ® and increased VCSS; 7.3% were inconsistent with C2 disease. Strict concordance analysis revealed 40.5% had VVSymQ® (< 9)/VCSS (0-6), 18.6% had VVSymQ® (≥ 9)/VCSS (7-9), and 2.9% had VVSymQ® (≥ 9)/VCSS (≥ 10).

Conclusions

For combined elevated VVSymQ® and VCSS, moderate/severe disease is corroborated, and intervention may be indicated. For combined lower scores, the disease severity is mild and conservative therapy is more appropriate.

Keywords

Varicose veins, patient scores

ABSTRACTS

Highlighted Articles



Standard of care for lipedema in the United States

Karen L Herbst, Linda Anne Kahn, Emily Iker, Chuck Ehrlich, Thomas Wright, Lindy McHutchison, Jaime Schwartz, Molly Sleight, Paula MC Donahue, Kathleen H Lisson, Tami Faris, Janis Miller, Erik Lontok, Michael S Schwartz, Steven M Dean, John R Bartholomew, Polly Armour, Margarita Correa-Perez, Nicholas Pennings, Edely L Wallace, Ethan Larson

Background Lipedema is a loose connective tissue disease predominantly in women identified by increased nodular and fibrotic adipose tissue on the buttocks, hips and limbs that develops at times of hormone, weight and shape change including puberty, pregnancy, and menopause. Lipedema tissue may be very painful and can severely impair mobility. Non-lipedema obesity, lymphedema, venous disease, and hypermobile joints are comorbidities. Lipedema tissue is difficult to reduce by diet, exercise, or bariatric surgery.

Methods This paper is a consensus guideline on lipedema written by a US committee following the Delphi Method. Consensus statements are rated for strength using the GRADE system.

Results Eighty-five consensus statements outline lipedema pathophysiology, and medical, surgical, vascular, and other therapeutic recommendations. Future research topics are suggested.

Conclusion These guidelines improve the understanding of the loose connective tissue disease, lipedema, to advance our understanding towards early diagnosis, treatments, and ultimately a cure for affected individuals.



The relationship between psychological distress and impairment of disease-specific quality-of-life compared between liquid sclerocompression therapy and invasive treatments in patients with superficial venous disease during a one-year follow-up

Attila G Krasznai, Fabio S Catarinella, Janine Houtermans-Auckel, FHM Nieman, IAJ Wittens, MC Mooij, Cees HA Wittens

Introduction Superficial venous disease (SVD) is a very common disease and much research has been done towards finding the ideal treatment and discovering the pathophysiology of SVD. Not much is known about the psychological burden of SVD. Current guidelines and scientific publications tend to focus on clinical and physiological aspects of SVD. The aim of this study was to relate the changes in Quality-of-Life (QoL) after SVD treatment to possible changes in psychological distress (PD).

Methods A prospective cohort was set up with the assistance of 5 specialized vein clinics in the Netherlands. Inclusion criteria were: 18 years of age or older, fluent in Dutch language, C1 to C6 (CEAP) class intended to be primarily treated with either endovenous laser(LA), radiofrequency ablation (RFA) and phlebectomy(PHL) or sclerocompression therapy alone (SCT). Patients were divided in two groups:

1. C1-C3 patients treated by SCT
2. C1-C6 patients treated invasively (LA, RFA and PHL)

Outcomes were a disease specific QoL questionnaire (CIVIQ-20) and a questionnaire to assess PD (Hospital Anxiety and Depression Scales (HADS)). This study was approved by the local institutional review board, following the principles outlined in the Declaration to Helsinki. This trial was registered in the ISRCTN registry with study ID ISRCTN12085308

Results 442 patients were included in the study and completed the T0 measurements. Mean age of these patients is 54.4 years (s.d. 12.9, 17-90). Number of females: 349 (79.0%), of males: 93 (21.0%). The mean baseline (T-0) HADS depression (0-3) scale scores is 2.54 (s.d. 0.51, n = 412). The mean one-year difference between T-12 HADS depression (0-3) scale scores and baseline T-0 scores is +0.06. The mean baseline (T-0) HADS anxiety (0-3) scale scores is 2.19 (s.d. 0.5, n = 283). The mean one-year difference between T-12 HADS anxiety (0-3) scale scores and baseline T-0 scores is +0.06. Controlled for baseline scores, gender, age, weight and length(BMI), patients in group 2 (receiving invasive treatment) show significantly higher one-year improvement in the QoL of their psychological state of mind than patients in group 1 (receiving SCT and having C1,2,3) (beta 0.158 p = 0.002).

Conclusions The significant improvement in psychological, QoL and clinical scores that we observe after successful invasive treatment compared to no significant improvement after SCT and the lack of psychological distress in patients with "simple" SVD indicates that SCT is mainly performed for cosmetic reasons. One could thus argue that reimbursement of SCT as a stand-alone medical treatment is debatable.



ABSTRACTS

New publications in Phlebology

Balloon occlusion as an adjunctive technique during sclerotherapy of Puig's classified advanced venous malformations

Sri Hari Sundararajan, Srirajkumar Ranganathan, Sphoorti Shellikeri, Abhay Srinivasan, David W Low, Bryan Pukenas, Robert Hurst, Anne Marie Cahill



LIPIODOL reduces the lytic activity of detergent sclerosants in vitro

Joseph Gracé, David Connor, Lourens Bester, Christopher Rogan, Kurosh Parsi



Endothelial nitric oxide synthase polymorphism and venous thromboembolism: A meta-analysis of 9 studies involving 3993 subjects.

Guangbin Huang, Xuejun Deng, Yanan Xu, Pan Wang, Tao Li, Ping Hu



Ultrasound-guided cyanoacrylate injection for the treatment of incompetent perforator veins

Alexa Mordhorst, Gary K Yang, Jerry C Chen, Shung Lee, Joel Gagnon



A systematic review on longterm clinical impact in patients with iliofemoral deep vein thrombosis

Nektarios Charisis, Hussein Harb, Muhammed Harb, Nicos Labropoulos



Rivaroxaban for the prevention of venous thromboembolism after radiofrequency ablation of saphenous veins concomitant with miniphlebectomy, sclerotherapy, or no treatment of varicose tributaries

Elena Murzina, Kirill Lobastov, Leonid Laberko, Anton Dvornikov, Ivan Popov



Standard of care for lipedema in the United States

Karen L Herbst, Linda Anne Kahn, Emily Iker, Chuck Ehrlich, Thomas Wright, Lindy McHutchison, Jaime Schwartz, Molly Sleight, Paula MC Donahue, Kathleen H Lisson, Tami Faris, Janis Miller, Erik Lontok, Michael S Schwartz, Steven M Dean, John R Bartholomew, Polly Armour, Margarita Correa-Perez, Nicholas Pennings, Edely L Wallace, Ethan Larson



The accuracy and precision of interface pressure measuring devices: A systematic review

Orsolya Kokai, Sharon L Kilbreath, Patrick McLaughlin, Elizabeth S Dylke



EVENTS WORLD CONGRESS OF THE UIP

XIX WORLD CONGRESS OF THE INTERNATIONAL UNION OF PHLEBOLOGY

12nd - 16th September, 2022



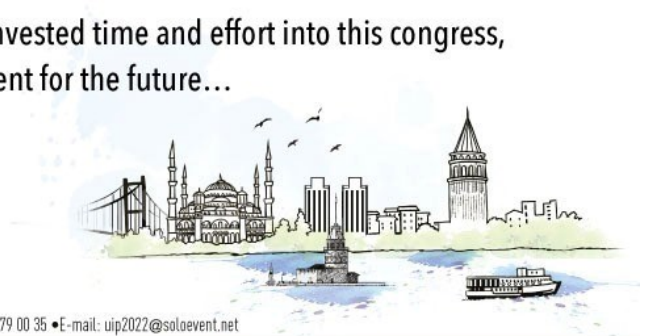
With regards the current health crisis and keeping in mind the safety of our participants, it is with great regret that we have decided to postpone the XIX UIP World Congress to September 12-16, 2022.

Since the outbreak of the COVID-19, UIP have been closely monitoring the development of the pandemic, and the significant disruption it has brought to the operations of our member institutions and wider restrictions on international travel, as well as the great damage to the well being of many people on all around the World.

We believe that postponing the XIX UIP World Congress to September 2022 will ensure a fruitful and safe congress experience for everyone. Please note that, the congress will still take place in the same venue in Istanbul, Turkey, and all personal or sponsored commitments made over PCO (registrations, sponsorships etc.) will be automatically maintained for the new date next year.

In the meantime, we would like to thank all of you who invested time and effort into this congress, and express our appreciation for your ongoing commitment for the future...

Your safety is our priority!



ORGANISATION SECRETARIAT

SOLO EVENT

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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.

JULY 2021

UIP GENERAL COUNCIL WEBINAR

21:00 UTC

30th July

Virtual

AUGUST 2021

ACP2021- Annual Scientific Meeting of the Australasian College of Phlebology

27th-30th August, 2021
Virtual



SEPTEMBER 2021

28th World Congress of Lymphology

20th - 24th September 2021

Athens, Greece

SEPTEMBER 2021

XII International Congress of the Latin American Venous Forum

25th-27th September 2021

Buenos Aires, Argentina

JUNE 2022

Annual Meeting of the Benelux Society of Phlebology

10th -11th June 2022

Faculty Club Leuven, Belgium

JULY 2022

Flebopanam 2022 Pan American Congress of Phlebology and Lymphology

21th-23rd July, 2022
Guayaquil, Ecuador

SEPTEMBER 2022

UIP2022
XIXth WORLD CONGRESS OF THE UIP
12th - 16th September 2023
Istanbul, Turkey



SEPTEMBER 2023

UIP 2022
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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