



 **Istanbul, Turkey**

Getting ready for the XIX World Congress of the UIP?

The **2022 XIX World Congress of the International Union of Phlebology** will be a meeting point for the phlebology world of more than 70 member societies across five continents. It will be an amazing opportunity to meet face to face again and to get immersed in phlebology with the latest updates in the industry.

We look forward to seeing you there!

SAVE THE DATE!

Abstracts open for UIP2022

<https://www.uip2022.org/abstracts/>



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UIP ANNOUNCEMENTS



UIP SPEAKER'S CORNER INVITATION FOR NEWSLETTER CONTENT

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

communications@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 Melisa Lopez is a professional English-Spanish Translator from Argentina, based in Sydney since 2019.

All types of contributions and enquiries are always welcome.

Advertising opportunities are available!

Communicate with us at **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

SOCIAL MEDIA



Keep in touch!

Follow our social media accounts and make sure you will be notified of updates, deadlines and important news!



UIP ANNOUNCEMENTS



**XIX WORLD CONGRESS OF
THE INTERNATIONAL UNION OF PHLEBOLOGY**
Lütfi Kırdar Convention and Exhibition Center - ICEC / Istanbul, Turkey
12th - 16th September, 2022



CALL FOR ABSTRACTS

**You are kindly invited to
submit your abstract for
the UIP 2022.**

**Submission Deadline:
End of 4 May 2022
23:59 (UTC+3)**

**Please visit the
congress website for
more information.**

Presentations will be in two formats: Oral or poster presentation. An oral submission might be considered as a poster presentation after committee review.

Abstracts must be submitted with 4 components: **Background, Methods, Results, Conclusion.**

All accepted presentations will be published in the "Phlebology: The Journal of Venous Disease" (impact factor 1.740)

Complete instructions for presentations will be sent with the notification of acceptance

Congress Registration is mandatory in order to be present in the congress program.

www.uip2022.org

SOLO
event

**ORGANISATION SECRETARIAT
SOLO EVENT**

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UIP ANNOUNCEMENTS



AGENDA FOR PRIVATE MEETINGS WITH UIP PRESIDENT

Since August 2021, **Prof Kurosh Parsi** has been meeting with Presidents of the UIP Member Societies with the main aim of updating everyone on the latest news, activities and various matters concerning the UIP, as well as to meet personally the representatives and Presidents of each Member Society.

We strongly recommend each Member Society to keep their **contact details updated** on their profile at the UIP Website (www.uip-phlebology.org). If unsure about your current contact details, you can check on the website or you can let **Dr David Connor** know at execdirector@uipmail.org.

If your Society has not received an invitation yet, please feel free to contact **Melisa Lopez** at communications@uipmail.org.

NOMINATIONS FOR UIP EXECUTIVE POSITIONS OPEN



Nominations have **OPENED** for **Executive positions** in the International Union of Phlebology (UIP) for the term from 2022-2025.

The UIP welcomes nominations from its Member Societies for the following positions: *President Elect, General Secretary, Treasurer, Vice-President, Chair of Education, Chair of Science, Assistant Secretary / Chair of Congresses and Events*. (Please note that the positions of Assistant Secretary and Chair of Congresses and Events are under the review of the UIP General Council, as described in the UIP Constitution discussion paper, currently published on the UIP website.)

Nomination Process:

Nominations open on the 11th of March, 2022. and close on at **23:59 (UTC), 11th June, 2022**. Late nominations WILL NOT BE ACCEPTED.

Nominations MUST be submitted through the [members portal of the UIP website](#). Submissions sent via email WILL NOT BE ACCEPTED. If you have misplaced or not received your login to the UIP website, please contact us at uip@uipmail.org.

Once your nomination has been received, the nominee will have **14 days** to accept their nomination. Details on how to accept this nomination will be sent to the nominee.

The name and details of the nominee will be published on the UIP website within **7 days** of the receipt of their acceptance. This may mean that the time from nomination before publication on the UIP website may be up to **3 weeks**. Nominations will be placed on [this site](#) as they are received.

[Click here to read the current list of the nominees](#)



Elections

The Elections for all positions will be held during the UIP General Council Meetings, to be held on the 12th and 15th of September, 2022 in Istanbul, Turkey, during the [XIXth World Congress of Phlebology](#).

If you have any questions about the nomination or election process, please feel free to contact the UIP Executive Director, Dr David Connor at execdirector@uipmail.org.



UIP EDUCATION MODULES

The UIP is proud and excited to introduce **online phlebology educational modules** to improve and standardise education and training in phlebology across the globe.

The education modules are designed to provide a basic and standardised understanding of various aspects of phlebology. The modules provide a structured and focused learning system to better prepare trainees for fellowship or similar examinations in venous disease.

The online module system was developed as part of the Australasian College of Phlebology (ACP) training program under the auspices of the UIP. Each module covers a topic that is managed by an instructor who is an expert in the field. There is a total of 60 modules divided into:

Basic—Year 1

- Basic Sciences 1
- Clinical Sciences
- Venous Interventions 1
- Patient Management

Advanced—Year 2

- Basic Sciences 2
- Venous Interventions 2
- Venous Thromboembolism
- Conservative Management

Advanced—Year 3

- Pelvic Venous Insufficiency
- Venous Interventions 3
- Vascular Dermatology and Vascular Anomalies 1
- Lymphoedema and Lipoedema

Fellowship—Year 4

- Venous Obstruction
- Venous Interventions 4
- Vascular Dermatology and Vascular Anomalies 2

Subscription to the modules is for one-year access to all modules within the system.

UIP registrants can determine at which pace they would like to continue through the program. Should you need more time to work through the modules you will need to subscribe for another year of access to the online modular system.

Your one-year subscription will also provide you with access to the Royal Society of Medicine (RSM) online library which will assist you in completing your online modules. The RSM online library access is included in your module subscription fee (*not included free registrations from tier 2 and 3 countries or for individual courses*).

The fee for the subscription varies depending on what program you choose and the country you come from. We recommend you access the [UIP Online Education page](#) to learn more about costs.

If you have any questions about the online phlebology education modules, please email acp@phlebology.com.au

UIP SOCIETIES: Past, Present & Future

Iranian Society of Vascular Surgeons (ISVS)



Iranian Society of Vascular Surgeons

- The Iranian Society of Vascular Surgeons (ISVS) was founded in 1980 by Professor Mohammad Reza Kalantar Motamedi and Professor Iraj Fazel, and is currently chaired by Professor Mohammad Reza Zafarghandi. Gradually, as interest in vascular surgery grew, ISVS became a prominent society in the country, and currently has a membership of 90 vascular surgeons. In recent years, phlebology along with other venous interventional programs have been organized routinely by ISVS, and therefore in 2017, ISVS officially became a member of UIP and since then has been actively participating in UIP programs.
- In Iran, the use of various venous interventional techniques such as venous ablation (Laser, RF, Glue and ClariVein) and venoplasty and venous stenting are commonly employed by vascular surgeons. Consequently, several annual workshops and conferences are held, one of which is the online UIP phlebology update, which is held quarterly in collaboration with Professor Kurosh Parsi.
- There is also close cooperation with neighboring countries in this field, including Turkey (Professor Kürşat Bozkurt), UAE (Dr. Ashkan Haghshenas) and similarly, ISVS will play an active role in the UIP 2022 Congress in Istanbul. Furthermore, ISVS is actively planning on holding a UIP chapter meeting in 2024 on the beautiful Kish Island in the Persian Gulf.

Each month, the UIP invites one Member Society to provide a brief summary of its past, present and future activities to be included in the newsletter. This month, the Iranian Society of Vascular Surgeons have provided an article.

If you would like to see your society in this section, please email us at communications@uipmail.org.



VEINS AND LYMPHATICS: The Inseparable Couple

By Stanley Rockson, MD, FACP, FACC

Every vascular practitioner alive can draw a simple schematic of the circulation that links the heart to arteries, capillaries, and veins. This schematic will illustrate the physiological concepts that we have acquired through formal training, namely, that blood supply is arterial, tissue exchange occurs through the capillaries, and blood return to the heart (with its fluid contents) occurs through the venous conduit.

The latter aspect of these flow relationships is heavily dependent on the classical concepts advanced by the eminent physiologist, EH Starling, in 1896. The so-called Starling forces (plasma and tissue hydrostatic and oncotic pressures, respectively) govern the flux movement of fluid across the capillary membrane and help to maintain extracellular fluid balance. In Starling's classical view, the dynamic balance created by these forces across the length of the capillary would dictate that net fluid flux is outward on the arteriolar side of the capillary, reversing direction toward the venular side. The application of these principles would dictate that 90% of fluid return to the heart is through the venous conduit.

The concept is elegant, but not entirely correct. Starling's elegant approach to fluid exchange reasonably (but incorrectly) assumed that tissue hydrostatic pressure is effectively zero. Modern empiric techniques allow for accurate, direct measurement of tissue hydrostatic and oncotic pressures. When these are measured in mesentery, warm skin, or muscle, the derived values, applied to the Starling equation, predict a slight filtration force throughout the length of the exchange vessels. Reabsorption by capillaries and post-capillary venules only occurs transiently under extreme physiological circumstances, such as hemorrhage, and the net filtration forces quickly become reestablished when a new equilibrium is reached.

This new conceptual understanding, in turn, relies upon the discovery of an ultrastructural feature of the microvasculature that was unknown to Starling in his day, namely, the glycocalyx. This glycoprotein and glycolipid covering of the cellular constituents of the blood capillary wall endows the vascular structure with an interface that can modulate the oncotic forces to dictate the direction of fluid flux. It is true that hydrostatic pressure will have decreased in the postcapillary venules, but the oncotic pressure continues to oppose, rather than reverse, the direction of fluid flow. Furthermore, the magnitude of opposition is reduced by the influx of protein into the subglycocalyx, along with the gradual decrease in tissue hydrostatic pressure. Therefore, the changes in tissue hydrostatic pressure and subglycocalyx oncotic pressure will gradually abolish net absorptive force, dictating a state constant, slight filtration, all the way to the postcapillary venules.

What does this mean in practical terms? Effectively, except under extreme circumstances, the integrity of venous function, and of the circulation as a whole, depends upon the ability of the lymphatic conduit to provide 100% of the tissue fluid return to the heart. Indeed, for the venous conduit to elegantly support afferent hemodynamics, it is essential that it maintain its partnership with the lymphatics.

As venous practitioners, we are acutely aware of edema as a presenting and functional manifestation of venous disease. In health, the avoidance of edema is inherently dependent upon the integrity of the functions just described. By inference, the presence of edema, whether from venous pathology or from any other cause, implies the failure of lymphatics to prevent this fluid accumulation.

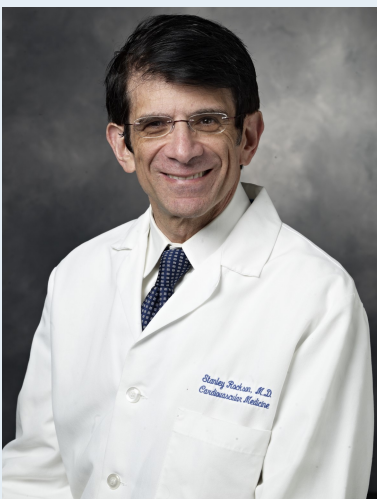
HONOUR BOX

VEINS AND LYMPHATICS: The Inseparable Couple

This is not to say that all edema is 'lymphedema'. Rather, it creates the necessity to explore the manner in which the invoked lymphatic response is insufficient to prevent edema formation.

In the setting of venous pathology, the inference is that lymphatic preload is excessive, based upon increased blood capillary afterload and consequent hyperfiltration. If not properly addressed, over time, this will lead to the secondary failure of the lymphatic conduits that is commonly known as phlebolymphe¹dema.

The evolution of our conceptual framework for fluid filtration and reabsorption can only enhance our approach the patient with venous disease. As our familiarity with the microcirculation, and especially, the function of the glycocalyx increases, we can look to ever enhanced interventions to foster the inseparable relationship between lymphatics and veins.



Dr Rockson is the Allan and Tina Neill Professor of Lymphatic Research and Medicine at Stanford University School of Medicine. After earning his medical degree from Duke University School of Medicine, Dr Rockson completed his internship and residency training in internal medicine at Brigham and Women's Hospital of Harvard Medical School, in Boston, Massachusetts, and fellowship training in the cardiac unit of Massachusetts General Hospital, Harvard Medical School. He is a fellow of the American College of Cardiology, Society of Vascular Medicine, American College of Angiology, and American College of Physicians, as well as a member of the International Society of Lymphology, American Society of Internal Medicine, and the Paul Dudley White Society, among others. As a principal investigator or co-investigator, he has been involved in numerous clinical trials researching various aspects of lymphatic disease, vascular biology and cardiovascular medicine. His basic research

involves the investigation of disease pathogenesis and identification of biomarkers of lymphatic diseases, as well as research into molecular and pharmacologic therapeutics. As a Professor of Medicine, Dr. Rockson serves concurrently as the Stanford's Chief of Consultative Cardiology and the Director of the Stanford Center for Lymphatic and Venous Disorders. Dr. Rockson is Editor-in-Chief of Lymphatic Research and Biology and sits on the editorial board of Angiology. Dr. Rockson works closely with National Institutes of Health, in an advisory capacity, to advance the agenda for lymphatic research. He has been a frequent invited lecturer at national and international meetings, congresses, and societies. He is a co-founder of the Lymphatic Education and Research Network (LE&RN) and has served as Chair of the inaugural Gordon Research Conference, entitled 'Molecular Mechanisms in Lymphatic Function and Disease'. He is the co-author of Lymphedema: A Concise Compendium of Theory and Practice now in its second edition. Dr. Rockson has authored more than 200 scientific papers, reviews, book chapters and books devoted to various aspects of lymphatic biology and disease, vascular biology, and cardiovascular medicine.

HIGHLIGHTED ABSTRACT



A genome-wide association study for varicose veins

Meng-Lin Lee, Chao Liang, Cheng-Hsun Chuang, Pei-Shyuan Lee, Thay-Hsiung Chen, Shen Sun, Kuang-Wen Liao, Hsien-Da Huang

Background

The aim was to compare the genetic information of varicose vein patients with that of a healthy population attempting to identify certain significant genetic associations.

Method

Patients' clinical characteristics and demographics were collected, and their genetic samples were examined. The results were compared to the genetic information of one thousand sex-matched healthy controls from Taiwan Biobank database. The Clinical-Etiology-Anatomy-Pathophysiology classification was applied for further subgroup analysis.

Results

After comparison of genetic information of ninety-six patients to that of healthy controls, two significant single nucleotide polymorphisms (SNPs) were identified. One was in DPYSL2 gene, and the other was in VSTM2L gene. A further comparison between C2-3 patient subgroup and C4-6 subgroup identified another four significant SNPs, which were located in ZNF664-FAM101A, PHF2, ACOT11, and TOM1L1 genes.

Conclusion

Our preliminary result identified six significant SNPs located in six different genes. All of them and their genetic products may warrant further investigations.

Highlighted Articles



The American venous forum, American vein and lymphatic society and the society for vascular medicine expert opinion consensus on lymphedema diagnosis and treatment

Fedor Lurie, Rafael D Malgor, Teresa Carman, Steven M Dean, Mark D Iafrati, Neil M Khilnani, Nicos Labropoulos, Thomas S. Maldonado, Peter Mortimer, Thomas F O'Donnell, Jr, Joseph D Raffetto, Stanley G Rockson, Antonios P Gasparis

Background

Lymphedema imposes a significant economic and social burden in modern societies. Controversies about its risk factors, diagnosis, and treatment permeate the literature. The goal of this study was to assess experts' opinions on the available literature on lymphedema while following the Delphi methodology.

Methods

In December of 2019, the American Venous Forum created a working group tasked to develop a consensus statement regarding current practices for the diagnosis and treatment of lymphedema. A panel of experts was identified by the working group. The working group then compiled a list of clinical questions, risk factors, diagnosis and evaluation, and treatment of lymphedema. Fifteen questions that met the criteria for consensus were included in the list. Using a modified Delphi methodology, six questions that received between 60% and 80% of the votes were included in the list for the second round of analysis. Consensus was reached whenever >70% agreement was achieved.

Results

The panel of experts reached consensus that cancer, infection, chronic venous disease, and surgery are risk factors for secondary lymphedema. Consensus was also reached that clinical examination is adequate for diagnosing lymphedema and that all patients with chronic venous insufficiency (C3–C6) should be treated as lymphedema patients. No consensus was reached regarding routine clinical practice use of radionuclide lymphoscintigraphy as a mandatory diagnostic tool. However, the panel came to consensus regarding the importance of quantifying edema in all patients (93.6% in favor). In terms of treatment, consensus was reached favoring the regular use of compression garments to reduce lymphedema progression (89.4% in favor, 10.6% against; mean score of 79), but the use of Velcro devices as the first line of compression therapy did not reach consensus (59.6% in favor vs 40.4% against; total score of 15). There was agreement that sequential pneumatic compression should be considered as adjuvant therapy in the maintenance phase of treatment (91.5% in favor vs. 8.5% against; mean score of 85), but less so in its initial phases (61.7% in favor vs. 38.3% against; mean score of 27). Most of the panel agreed that manual lymphatic drainage should be a mandatory treatment modality (70.2% in favor), but the panel was split in half regarding the proposal that reductive surgery should be considered for patients with failed conservative treatment.

Conclusion

This consensus process demonstrated that lymphedema experts agree on the majority of the statements related to risk factors for lymphedema, and the diagnostic workup for lymphedema patients. Less agreement was demonstrated on statements related to treatment of lymphedema. This consensus suggests that variability in lymphedema care is high even among the experts. This information should be considered by developers of future practice guidelines for lymphedema, especially in cases of low-level evidence that supports practice patterns with which the majority of experts disagree.

ABSTRACTS

Highlighted Articles



The efficacy of change in limb volume on functional mobility, health-related quality of life, social appearance anxiety, and depression in patients with lower extremity lymphedema

Ertan Şahinoğlu, Gülbin Ergin, Didem Karadibak

Objectives

This study aims to investigate the impact of change in limb volume on the levels of functional mobility, health-related quality of life, social appearance anxiety, and depression before and after complex decongestive physiotherapy in patients with lower extremity lymphedema.

Method

Twenty-seven patients with unilateral lower extremity lymphedema were included. The treatment period was 20 sessions. The outcome measures were the limb volume, the Timed Up and Go test, the Short Form-36, the Social Appearance Anxiety Scale, and the Beck Depression Inventory.

Results

A statistically significant decrease in the limb volume ($p < 0.001$) and statistically significant improvements in the Timed Up and Go test performance ($p < 0.001$), the Short Form-36 Physical Component Summary score ($p < 0.01$), the Social Appearance Anxiety Scale score ($p < 0.001$), and the Beck Depression Inventory score ($p < 0.001$) were found. No statistically significant difference was found on the Short Form-36 Mental Component Summary score ($p > 0.05$).

Conclusion

The decrease in the limb volume improves the functional mobility, physical health-related quality of life, social appearance anxiety, and depression in patients with lower extremity lymphedema, but not the mental health-related quality of life.

New publications in Phlebology

Variability in the reported accuracy of sub-bandage pressure measuring devices: A consequence of the use of inappropriate validation techniques

Stephen Thomas



Comparison of tissue biomarkers in arterial and vein (arteriovenous fistula) aneurysms

Jamal J Shahri, Shirin Saberianpour, Saeed N Bayegi



ABSTRACTS

New publications in Phlebology



Click on the name to
access the article!

Association between obesity and the aggravation of limited range of ankle mobility in chronic venous disease

Sergio Q Belczak, Rubiana Neves Ramos, Jose Maria Pereira de Godoy



Current strategies for endovascular management of varicose veins: An updated review of superficial ablation technologies

Vineeta Ojha Sanjeev Kumar



Quality-of-life assessment in patients treated with radiofrequency ablation with or without great saphenous vein recanalization

Daniele Bissacco, Chiara Malloggi, Chiara Lomazzi, Maurizio Domanin, Andrea Odero, Jr, Santi Trimarchi, Renato Casana



Effects of leg compression and calf muscle contraction by active ankle motion on venous hemodynamics in sitting individuals

Kotaro Suehiro, Noriyasu Morikage, Takasuke Harada, Makoto Samura, Takashi Nagase, Yuriko Takeuchi, Takahiro Mizoguchi, Soichi Ike, Ryo Suzuki, Kimikazu Hamano



The expression of matrix metalloproteinases and their tissue inhibitors in the vein wall following superficial venous thrombosis

Guoting Yu Kun Li Yongbo Xu Haibo Chu Hanxiang Zhan Yuxu Zhong



Glutaraldehyde fixation of venous valve tissue: A benchmark for alternative fixation methods

Megan Laughlin, Makenzie Kapales, Keshari Thakali, Marc Girardot, Morten Jensen



Use of a novel Likert scale instrument to assess patient satisfaction following endovascular and surgical treatment of pelvic venous disorders

Sergey G Gavrillov, MD, PhD, Anastasiya S Grishenkova, PhD, Nadezhda Yu Mishakina, MD, Gennady V Krasavin, MD



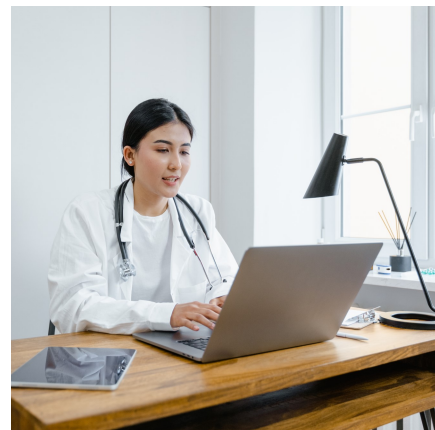
Comparison of mechanochemical ablation versus ligation and stripping for the treatment of incompetent small saphenous vein

Luca Apruzzi Victor Bilman Vincenzo Ardita Nicola Favia Concetta Saracino, Roberto Chiesa, Domenico Baccellieri



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.



APRIL 2022

46th Annual Congress of the Canadian Society of Phlebology

April 29-30, 2022
Montreal, QC, Canada

MAY 2022

European College of Phlebology Course

May 13-15, 2022
Krasnapolsky Hotel, Amsterdam

MAY 2022

ACP2022 - 22nd Annual Scientific Meeting of the Australasian College of Phlebology

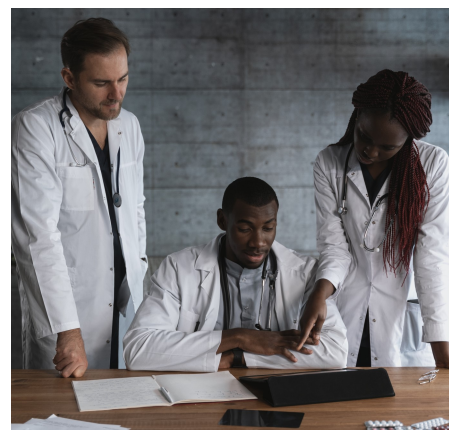
May 20-23, 2022
Coogee, Sydney, Australia



JUNE 2022

Annual Meeting of the Benelux Society of Phlebology

June 10-11, 2022
Faculty Club Leuven, Belgium



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



UPCOMING EVENTS

JUNE 2022

21st Congress of the Portuguese Society of Angiology and Vascular Surgery

June 16-18, 2022

Altice Braga Forum, Portugal

JUNE 2022

Flebopanam 2022

June 16-18, 2022

Guayaquil, Ecuador



JUNE 2022

22nd Annual Meeting of the European Venous Forum

June 30, 2022

Venice, Italy (Hybrid)



JULY 2022

42nd Annual Meeting of the Japanese Society of Phlebology

July 7-8, 2022

Station Conference, Tokyo, Japan



SEPTEMBER 2022

64th Annual Meeting of the German Society for Phlebology

September 28, 2022

Hannover Congress Centrum

OCTOBER 2022

AVLS2022 36th Annual Congress of the American Vein and Lymphatic Society

October 13-16, 2022

New Orleans, USA

SEPTEMBER 2022

**UIP2022
XIXth WORLD
CONGRESS OF THE UIP**

September 12-16, 2022

Istanbul, Turkey



SEPTEMBER 2023

**UIP 2023
XXth WORLD
CONGRESS OF THE UIP**

September 17-21, 2023

Miami Beach, USA



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UIP SOCIETY MEMBERSHIP: *Benefits*

Did you know that as a member of UIP Society you can have access to different benefits?

- ✓ Access to **Phlebology, The Journal of venous disease** (Free access for Tier 2 and 3)*
- ✓ Access to **UIP Education Modules** (Free access for Tier 2 and 3)*
- ✓ Access to **latest news, UIP Newsletter**
- ✓ Access to **UIP Discussion Forums**

More features coming soon!



**Tier: refers to the category of membership. If unsure about the classification of your country, please check on our website.*

Accessing the Member Portal

1. Contact your society and ask them to add your name to the members of the UIP website.
2. The society uploads a membership list through their society page (Instructional Videos available online).
3. You will receive an email confirming your username and password.

Phlebology

The Journal of venous disease
Accessing *Phlebology* journal



Let your society know if you require Phlebology access*.

**fees apply for Tier 1 countries*

UIP Education Modules

Accessing the UIP Education Modules



1. Go to the [Online Education page](#).
2. Click "**Enrol Now**".
3. Complete the forms with the information requested.

UIP Discussion Forums

Accessing the UIP Discussion Forums



1. Log in the UIP website with your username and password.
2. Access the Discussion Forum through the member portal.

