BOLETÍN UIP

JUNIO, 2021

HOLA AL CONGRESO DE LA UIP 2022!

Queridos miembros,

Es un honor para la UIP invitar a todos sus miembros al XIX Congreso Mundial de la Unión Internacional de Flebología, en la asombrosa ciudad de Estambul, que se celebrará entre el 12 y el 16 de septiembre del 2022.

Con más de 70 sociedades miembros en 5 diferentes continentes, la UIP es el organismo principal que representa la flebología a nivel mundial. El Congreso Mundial de la UIP atraerá a los principales líderes de opinión clave del mundo en enfermedades venosas y linfáticas, al tiempo que brindara una gran oportunidad para que los especialistas vasculares jóvenes se reúnan, saluden, se inspiren, animen y energicen.

EN ESTÁ EDICIÓN

ANUNCIOS UIP

SEMINARIO WEB DEL CONSEJO GENERAL

El comité de reforma constitucional de la UIP ha estado muy ocupado reuniéndose casi 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 organizar una reunión del Consejo General en línea donde se informa a los miembros del Consejo General sobre los cambios propuestos y sus aportes se incorporan a las reformas constitucionales propuestas de la UIP.

Nos gustaría informar a nuestras sociedades miembros que organizaremos una serie de seminarios web en línea para que el Consejo General revise los cambios constitucionales propuestos en Julio 2021.

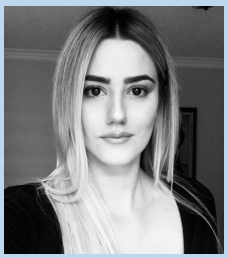
Estos seminarios web serán importantes para obtener los comentarios y el apoyo de nuestras sociedades miembros, por lo que su participación es crucial.

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

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

communications@uipmail.org

REDES SOCIALES

¡Mantente en contacto!

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

EVENTOS UIP

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.

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.

EN MEMORIA

Dr Jorge Correa

El Dr. Jorge Correa Velasquez nació en la ciudad de Chiclayo, provincia de Lambayeque un 15 de mayo de 1954. Estudio en el Colegio Nacional San Jose de Chiclayo, para luego emigrar a la Argentina donde llevó la carrera de medicina en la Universidad Nacional de Córdoba.

En el año 2002 conoce al Dr. Juan Chunga e inicia su exitoso camino en la Flebología; ese mismo año ingresa a la Sociedad Peruana de Flebología y Linfología, y desde ese momento su entusiasmo y motivación por el desarrollo de la flebología ayudaron al crecimiento de nuestra sociedad, por lo cual fue elegido presidente de la misma para el periodo 2011 al 2013 logrando la descentralización de las actividades y llevando a cabo la primera jornada nacional de flebología y linfología en su natal Chiclayo.

Luego de terminado su mandato el Dr. Jorge Correa siguió llevando el nombre de la SOPEFLI por todo el mundo, participando de numerosos congresos en Argentina, El Salvador, México y más recientemente en el Congreso Mundial de Melbourne de la UIP y el Chapter Meeting de Krakow exponiendo sobre su trabajo de "Escleroterapia en hemorroides", trabajo por el cual fue reconocido como pionero en nuestro país y uno de sus principales exponentes en el mundo.

En el año 2021 a pesar de la coyuntura actual, el Dr. Jorge Correa en su afan por seguir desarrollando la flebología y linfologia en el Perú decidió postularse una vez más a la presidencia de nuestra sociedad logrando ser elegido casi de manera unánime para el periodo 2021 - 2023; lamentablemente, cuando estaba próximo a iniciar su labor, se contagió de covid -19. Falleció el pasado sábado 17 de abril, luego de luchar por su recuperación varios días, dejando un gran vacío en nuestros corazones y en nuestra sociedad.

Quienes lo conocimos echaremos de menos su alegría, transparencia y entusiasmo. Para él, sintonizar con las nuevas generaciones no era óbice, sincronizaba fácilmente con personas de diferentes edades.

El recuerdo de su destacada cualidad de líder, su capacidad de motivar, convocar y su incansable constancia permancerá siempre con nosotros.

Escrito con colaboración de

Dr. Tomás Cortez

RESUMEN

RESUMEN DESTACADO

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) where 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 inquirie.

With best regards

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

RESUMEN

Articulos destacados

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 Devcic, 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 ± 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 [0.46–018], 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

Nuevas publicaciones en Flebologia

What does the future hold for mechanical thromboprophylaxis?

Aurélien M Guéroult, 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, Marcone Lima Sobreira, Jan Janzen, Winston Bonetti Yoshid

EVENTOS CONGRESO MUNDIAL DE LA 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!

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SOLO EVENT

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

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/uipistanbul2021

PAST, PRESENT AND FUTURE STRATEGIES FOR CHRONIC VENOUS INSUFFICIENCY

JOIN OUR LIVE SESSION

WEDNESDAY JUNE 16TH, 2021 / 17.00-18.30 CEST

UNION INTERNATIONALE DE PHLEBOLOGIE
INTERNATIONAL UNION OF PHLEBOLOGY
under the auspices of the UIP

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 Doğancı, 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 Doğancı (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**

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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.

JUNIO 2021

Past, Present and Future Strategies for CVI

16th Junio, 2021
Virtual

AGOSTO 2021

ACP2021- Annual Scientific Meeting of the Australasian College of Phlebology

27th-30th August, 2021
Sydney, Australia

SEPTIEMBRE 2021

28th World Congress of Lymphology

20 - 24 Septiembre 2021

Athens, Greece

SEPTIEMBRE 2021

XII International Congress of the Latin American Venous Forum

25-27 Septiembre 2021
Buenos Aires, Argentina

JUNIO 2022

Annual Meeting of the Benelux Society of Phlebology

10 -11 Junio 2022

Faculty Club Leuven, Belgium

JULIO 2022

Flebopanam 2022 Pan American Congress of Phlebology and Lymphology

21-23 Julio, 2022
Guayaquil, Ecuador

SEPTIEMBRE 2022

XIXth WORLD CONGRESS OF THE UIP

Sep 2022

Istanbul - Turkey

SEPTIEMBRE 2023

UIP2023
Connecting the Continent... Welcoming the World

UIP 2023 XXth WORLD CONGRESS OF THE UIP

17th– 21st September, 2023

Miami Beach, USA

Para obtener más información sobre eventos, visite:

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

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

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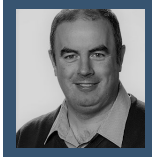

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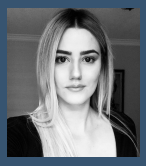

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