



# UIP NEWSLETTER

JULIO, 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.



Estimados miembros del Consejo General,

Como sabrán, la UIP ha tenido que reprogramar el Congreso Mundial de Estambul de 2021 para 2022 debido a la pandemia de COVID-19.

Dado que la última reunión del Consejo General de la UIP se celebró en 2019, el Comité Ejecutivo desea aprovechar la oportunidad para actualizar a sus sociedades miembros sobre sus actividades desde la última reunión. La reunión se llevará a cabo como un seminario web en línea. Este será un evento informal en comparación con las reuniones regulares del Concilio General, ya que tiene la intención de proporcionar una actualización a las sociedades miembros. Durante el *webinar*, la UIP presentará el informe anual 2020 de la UIP, resumiendo sus actividades desde la última reunión del Consejo General. No habrá votaciones durante estos seminarios web, aunque nos tomaremos el tiempo para demostrarle al consejo un sistema de votación potencial actualizado que será adoptado por la UIP para futuras reuniones del Consejo General.

Dado que nuestras sociedades miembros existen en muchas zonas horarias, la UIP llevará a cabo 2 seminarios web en diferentes fechas y en diferentes horarios para que pueda elegir una hora y una fecha que sea conveniente para usted.

*Webinar 1 del Consejo General de la UIP*

*Tiempo conveniente para América del Norte y del Sur  
30 de julio de 2021  
21:00 GMT (UTC)*

*Webinar 2 del Consejo General de la UIP*

*Tiempo conveniente para Europa, Asia, Oceanía y África  
4 de septiembre de 2021  
07:00 GMT (UTC)*

MCI, el principal organizador de congresos profesionales de la UIP, le enviará las inscripciones para la reunión en las próximas semanas. Para que le enviemos su invitación, tómese el tiempo ahora para asegurarse de que sus datos de contacto se hayan actualizado en el nuevo sitio web de UIP. (<https://www.uip-phlebology.org>).

Finalmente, como se resolvió en la última reunión del Consejo General de la UIP, la UIP aún tiene la intención de realizar una reunión del Consejo General durante la reunión de Flebología, Linfología y Estética en Buenos Aires en septiembre de 2021. Los detalles de esta reunión se enviarán a su debido tiempo.

### EN ESTA EDICIÓN

1. General Council Webinar
2. Anuncios de la UIP
3. Sociedades UIP - Pasado, Presente y Futuro - *The Romanian Society of Phlebology*
4. *Phlebology* Resumen
5. Próximo Eventos



# ANUNCIOS UIP

## INVITACIÓN PARA EL CONTENIDO DE LA NEWSLETTER MEGÁFONO UIP

La UIP se complace en ofrecer a todos sus miembros de enviar comentario en futuras ediciones de la Newsletter 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 estás interesado en enviar un comentario, envía un resumen de 300 palabras a:

**[communications@uipmail.org](mailto:communications@uipmail.org)**

## OPORTUNIDADES DE PATROCINIOS

La UIP da la bienvenida a patrocinios para su Newsletter. Si estás interesado en colocar, publicitar o patrocinar la Newsletter de UIP, contáctanos en:

**[execdirector@uipmail.org](mailto:execdirector@uipmail.org)**

### ABOUT US

La Newsletter de la UIP ha sido elaborada y distribuida desde Sídney, Australia, con la contribución de los miembros de la UIP.

La Editora de la Newsletter de la UIP, Paola Vargas es una Administradora de Empresas originalmente de Medellín-Colombia, pero establecida en Sídney desde 2016.

Hay oportunidades de publicidad disponibles y las contribuciones y consultas son bienvenidas.

**[communications@uipmail.org](mailto:communications@uipmail.org)**



### SOCIAL MEDIA



#### ***¡Mantente en contacto!***

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





## UIP General Council Webinar 1

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

# 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.



### 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](http://www.uip-phlebology.org) to ensure your society's contact details are correct.



# SOCIEDADES UIP: Pasado, presente y futuro

## 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

Str Filaret Barbu 15, 300192 Timișoara – România

[www.srflebologie.ro](http://www.srflebologie.ro)

[contact@srflebologie.ro](mailto:contact@srflebologie.ro)

### EXECUTIVE BOARD

**President:** Sorin Olariu,

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Pius Brînzeu.

### First board:

P. Ignat,  
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





# SOCIEDADES UIP: Pasado, presente y futuro



# 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](#)*

# RESUMEN

Cada mes, la UIP identifica nuevos artículos en la revista de Phlebology que pueden llegar a ser de gran interés para sus lectores e invitan comentarios científicos de un artículo destacado.

Los miembros individuales de la UIP pueden acceder a la revista Phlebology en el nuevo sitio web de la UIP

## RESUMEN DESTACADO JULIO 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® ( $\geq 9$ )/VCSS (7-9), and 2.9% had VVSymQ® ( $\geq 9$ )/VCSS ( $\geq 10$ ).

#### 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



## Artículos destacados



### 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 Sleigh, 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.



# RESUMEN

## Nuevas publicaciones en flebología

### **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



# EVENTOS CONGRESO MUNDIAL DE LA UIP

## **XIX WORLD CONGRESS OF THE INTERNATIONAL UNION OF PHLEBOLOGY**

**12<sup>nd</sup> - 16<sup>th</sup> September, 2022**



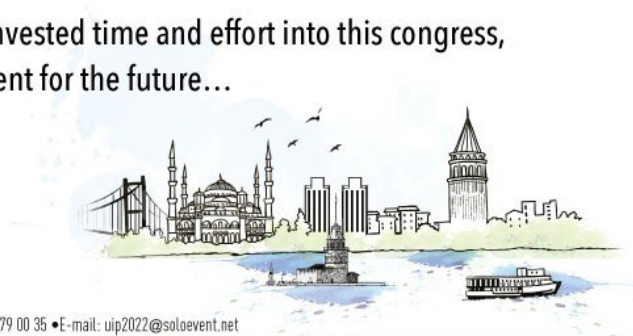
With regards the current health crisis and keeping in mind the safety of our participants, it is with great regret that we have decided to postpone the XIX UIP World Congress to September 12-16, 2022.

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

Yazarlar Sok. No:16 Esentepe Mah. Şişli, 34394, İstanbul / Turkey • Phone: +90 212 279 00 20 • Fax: +90 212 279 00 35 • E-mail: [uip2022@soloevent.net](mailto:uip2022@soloevent.net)

Regístrate en:

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

¡Mantente actualizado y sigue  
nuestras redes sociales!



[/uipistanbul2021](#)



# PRÓXIMOS 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.

## AGOSTO 2021

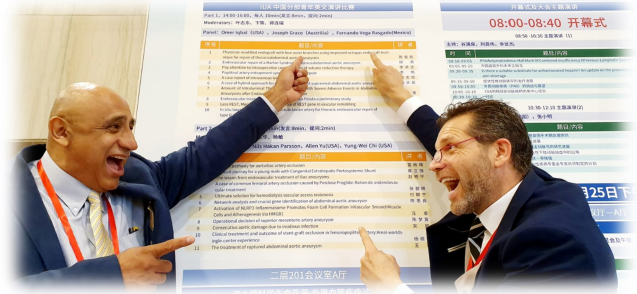
### 21st Annual Meeting of the European Venous Forum

24-26 de agosto, 2021  
Virtual

## AGOSTO 2021

### ACP2021- Annual Scientific Meeting of the Australasian College of Phlebology

27-30 de agosto, 2021  
Virtual



## SEPTIEMBRE 2021

### 28th World Congress of Lymphology

20 - 24 de septiembre 2021  
Atenas, Grecia

## SEPTIEMBRE 2021

### XII International Congress of the Latin American Venous Forum

25-27 de septiembre 2021  
Buenos Aires, Argentina

## JUNIO 2022

### Annual Meeting of the Benelux Society of Phlebology

10 -11 de junio, 2022  
Faculty Club Leuven, Bélgica

## JULIO 2022

### Flebopanam 2022 Pan American Congress of Phlebology and Lymphology

21-23 de julio, 2022  
Guayaquil, Ecuador

## SEPTIEMBRE 2022

### XIXth WORLD CONGRESS OF THE UIP

Sep 2022

Estambul - Turquía



## SEPTIEMBRE 2023

### UIP 2022 XXth WORLD CONGRESS OF THE UIP

17 - 21 de septiembre, 2023  
Miami Beach, EE UU

Para obtener más información sobre eventos, visita:

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

Si deseas que tu evento aparezca en la Newsletter de la UIP, contáctanos en

[communications@uipmail.org](mailto:communications@uipmail.org)





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