



## HELLO UIP WOLRD CONGRESS 2022!

Dear Members,

It is with honour that the UIP invites all of its members to the XIX World Congress of the International Union of Phlebology, in the amazing city of Istanbul that will be held between 12-16 Sep 2022.

With more than 70 member societies from across 5 continents, UIP is the peak body representing phlebology on a global level. The UIP World Congress will draw the world's top key opinion leaders in venous and lymphatic disease, while providing a great opportunity for young vascular specialists to meet, greet, be inspired, encouraged and energised

## IN THIS EDITION

1. UIP Announcements
2. UIP Updates
3. UIP Societies, Past, Present & Future: History of venous association of India
4. In Memoriam: **Dr. Jorge Correa**
5. Phlebology Abstracts
6. Events
7. Upcoming Events

# UIP ANNOUNCEMENT

## 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 21<sup>st</sup> 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 host an 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.

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 in July 2021

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



## 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](mailto: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](mailto: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

## 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.

## 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, phlebotomy advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

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

## MEMBERSHIP FEES

The UIP has sent out invoices for 2021 membership fees. 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

## HISTORY OF VENOUS ASSOCIATION OF INDIA

On a summer morning in the summer of 2006 over a drink in Kuala Lumpur, Sunderaraj Saravanan, a transplant and vascular surgeon from Chennai and I thought that the time was ripe for veins to be recognized as important constituent of the cardiovascular system and their affections be recognized to have unique sets of management. Nothing happened for a few days after we returned to India and then it all started.

We took this idea ahead and sounded out five other vascular surgeons who loved and agreed with the idea and soon we were seven. The seven founding members then took this idea ahead and we got an opportunity at the Christian Medical College (CMC), Vellore. The Vascular Surgery Department of the CMC headed by late Professor Sunil Agarwal thought we do this at a conference on management of venous diseases on the occasion of the retirement of Professor David Sadhu. This meeting formed the incubator for the VAI.

The seven founders met in Vellore and signed the documents necessary to fulfill legal requirements of registering an association in India. Dr. Sunderaraj Saravanan carried out the formalities and a new society dedicated to the management of venous diseases was born. We named it the Venous Association of India (VAI). It was registered on April 25, 2007 in Chennai. Late Sunil Agrawal was one of original signatories and it was his enthusiasm that gave us the launching pad.

The VAI accepts memberships from any physician from anywhere in the world, who is interested in enhancing the cause of treating venous disease in India and we had a few international phlebologist as initial members of the

VAI. Notable being Bo Eklof, Eberhard Rabe, Nick Morrison, Ted King, Mark Malouf, Jean Francois Uhl and Jean Patrick Benigni.

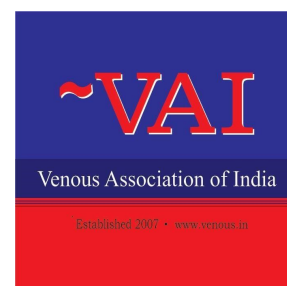
The first annual conference was held in Chennai in 2008 and the big boost was the attendance and active participation of Late Ted King, Eberhard Rabe, Mark Malouf and Jean Francois Uhl and from there on the VAI regularly meets every year usually in the first quarter of the year.

In 2009 the VAI was accepted as member of the International of Phlebology at the international conference in Monaco and since then has continued this association.

The VAI is now a vibrant body with 355 members and conducts nation-wide awareness programs and masterclasses to train the young, up and coming physicians on how to best alleviate suffering from venous disease.

We have elected representatives in the executive committee and various committees of the International union of Phlebology and Asian Venous Forum since 2013.

The VAI seeks active collaboration with other phlebology societies of the world and this association is now enhanced by regular webinars.



# IN MEMORIAM

## Dr Jorge Correa

Dr. Jorge Correa Velasquez was born in the city of Chiclayo, Lambayeque province, on May 15, 1954.

He went to school at the San Jose National School in Chiclayo, and later emigrated to Argentina where he studied medicine at the National University of Córdoba.



In 2002 he met Dr. Juan Chunga and began his successful path in Phlebology; That same year he joined the Peruvian Society of Phlebology and Lymphology, and from that moment his enthusiasm and motivation for the development of phlebology helped the growth of our society, for which he was elected president of the already mentioned society for the period 2011 to 2013 achieving the decentralization of activities and holding the first national conference day of phlebology and lymphology in his hometown Chiclayo.



After the end of his term, Dr. Jorge Correa continued to carry the name of SOPEFLI around the world, participating in numerous conferences in Argentina, El Salvador, Mexico and more recently in World Congress of the UIP and the Krakow Chapter Meeting exposing about his work on

"Sclerotherapy in hemorrhoids", work for which he was recognized as a pioneer in our country and one of its main exponents in the world.

In 2021 despite the current situation, Dr. Jorge Correa in his desire to continue developing phlebology and lymphology in Peru decided to run once again for the presidency of our society, managing to be elected almost unanimously for the period. 2021-2023; Unfortunately, when he was about to start his work, he caught COVID-19. He passed away Saturday, April 17, after fighting for his recovery for several days, leaving a great void in our hearts and in our society.

Those of us who knew him will miss his joy, transparency and enthusiasm. For him, tuning in with the new generations was not an obstacle, he easily synchronized with people of different ages.

The memory of his outstanding leadership quality, his ability to motivate, convene and his tireless perseverance will always remain with us.



Written with the collaboration of  
*Dr. Tomás Cortez*

# ABSTRACTS



## FEATURED ARTICLE

### Compression treatment in acute symptomatic proximal deep venous thrombosis – Results of a worldwide survey

*Daniel Rabe, Hugo Partsch, Gerhard Heidl, Mirko Hirschl, Michael Kundi, Eberhard Rabe, Felizitas Pannier, 2021*

#### Objectives:

The aim of this study was to illustrate how compression is performed worldwide in proximal DVT and if compression management has changed recently.

#### Methods:

A global online survey, consisting of 36 questions, was used. The survey was solicited from membership lists of Union Internationale de Phlebologie (UIP) membership societies. For differences between the continents in comparison to Western Europe odds ratios and 95% Confidence Intervals (95%CI) were calculated.

#### Results:

We received 626 answers from 41 countries. Compression is routinely used in proximal DVT in all regions (82.8%). 81.4% start compression immediately after diagnosis. In the acute phase of DVT reduction of pain and swelling (91.7%) and PTS prevention (66.2%) are the main reasons for compression. 33.2% recently changed their compression management with 43.5% starting compression earlier and 7.0% later.

#### Conclusions:

Compression is still used routinely in proximal DVT in addition to anticoagulation. The changes in international guidelines towards the non-routine use of compression in proximal DVT have not caused significant changes in DVT management.

Dear colleagues,

There are still some uncertainties among vein specialists how a patient with acute deep vein thrombosis should be treated concerning basic measures, like bed rest, walking or the use of compression. This is true for both the home-doctors and for the Medical Center where the patient is transferred in order to verify the diagnosis or to initiate therapy. In spite of recent advances of restoring the venous outflow by different procedures a major part of patients still needs conservative treatment which has become safe and easy due to the introduction of antithrombotic medicaments enabling home therapy in most cases.

Especially recommendations concerning compression therapy and mobilization are frequently lacking. Based on a questionnaire from Susan Kahn 2003 and on the results of a second inquiry 2005 we have initiated a new survey concerning how deep vein thrombosis in symptomatic outpatients is treated. Our questionnaire was sent to all IUP-members by web. 626 answers from 41 IUP - members from the whole world were received and

elaborated in a publication from which the abstract is attached.

**Here we would like to thank all colleagues who participated and completed the underlying questionnaire.**

**Our thanks also go to the past president of the IUP Dr. Nick Morrison and the current president Dr Kurosh Parsi for accepting the idea to use the IUP-website for our inquiry.**

With best regards

*Daniel Rabe, Hugo Partsch, Gerhard Heidl, Mirko Hirschl, Michael Kundi, Eberhard Rabe and Felizitas Pannier*





# ABSTRACTS

## Highlighted Articles



### Patient injuries in the treatment of superficial venous insufficiency registered in Finland between 2004 and 2017

Minna Laukkavirta, Karin Blomgren, Karoliina Halmesmäki, Veikko Nikulainen, Päivi Helmiö

**Objectives:** This study aimed to identify the unintended incidents that led to patient injuries (PIs) in the treatment of superficial venous insufficiency (SVI).

**Methods:** PI claims filed with the Finnish Patient Insurance Centre between 2004 and 2017 involving SVI were reviewed. Factors contributing to PI were identified and classified.

**Results:** Eighteen (13.2%) of 136 compensated PIs in the specialty of vascular surgery were related to SVI. Only 4.7% of 383 SVI claims were compensated. The incidence of PIs was 9.9 per 100 000 patients. Fifteen patients had open surgery (83.3%) and three (16.7%) endovenous treatment. Two (11.1%) patients had necrotising fasciitis, four (22.1%) had deep vein injuries and two (11.1%) had a permanent nerve injury. Two (11.1%) patients had retained endovenous material that required surgical removal.

**Conclusions:** PIs were identifiable during all stages of care, perioperative injuries related to open surgery being the most common.



### A multi-institutional review of endovenous thermal ablation of the saphenous vein finds male sex and use of anticoagulation are predictors of long-term failure

Young Erben, Isabel Vasquez, Yupeng Li, Peter Gloviczki, Manju Kalra, Gustavo Oderich, Randall R De Martino, Haraldur Bjarnason, Melissa J Neisen, January F Moore, Joao A Da Rocha-Franco, Maria C Sanchez-Valenzuela, Gregory Frey, Beau Toskich, Zlatko Devic, Houssam Farres, Warren A Oldenburg, Jessica Gomez-Perez, Justin R Yarbrough, Michael Adalia, William Stone, Andrew J Meltzer, Albert G Hakaim

**Background:** To review long-term outcomes and saphenous vein (SV) occlusion rate after endovenous ablation (EVA) for symptomatic varicose veins.

**Methods:** A review of our EVA database (1998–2018) with at least 3-years of clinical and sonographic follow-up. The primary end point was SV closure rate.

**Results:** 542 limbs were evaluated. 358 limbs had radiofrequency and 323 limbs had laser ablations; 542 great saphenous veins (GSV), 106 small saphenous veins (SSV) and 33 anterior accessory saphenous veins (AASV) were treated. Follow-up was  $5.6 \pm 2.3$  years; 508 (74.6%) veins were occluded, 53 (7.8%) partially occluded and 120 (17.6%) were patent. On multivariable Cox regression analysis, male sex (HR 1.6, 95% CI [0.46–0.18],  $p = 0.012$ ) and use anticoagulation (HR 2.0, 95% CI [0.69–0.34],  $p = 0.044$ ) were predictors of long-term failure. On Kaplan-Meier curve, we had an 86.3% occlusion rate.

**Conclusion:** Our experience revealed a 5-year closure rate of 86.3%. Ablations have satisfactory occlusion rate



### A randomised controlled trial of neuromuscular stimulation in non-operative venous disease improves clinical and symptomatic status

Raveena Ravikumar, Tristan RA Lane, Adarsh Babber, Sarah Onida, Alun H Davies

**Background:** This randomised controlled trial investigates the dosing effect of neuromuscular electrical stimulation (NMES) in patients with chronic venous disease (CVD).

**Methods:** Seventy-six patients with CEAP C3–C5 were randomised to Group A (no NMES), B (30 minutes of NMES daily) or C (60 minutes of NMES daily). Primary outcome was percentage change in Femoral Vein Time Averaged Mean Velocity (TAMV) at 6 weeks. Clinical severity scores, disease-specific and generic quality of life (QoL) were assessed.

**Results:** Seventy-six patients were recruited - mean age 60.8 (SD14.4) and 47:29 male. Six patients lost to follow-up. Percentage change in TAMV ( $p < 0.001$ ) was significantly increased in Groups B and C. Aberdeen Varicose Veins Questionnaire Score (-6.9,  $p = 0.029$ ) and Venous Clinical Severity Score (-4,  $p = 0.003$ ) improved in Group C, and worsened in Group A (+1,  $p = 0.025$ ).

**Conclusions:** Daily NMES usage increases flow parameters, with twice daily usage improving QoL and clinical severity at 6 weeks in CVD patients.



### The effect of the calibre and length of needle on the stability of sclerosing foam

Marcin Skuła, Jacek Hobot, Joanna Czaja, Marian Simka

**Objectives:** Little is known how calibre and length of needles affect the stability of sclerosing foam.

**Methods:** Foams were made of 0.5%, 1%, 2% and 3% polidocanol, and 0.2%, 0.5%, 1% and 3% sodium tetradecyl sulfate (STS), which were mixed with air in the proportion of 4:1. These foams were ejected through needles with the length of: 4 mm, 6 mm and 13 mm, and diameter of: 0.26 mm, 0.3 mm and 0.4 mm.

**Results:** Foams made of more concentrated polidocanol were more stable. Regarding STS an opposite relationship was revealed. Foams made of polidocanol were more stable if ejected through a longer needle, while the length of needle did not significantly affect stability of STS foams. Foams ejected through 0.26 mm diameter needles were very unstable. In the case of 0.5% polidocanol, 0.3x6mm needle provided atypically stable foam.

**Conclusion:** In order to inject maximally stable foam, calibre and length of needle should be taken into account



# ABSTRACTS

## New publications in Phlebology

### What does the future hold for mechanical thromboprophylaxis?

Aurélien M Guérault, Matthew Machin, Rebecca Lawton, Alun H Davies, Joseph Shalhoub



### Venous leg ulcer healing time is increased with each subsequent bacterial strain identified in the ulcer. A retrospective study

Karolina Kruszewska, Katarzyna Wesolowska-Gorniak, Bozena Czarkowska-Paczek



### Patient injuries in the treatment of superficial venous insufficiency registered in Finland between 2004 and 2017

Minna Laukkavirta, Karin Blomgren, Karoliina Halmesmäki, Veikko Nikulainen, Päivi Helmiö



### A randomised controlled trial of neuromuscular stimulation in non-operative venous disease improves clinical and symptomatic status

Raveena Ravikumar, Tristan RA Lane, Adarsh Babber, Sarah Onida, Alun H Davies



### One-year outcomes of radiofrequency ablation of incompetent perforator veins using the radiofrequency stylet device: Cohort study from East Asia

Chang-Ming Wang, Shi-Lu Zhao, Qi-Chen Feng, Shuo Gai, Xuan Li



### Respiratory changes in biometry of suprarenal inferior vena cava in patients with varicose veins of lower extremities

Yury Rusinovich, Volha Rusinovich



### A multi-institutional review of endovenous thermal ablation of the saphenous vein finds male sex and use of anticoagulation are predictors of long-term failure

Young Erben, Isabel Vasquez, Yupeng Li, Peter Gloviczki, Manju Kalra, Gustavo Oderich, Randall R De Martino, Haraldur Bjarnason, Melissa J Neisen, January F Moore, Joao A Da Rocha-Franco, Maria C Sanchez-Valenzuela, Gregory Frey, Beau Toskich, Zlatko Devcic, Houssam Farres, Warren A Oldenburg, Jessica Gomez-Perez, Justin R Yarbrough, Michael Adalia, William Stone, Andrew J Meltzer, Albert G Hakaim



### Efficacy and safety of glucose, glucose and polidocanol combination, liquid polidocanol and polidocanol foam in the treatment of reticular veins: A randomized study in rabbits

Carlos Eduardo Pinheiro Lucio Filho, Matheus Bertanha, Marcela Polachini Prata, Lídia Raquel de Carvalho, Rodrigo Gibin Jaldin, Marcione Lima Sobreira, Jan Janzen, Winston Bonetti Yoshid





# EVENTS WORLD CONGRESS OF THE 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)

Register at:

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

Keep updated and follow our  
social media accounts !



[/uipistanbul2021](https://www.facebook.com/uipistanbul2021)



# PAST, PRESENT AND FUTURE STRATEGIES FOR CHRONIC VENOUS INSUFFICIENCY

JOIN OUR LIVE SESSION

WEDNESDAY JUNE 16<sup>TH</sup>, 2021 / 17.00-18.30 CEST



**LIVE**   
**STREAMING**

Dear Doctor,

**We are pleased to invite you to an educational event intended to discuss surgical and pharmacological treatment strategies for management of patients with CVI disease.**

## Faculty:



### Kurosh Parsi, MD. (Australia)

- Head of Department of Dermatology, St. Vincent's Hospital, Sydney and Program Head, Dermatology, Phlebology and Fluid Mechanics Research Laboratory, St. Vincent's Centre for Applied Medical Research
- President of the International Union of Phlebology (UIP)



### Mahmoud Salah, MD (Saudi Arabia)

Consultant & Head of Vascular Surgery Department, Saudi German Hospital, Jeddah



### Majid Moini, MD (Iran)

Vascular Surgeon at Sina Hospital, Tehran University of Medical Sciences



### Mohamed Sharkawy, MD (Egypt)

Professor of Vascular Surgery & Peripheral Endovascular Intervention, Cairo University Hospitals



### A. Kürşat Bozkurt, MD (Turkey)

Professor of Cardiovascular Surgery, Department of Cardiovascular Surgery, Istanbul University Cerrahpasa, Medical Faculty



### Suat Doğanç, MD (Turkey)

Professor of Department of Cardiovascular Surgery, Gulhane Military Academy of Medicine, Etlik/Ankara



### Jamal J. Hoballah, MD (Lebanon)

Professor & Chairman, Department of Surgery, American University of Beirut Medical Center

## SCIENTIFIC PROGRAM

**Moderators:** Prof. A. Kürşat Bozkurt (Turkey), Prof. Mahmoud Salah (Saudi Arabia)

### Welcome

Prof. Kurosh Parsi (Australia, President of the UIP)

### Current Interventions for CVI: Pros and Cons

Prof. Majid Moini (Iran)

### Can Best Medical Treatment of CVI Address Diabetic Comorbidity, Supporting Diabetic Limb Salvage?

Prof. Mohamed I. Sharkawy (Egypt)

### What Are New Devices for CVI Treatment?

Prof. A. Kürşat Bozkurt (Turkey)

### Interesting Cases on Postthrombotic Syndrome and The Role of Calcium Dobesilate

Prof. Suat Doğanç (Turkey)

### Management of Non-Healing Venous Stasis Ulcers

Prof. Jamal J. Hoballah (Lebanon)

### Local Broadcast Times

**17.00 (Cairo) - 18.00 (Istanbul, Riyadh, Beirut) - 19.00 (Tehran)**

Duration: 90 minutes

Register easily for free at [www.strategiesforcvi.com](http://www.strategiesforcvi.com)

with  
unconditional  
support of



MED-HQ-DX-2100004



# 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.

## JUNE 2021

### Past, Present and Future Strategies for CVI

26th June, 2021  
Virtual

## AUGUST 2021

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

27th-30th August, 2021  
Sydney, Australia



## SEPTEMBER 2021

### 28th World Congress of Lymphology

20 - 24 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

### XIXth WORLD CONGRESS OF THE UIP

Sep 2022

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](mailto:communications@uipmail.org)





## Executive Committee

### President

Prof. Kurosh PARSI (Australia)

### Immediate Past President

Dr. Nick MORRISON (USA)

### General Secretary

Prof. Mark MEISSNER (USA)

### Assistant General Secretary

Dr. Malay PATEL (India)

### Treasurer

Dr. Paul THIBAULT (Australia)

### Scientific Committee Chair

Prof. Alun Davies (UK)

### Education Committee Chair

Prof. Oscar BOTTINI (Argentina)

### Vice Presidents

North America

Dr. Lowell KABNICK (USA)

South America

Prof. Victor CANATA (Paraguay)

North Europe , North Africa and Near East

Prof. Sergio GIANESINI (Italy)

South Europe

Dr. Lorenzo TESSARI (Italy)

Asia

Prof. Dong-Ik KIM (Korea)

## Committees

### Communications and PR

Prof. Victor CANATA (Chair, Paraguay)

Prof. Sergio GIANESINI (Italy)

Dr David CONNOR (Australia)

### Conflict Resolution

Dr Paul THIBAULT (Chair)

Prof. Kurosh Parsi (Australia)

### Congresses and Events

Dr Lowell KABNICK (Chair, USA)

### Consensus and Guidelines

Prof. Kurosh PARSI (Chair, Australia)

### Constitutional Reform

Prof. Mark MEISSNER (Chair, USA)

Prof. Victor CANATA (Paraguay)

Prof. Sergio GIANESINI (Italy)

Prof. Kurosh Parsi (Australia)

### Education Committee

Prof. Oscar BOTTINI (Chair, Argentina)

Prof. Jose Antonio DIAZ (USA)

Dr Janna BENTLEY (Canada)

Prof. Willy CHI (USA)

Prof. Antonios GASPARIS (USA)

Dr Ravul JINDAL (India)

Dr Neil KHILNANI (USA)

Dr Zaza LAZARASHVILI (Georgia)

Prof. Armando MANSILHA (Portugal)

Prof. Giovanni MOSTI (Italy)

Dr. Johann Christof RAGG (Germany)

Dr Pauline RAYMOND-MARTIMBEAU  
(Canada)

Dr Luis Francisco RODRIGUEZ REYES (El  
Salvador)

Prof. Roberto SIMKIN (Argentina)

Dr Wassila TAHA ELKASHISHI (Egypt)

Dr Jorge Hernando ULLOA (Colombia)

Prof. Tomasz URBANEK (Poland)

Prof. Shenming WANG (China)

Prof. Mark Steven WHITELEY (UK)

Prof. Takashi YAMAKI (Japan)

### Engagement Working Group

Prof. Sergio GIANESINI (Chair., Italy)

Prof. Larisa CHERNUKHA (Ukraine)

Dr Juan CHUNGA PIETRO (Peru)

Dr Bahar FAZELI (Iran)

Dr Ahmed GAWEEESH (UAE)

Dr Veronika GOLOVINA (Russia)

Dr Ernesto INTRIAGO (Ecuador)

Dr Shantonu KUMAR GHOSH (Bangladesh)

Dr Lucy MCKINNON (Australia)

Dr Maxim SHAYDAKOV (Russia)

Dr Mandy WONG (Canada)

### Outreach

Dr Malay PATEL (Chair, India)

Prof. Victor Canata (Paraguay)

Dr Lowell Kabnick (USA)

Prof. Dong-Ik Kim (South Korea)

Dr Sergio Giancesini (Italy)

Dr Lorenzo Tessari (Italy)

### Scientific Committee

A/ Prof. Hernan BAUZA MORENO (Argentina)

Prof. Zhong CHEN (China)

Prof. Alun DAVIES (UK)

Dr Devenda DEKIWADIA (India)

A/ Prof. Suat DOGANCI (Turkey)

Dr Claudine HAMEL-DESNOS (France)

Prof. Nicos LABROBOULOS (USA)

Prof. Fedor LURIE (USA)

Dr Makoto MO (Japan)

Dr Marc VUYLSTEKE (Belgium)

Prof. Igor ZOLOTUKHIN (Russia)

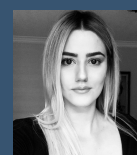
## UIP Administration



### Executive Director

Dr David CONNOR

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



### Communications and PR

Paola VARGAS RUIZ

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



### Core PCO

Nazli BAROOTIAN

E: [naz.barootian@mci-group.com](mailto:naz.barootian@mci-group.com)

### International Union of Phlebology

Registered Address:

Level 5, 7 Help St,

Chatswood, NSW 2067

Australian Business Number (A.B.N.)

67 167 177 219

W: [www.uip-phlebology.org](http://www.uip-phlebology.org)

E: [uip@uipmail.org](mailto:uip@uipmail.org)