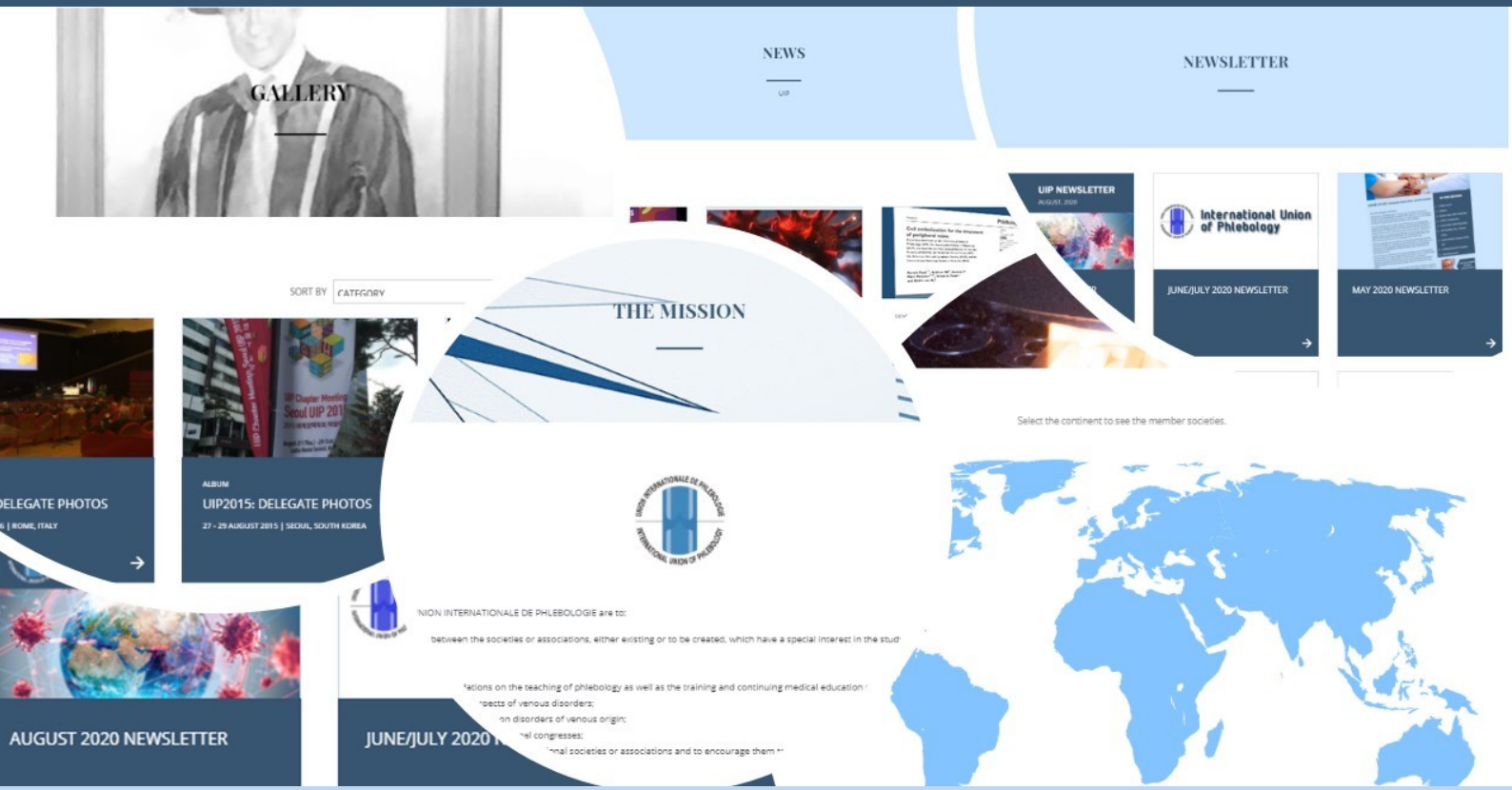
UIP NEWSLETTER

APRIL, 2021



THE NEW UIP WEBSITE IS LIVE!

After a long and arduous process in developing the website, we are very excited to announce that the new website is now available to the general public.

On the new website you will find all kinds of information, from the history of the UIP to the latest publications of the newsletter. Members will also be able to :

- Contribute to Venous and Lymphatic Discussion forums
- Access the UIP Official Journal *Phlebology*
- Reach out to other Venous and Lymphatic Professionals worldwide
- Access news from your society and news from other societies around the world

Members will receive Login User and Password shortly.

IN THIS EDITION

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 21st 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 June 2021.

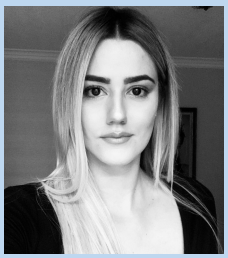
These webinars will be important to get the feedback and support from our member societies, so your involvement is crucial.

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

ABOUT US



The UIP Newsletter has been produced and distributed from Sydney, Australia, with the contribution of the members of the UIP.

The UIP Newsletter Editor, Paola Vargas is a Business Administrator from Medellin-Colombia, based in Sydney since 2016.

Advertising opportunities are available, and contributions and enquiries are welcome!

communications@uipmail.org

SOCIAL MEDIA

Keep in touch!

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

UIP 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 NEWSLETER CONTENT
UIP SPEAKER BOX

The UIP is delighted to offer all its members to report a comment in future editions of the UIP newsletter. Topics can be related to evidence based science, phlebolymphology advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

communications@uipmail.org

MEMBERSHIP FEES

The UIP will be sending out invoices for 2021 membership fees shortly.
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

5-year history of the Thai Venous Forum

The Thai Venous Forum (TVF) is a nonprofit scientific organization established in November 2017 in Bangkok, Thailand, with the mission of providing excellent academic programs, striving to maintain its high standards of educational content for Thai physicians, and exploring knowledge and understanding to improve the standard of care for patients with venous disorders.

Originally founded as a part of the Thai Vascular Association (TVA), the official society of Vascular Surgery of Thailand, by a handful of the Thai experts in the field of phlebology, including vascular surgeons, general surgeons, dermatologists, and interventionists, the TVF had made its mark to the UIP in 2018, when Prof. Pramook Mutirangura, the president of the TVA, and Associate Prof. Dr. Nuttawut Sermsath-anasawadi, the secretary of the TVF, attended the 18th UIP meeting in Melbourne, Australia.

TVA joining of UIP

Formerly, the academic section of venous disorders in Thailand was administered under the TVA with the first annual meeting of the TVF introduced in March 2018 in the 4-day annual meeting of the TVA. In August 2019, it was the first time that the TVF organized its own annual meeting with the basic course of venous disease aiming to provide essential knowledge and skills in the management of chronic venous disease and venous thromboembolism for the new General Surgery residents and Vascular Surgery fellows. The course also offers several workshops including hand-on Duplex ultrasonography, sclerotherapy, endovenous surgery, and bandaging & wound care.

Basic course of TVF

Since October 2020, the advanced course of venous disease has been introduced, providing information and techniques for endovenous surgery and deep vein surgery.

Advanced course of TVF

Both basic and advanced courses held by the TVF are not limited only to vascular surgeons or general surgeons, but also general practitioners, dermatologists, and radio-interventionist are invited to join the conference.

In addition, the Thai Management Guideline for Chronic Venous Disease developing by the TVF committee is expected to be published by the end of 2021.

HONOUR BOX

Dr Pauline Raymond-Martimbeau

Women in Phlebology - A Great Experience

Pauline Raymond-Martimbeau

It is a great honor and indeed a privilege to represent and speak on behalf of thousands of incredible women in phlebology. Elizabeth Blackwell began her pioneering journey after a deathly ill friend insisted she would have received better care from a female doctor. Blackwell refused a professor's suggestion that she disguise herself as a male to gain admission in medicine. In 1849, she became the first woman in the United States to be granted an MD degree. Should women in phlebology disguise themselves to be admitted and recognized for their work? The answer is NO. I am considered a pioneer in phlebology along with some of my female friends in phlebology. If I questioned them, they would also agree that we never felt rejected or discriminated. Working with male colleagues is very enjoyable and we are hoping that it is reciprocal.

Yusuke Tsugawa[1] *et al*. published an article in *JAMA Internal Medicine* about the evidence around the quality of care delivered by female and male doctors and showed data that suggested that women practice medicine a little differently from men. The results of the study concluded that practice patterns of female physicians were a little more evidence-based, sticking more closely to clinical guidelines and even that patients reported better experience when their physician was a woman.1 Let me confirm that this does not appear to be the case in phlebology. Women and men may have different approaches in their work and research but there are complementary, and the outcomes are the same.

I would never discourage a woman to enter the field of phlebology as it can be immensely rewarding and challenging even though the learning curve could be steep. Women are good learners, and they like to be guided first, so they acquire confidence quickly and become better phlebologists. I really think women have considerable patience and they will fight to get what they want. Never underestimate women phlebologists—kindness is not a weakness.

In my work in phlebology, I have collaborated with many men over the years. I have also worked closely with some renowned women for example, to name only a few of them, Marianne De Maesseneer, Helene Fronek, Kathy Gibson, Claudine Hamel Desnos, Felizitas Pannier, Marianne Vandendriessche who held leadership positions in different societies and in the International Union of Phlebology. Some became the first person to be reelected for more than one term as president. Being the first woman president, honorary member, emeritus member of a society is very flattering. However, I can confirm that our contribution to the development of and advancement in phlebology was always made as teams that also included male phlebologists.

In the past decade, many other dynamic women that have entered the phlebology arena became very influential in their country and worldwide, sharing their knowledge and expertise acquired in different field of medicine. Chantal Aguero, Janna Bentley, Mabel Bussati, Lorena Grillo, Lourdes Reina Gutierrez, Aleksandra Jaworucka-Kaczorowska, Marzia Lugli, Margaret Mann, Erica Manegatti, Paola Ortiz, Laura Redman, Stefania Roberts, Anelise Rodrigues, Julianne Stoughton, Wassila Taha, and Mandy Wong are some of them.

Parenting and domestic responsibilities nowadays can be more easily shared with one's significant other, which give more opportunity to women to be involved in their careers. Phlebology is a very attractive field of medicine that is practiced in offices and accredited centers. Moreover, considering that the patients for venous diseases are predominantly women, it is a win-win situation for both as women physicians feel more comfortable and women patients prefer to be treated by women doctors. Knowing that in medical schools, the percentage of women is increasing constantly, we will see in the future more women entering the field. It also attracts many family physicians due to the challenge and procedure-oriented specialty that differs from some everyday family counseling.

Only 23.3% are women in the German Society of Phlebology; it is 36% in the French Society of Phlebology and 45% in the Canadian Society of Phlebology. Thus, phlebology is still a male-dominated field, but in the near future, things may change. These findings come at a time when women make up the majority of the U.S. workforce and outnumber men for the first time since 2010. According to the U.S. bureau of labor statistics women currently make up to 50.04% of payroll jobs. The same phenomenon is occurring in all liberal professions. However, these statistics may not apply to all the countries. Until gender equality and empowerment occur in phlebology, women enjoy very much working with many male colleagues. What is more important is to be a great clinician, keep a good confidence-to-know;edge ratio, keep learning, keep sharing and practice excellent phlebology. Following these rules can only make women be well respected by their peers and patients, but most importantly is to take excellent care of patients.

[1]Tsugawa Y, Jena AB, Figueroa JF, Orav EJ, Blumenthal DM, Jha AK. Comparison of hospital mortality and readmission rates for medicare patients treated by male vs female physicians. *JAMA Intern Med*. 2017;177(2):206-213. doi:10.1001/jamainternmed.2016.7875

HONOUR BOX

Women in Phlebology

Felizitas Pannier

Claudine Hamel Desnos

Marianne Vandendriessche

Marianne De Maeseneer

Helane Fronek

Kathy Gibson

IN MEMORIAM

Dr Louis Antoine Grondin and Prof. Ken Myers

Written by Prof. Kurosh Parsi, 10 March 2021

This week the phlebology universe, and I personally, lost two great mentors and giants of our specialty. We lost Dr Louis Grondin and Professor Ken Myers one day apart. Both were my personal mentors, role models and valued friends.

Dr Louis Antoine Grondin, past Vice President of the International Union of Phlebology (UIP), honorary and emeritus fellow of the Australasian College of Phlebology (ACP) and past President of the Canadian Society of Phlebology (CSP) was one of the greatest, kindest and most talented medical specialists you would ever come across. Louis was a gentle, intelligent, kind, and medically very sensible physician, who touched many people with his kindness, energy, and drive through his life.

Dr Grondin was one of the earliest inspirations for all Australasian phlebologists. I visited him in Calgary in mid-1990s and observed him perform advanced ultrasound-guided endovenous techniques. Louis was one of the pioneers of ultrasound-guided interventions for venous disease and taught many of the Australasian and Canadian doctors how to perform these procedures. He was a pioneer of catheter-directed sclerotherapy as described in a paper I published a number of years ago[1]. Dr Grondin was an invited speaker to several of our meetings in Australia and New Zealand and was a great support for our phlebologists. He was most approachable sharing his knowledge and expertise openly and kindly.

Other than being a competent and brilliant medical specialist, Dr Grondin was a scholar, philosopher, filmmaker, musician, linguist and a historian. I recall in my first meeting with him, how vividly he described pre-Christian Mithraic pagan rites, his poetic love for Rumi and deep liking of classical French authors. His knowledge was vivid, detailed, and almost alive. He knew as much about ancient Egypt as he knew about the Medieval France, as if he lived through those ages. He brought a sense of magic to every occasion and conversations.

Louis did not just teach us medicine or phlebology, he inspired us to seek knowledge and aim for what most would consider unattainable. Throughout his incredible journey, he was supported, encouraged, and loved by his life-partner Zorica, his children Michael, Mitra, Niki and Colin, and his extended family of phlebologists around the world. The loss of Louis is a huge loss for me personally and for the phlebology community.

I am equally sad about losing Professor Myers, a personal mentor of mine, literally one day after we lost Dr Grondin.

1. Parsi K. Catheter-directed sclerotherapy. Phlebology. 2009 Jun;24(3):98-107. doi: 10.1258/phleb.2009.009010. PMID: 19470860.

IN MEMORIAM

Professor Kenneth Arthur Myers was the inaugural Chancellor of the Australasian College of Phlebology, and an inspiration to not only Australian and New Zealand vascular specialists but the entire international community of venous disease specialists.

Professor Myers was by far the most intelligent and clear thinkers that I have ever met. He was never rattled or confused by clutter and always clearly saw what was important in every discussion. This made him one of the best chairpersons in any conference, injecting his intelligent humour in every awkward moment, dissecting the discussion topics to simple and tangible concepts that everyone could follow, and bravely declaring ignorance when the group pretended to understand. He was not afraid to speak his mind when it was completely different to everybody else in the room.

Prof. Myers warned against the perils of groupthink and group's delusions of righteousness, leaving the mainstream surgical dogma, and embracing endovascular interventions decades before other surgeons made the move. Driven by evidence and science, Prof. Myers was a promoter of nonsurgical endovascular interventions in Australasia and a pioneer in performing endovenous laser ablation, radiofrequency ablation and foam ultrasound-guided sclerotherapy.

Professor Myers was a scientist, an academic and a hands-on surgeon.

He wrote, edited, and contributed to hundreds of publications, peer-reviewed papers, books and book chapters.

On the international front, he was a major contributor to international guidelines on venous haemodynamics, venous anatomy and vascular ultrasound. I was privileged to have Professor Myers co-supervising my Master of Science and later on my PhD projects. He certainly contributed to and encouraged my personal development and academic progress. He assisted me personally on multiple consensus guidelines and corrected me where it needed correction. I am eternally grateful.

We will sadly miss Professor Myers and wish the best for his family, his beloved wife Barbara and children Kim, Susan, Andrew and Tracey.

These two giants of medicine, Professor Ken Myers and Dr Louis Antoine Grondin, have hugely impacted the world of phlebology and the stature of our specialty.

Professor Kurosh Parsi
President International Union of Phlebology

IN MEMORIAM

VALE DR JORGE CORREA

Before the publication of this newsletter, the UIP was informed of the tragic passing of the President of the Peruvian Society of Phlebology and Lymphology, Dr Jorge Correa. Dr Correa would have been known to many within the UIP community and his passing will be felt by all. The UIP would like to express our condolences to his family and to his colleagues. A tribute to Dr Correa will be included in the next edition of the UIP Newsletter.

IN MEMORIAM

Dr Louis Antoine Grondin 1952-2021

The Canadian Society of Phlebology is in mourning as Dr. Louis Grondin, a great charismatic man and a phlebological legend, has left us. Louis passed away after battling a serious illness on February 27, 2021. He has been practicing phlebology in Calgary, Alberta, Canada for many years. He was a brilliant man with international fame, and we will miss him dearly. Louis was influential for the members of the Canadian Society of Phlebology with his knowledge and encouragement and he contributed to the development of phlebology in Western Canada from the 1980s and onwards.

Everywhere Louis went, there was light. While being very respectful of his colleagues, there was not a discussion or debate where Louis' presence left us indifferent. His positivity and convictions always gave us the desire to surpass ourselves. From a phlebological point of view, we could entrust him at our meetings with any subject. While the content of his presentations was essential to our meetings, his way of presenting was always particular, clear and lively. He knew how to attract the attention of his colleagues and maintain it for hours without losing his enthusiasm. Remember the time when Louis would get on the chairs to deliver his knowledge? Only Louis could do this!

He served as president of the Canadian Society for many years and was always an active force on the executive committee of the Society. Internationally, Louis was sought out as an educator, advisor and board member of the International Union of Phlebology. He was an Emeritus member of the Australian College of Phlebology.

See what Dr. Douglas Hill, a past president of the Canadian Society of Phlebology has to say about Louis: "Personally, he was my first teacher, my mentor and became a life-long friend. I worked as an associate in his phlebology practice for the first five years of my medical career and benefited tremendously from his instruction, his vision and his innovation. I am honoured to have known him and worked with him. Very early on, he recognized the necessity of duplex ultrasound for proper diagnosis and safe treatment of venous incompetence. In those early years, he developed the catheter technique of ultrasound guided sclerotherapy and trained many doctors in western Canada, the USA and around the world. Louis was one of the first to begin using foam sclerotherapy and to transition from using air foam to CO2. These are only a few examples of his many scientific contributions"

Louis had a crazy appetite for life and for expanding his knowledge. He often said he wanted to be an eternal student. His favorite phrase, from Albert Einstein, was "*There are only two ways to live a life. One is as if nothing is a miracle. The other is as if everything is a miracle.*" In the latest period of his life, he obtained a master in business administration (MBA), studied dermatology at Cardiff University and in the last few years pursued filmography studies at the Los Angeles Film School.

In October 2017, when Louis received a sentence of only 14 months to live, he instead saw it as a gift of several months to live. He lived his life to the fullest and understood, as the Quebec singer-songwriter Felix Leclerc sang, that life is like a river, it comes from somewhere and goes somewhere. Born somewhere, we go through different cycles of water and waterfalls and finally we emerge in calm water after death for a more beautiful form of life.

He was a unique man, a warm man, a faithful friend, a mentor, a musician, a filmmaker, a husband, a father, a stepfather, a grandfather and an exceptional physician. We will never forget you dear Louis and we thank you for your legacy,

The Canadian Society of Phlebology and all of Louis' friends offer their deepest condolences to his wife Zorica and all his children, grandchildren and loved ones.

Rest in Peace,

Pauline Raymond-Martimbeau, MD

IN MEMORIAM

Prof. Ken Myers

Ken Myers graduated in Melbourne, Australia, in 1957 and gained his surgical qualifications in 1962.

After training at the Royal Melbourne Hospital, he spent two years in the Professorial unit at St Mary's Hospital, London, and one year at Presbyterian St Luke's Hospital, Chicago.

On return to Melbourne, he was appointed as surgeon to Prince Henry's Hospital and later to the Monash Medical Centre to become Head of the Department of Vascular Surgery.

While working as a general vascular surgeon, he had a particular interest in venous disease and for the last 20 practising years worked exclusively as a phlebologist.

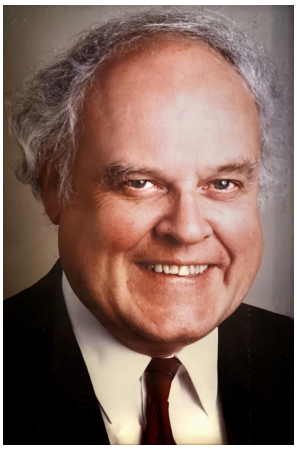
- He was the Inaugural Chancellor of the Australasian College of Phlebology.
- He wrote textbooks on arterial surgery, vascular ultrasound and venous and lymphatic diseases as well as books on non-medical topics.
- He was involved in writing some 200 articles and book chapters. As well as many studies of venous disease by ultrasound, he introduced all current endovenous ablation techniques to Australia.

Australian Phlebology and St Mary's Hospital, London. GROWTH OF THE SCIENTIFIC METHOD

The following article was written by Prof. Myers in the August 2020 edition of the UIP newsletter, focusing on his time spent at St Mary's Hospital in London. It is reproduced in this edition of the newsletter to honour his contributions to Phlebology

When I was training to be a surgeon in Melbourne, Australia, it was traditional to spend a term in the United Kingdom. I was able to secure a scholarship to work at St Mary's Hospital in Praed Street, Paddington, London with Professor William Talbot Irvine. Until then, my teaching had been the traditional 'we've always done it this way and it works all right so that's what you do'. Bill Irvine was of a new school of 'Scientific Surgery'. His constant exhortation over the next two years was 'give me data, Myers, give me data'. Bill Irvine wrote a book 'The Scientific Basis of Surgery' and he asked if I would proof-read it. Some wag advised me that the only way to do this without becoming absorbed in the content was to read it backwards and I foolishly did so - perhaps the only person ever to read a large textbook beginning at the end.

Many Australians had preceded me. The earliest to do so that I had worked with was 'Weary' Dunlop who was with Arthur Dickson Wright when World War II broke out. He was to become the hero of the Burma Railway prisoner of war camp and later Sir Edward Dunlop, Australia's second most famous son after Sir Donald Bradman, cricketer. Others from my graduation year in Melbourne also worked in England. John Royle was with Peter Martin in Essex and returned to Australia to be a leader in venous surgery and later President of the Australasian College of Surgeons. Peter Morris worked for a short time at Mary's but became involved in transplantation in Boston and was appointed Professor of Surgery in Oxford and later became Sir Peter Morris, President of the Royal College of Surgeons. Other prominent Sydney phlebologists were Peter Conrad who worked at the West Middlesex Hospital and Peter Halliday at St Thomas's. Bill Campbell from Brisbane joined John Royle in Essex and spent time learning sclerotherapy with George Fegan in Dublin.



I arrived from Melbourne as a registrar with Bill Irvine at Mary's in January 1964. Over the next two years Bill infused into me the fun that could be had from the scientific scrutiny of what we do, a mantra that has stuck with me to this day. Ever since I have obsessively recorded data for everything that I do for ultrasound

findings, clinical procedures and clinical outcome, just as Bill would have wanted. Sorting these in a database allowed findings that would otherwise not have occurred to me and which apparently have been of interest to others on occasions. It has allowed me to become friends with like-minded phlebologists around the world, invited to join them at farflung meetings for me such as Buenos Aires with Roberto Simkin and Bologna with Attilio Cavezzi. I gave a paper in Argentina on ultrasound findings for venous tributaries only to have my friend Massimo Cappelli in discussion give reasons to tell all that everything that I had said was wrong, a predicament sorted out over morning tea.

A fellow registrar in 1964 was John Hobbs, sadly recently departed. Bill Irvine ordered us to his office and said that he wanted us to set up a Vascular Laboratory. We said 'sure Prof but what is it?' He explained and we established what was perhaps the first in Britain although Gene Strandness and Dave Sumner were well before us in America. We invited Terry Needham to join as technician and he initially turned us down saying that he could see no future in the project. However, he then relented as he had nothing else to do at the time and he went on to become a pioneer in blood flow research and non-invasive investigations in the UK and vascular ultrasound in America. The room that we were given was next to the office where Sir Alexander Fleming had discovered penicillin, but while we were there it was used as a broom cupboard. Michael DeBakey from Houston led a group of American surgeons to visit Mary's and they made a pilgrimage to the room only to be appalled to find that it had not been made into a shrine. This has subsequently been rectified. Almost every unit in the hospital had a vascular inclination. As well as the Professorial Unit, the other vascular team was headed by HHG 'Felix' Eastcott, a pioneer in carotid artery surgery, and even the Urology unit was headed by vascular surgeon Ken Owen who was a world authority for renal artery surgery. After I left, my position was replaced by Jim Yao from Chicago who developed the Ankle/Brachial Pressure Index (ABI). It was several years before we finally met, at a meeting in Sydney, and it was rather like Stanley meeting Livingstone in Tanganyika.

Bill Irvine arranged for George Fegan from Dublin to visit and encouraged John Hobbs to develop an interest in varicose veins. From this was born a rivalry between Fegan and Hobbs that entertained us for the rest of their lives. George was adamant that John had stolen his techniques which was not true, and they fed off each other to get their kicks ever after. In keeping with the Mary's tradition, John evaluated his results in the first and possibly only scientific comparison between sclerotherapy and surgery which remains a classic. His results came down in favour of surgery although this would possibly not be the case if it were repeated now.

Praed Street that fronted the hospital specialised in shops selling pornographic literature. Without knowing this, I entered one and asked if they had any travel books upon which I was led into a back room to check out some books in plain brown wrappers. Everyone smoked in those days and the cheapest cigarettes were Woodbines. People was fairly poor and were catered for by a bowl of them cut in halves. For a cheap quick drag one half Woodie could be bought for a penny. I personally gave up when we discovered that continued smoking markedly reduced long-term patency rates for femoropopliteal vein bypass grafts, studied with life table analysis techniques that I had learned at Mary's.

I returned to Melbourne to a practice in vascular surgery and later exclusively in phlebology and I set up a vascular laboratory that later evolved into an ultrasound unit. I kept in contact with the many friends that I had made in London. In 1985 I accepted an invitation from Andrew Nicolaides to be 'Associate Director' in the Irvine Laboratory for Cardiac and Vascular Research at St Mary's and I stayed there for a wonderful 12 months. Andrew had been recruited by Bill Irvine, the unit had been established by Felix Eastcott in Bill's memory when he died, and Andrew was appointed as its director.

Over the next twenty years or more, Andrew working at Mary's used his meticulous scientific approach to explore almost every aspect of vascular disease and in particular phlebology. He has had in a hand in almost every aspect of what we now understand about venous haemodynamics in health and disease. My year in the unit had me working with young researchers from all over the world many of who gained positions of considerable eminence. José Fernandes e Fernandes went on to be Professor of Surgery in Lisbon. Dmitris Christopoulos developed air plethysmography and as his guinea pig I whipped my trousers off to be the first ever studied by the technique. Gianni Belcaro returned to Italy to conduct many community studies in venous disease.

I was also exposed to the clinical side with vascular surgeon Felix Eastcott and neurologist Sir Roger Bannister, the first athlete to run the sub- four-minute mile. The vascular unit was as strong as ever headed by Averil Mansfield and John Wolfe. Hugh Dudley was Professor of Surgery having moved from a similar position in Melbourne. Several Australians were working in the vascular unit or the Irvine laboratory while I was there. Michael Grigg from Melbourne developed what was possibly the first method to produce true foamed sclerosant later perfected by Lorenzo Tessari with Cavezzi and Frullini. Mark Malouf from Sydney worked with John Hobbs and returned to Australia to become President of the Australian and New Zealand Society of Phlebology, a leader in the field to this day. Andrew Lennox from Sydney later did much work in the unit and returned to Sydney to further develop endovascular surgery.

There have been many Australian surgeons to work at Mary's at other times including Mike Appleberg, John Frawley, John Harris and Rod Lane from Sydney, Sam Melick from Brisbane, John Ludbrook from Adelaide and Campbell Miles from Melbourne, together with a few I'm sure that worked there without my knowing. It is more than ten years since I last visited, and all has changed since Andrew left the Irvine unit and rationalisation of London hospitals abolished the vascular identity of St Mary's. For me it is the place where I spent some three years that more than any other experience shaped any contribution to phlebology that I may have made. The scientific approach to phlebology is now fully accepted but this was far from the case back in 1964 or even in 1985.

To my mind, this current scientific method in phlebology that I have followed throughout my career is in no small part the result of work at Mary's by the likes of my Professor, Bill Irvine, and his successor, my good friend Andrew Nicolaides.

ABSTRACTS

FEATURED ARTICLE

A randomised controlled clinical trial comparing the effectiveness of bandaging compared to the JuxtaCures™ device in the management of people with venous ulceration: Feasibility study

Philip Stather, Carroll Petty, Helen Langthorne, Emma Rayner, Jufen Zhang, Karen Hayden, Adam Howard

Introduction: The mainstay of treatment for venous ulceration remains compressioSn therapy. Velcro Wrap devices are being increasingly used in these patients despite limited evidence. This feasibility study aimed to compare standard bandaging to the JuxtaCures™ Velcro wrap device.

Methods: A single centre, unblinded RCT compared participants with venous ulceration randomised to either the JuxtaCures™ device or short stretch bandaging. Participants were followed up for 26 weeks.

Results: 160 participants were screened with 40 randomised. 3 participants in bandaging and 1 in JuxtaCures™ didn't complete the study. 60% in JuxtaCures™ healed v 55% in bandaging despite larger ulcers in the JuxtaCures™ arm (9.33 cm2 v 6.97 cm2). There was no significant difference in time to healing (12.17 v 13.64 weeks). JuxtaCures™ showed improved ulcer reduction for those that didn't heal (14.91–5.00 cm^2 v 14.20–8.62 cm^2; P = 0.06). JuxtaCures™ had more consistent sub-bandage pressure dropping from 39–36 mmHg versus 41–25 mmHg in bandaging between application and removal (P < 0.001). Quality of life (EQ5D) was improved in JuxtaCures at 3 months
(mean difference 0.14, p = 0.04), but not at 1 and 6 months, or in disease specific quality of life. Cost was lower in JuxtaCures™ £842.47 v £1064.68. Duration of appointment was significantly shorter in JuxtaCures™ (41 minutes v 53 minutes; P = 0.003).
Conclusion: This study has shown the feasibility and necessity of running a multicentre trial to evaluate the use of Velcro wrap devices for venous ulceration. It highlights the potential benefits of more consistent pressure, increased self-care, and potential with regards to ulcer healing, cost, nursing resource and quality of life.

INVITED SCIENTIFIC COMMENTARY

Prof. Dr Victor M Canata, Universidad Nacional De Asuncion (Paraguay)

As we know when it comes to dealing with ulcers compression therapy is a standard for us, however using standard bandages can be a bit problematic not for us but for the patient, as we have patients who complain about the pain due to the pressure, the fact that hygiene is also a problem, how patients can have a hard time reapplying their bandages at home or even applying proper pressure when using bandages. This Study Proposes an interesting alternative that maybe some of us could consider doing further research about.

The Article Talks about comparing the effectiveness of standard bandages versus Velcro Wraps (JuxtaCuresTM) in management of people with venous ulcers in their legs. Since compression therapy is a key aspect in the management and treatment of leg ulcers. This study is quite interesting and could provide some other options apart from just using standard bandages. The Conclusion that was reached was that the study highlights the need to do further research regarding the use of Velcro wraps however it does also showcase the potential benefits of more consistent pressure, increased self-care and potential with regard to ulcer healing, with the addition of the overall cost being cheaper than standard bandages. Since Velcro wraps do have an initial high cost.

This Article works as a foot in the door so we could see and decide ourselves to try out the potential of Velcro wraps or for someone to run another research with a bigger amount of participants. Since reproducing this research should be feasible, with just having a set amount of patients using standard bandages and the other set using Velcro wraps and monitoring their progression for 6 months. The authors did a fantastic job with this research and for setting the next steps for us to try to reproduce. They also highlighted how a blinded experiment was not possible because patients can visibly see if they would be using standard bandages or if they would be using Velcro wraps. However it is possible to set up a randomized controlled trial.

The study had a total of 40 participants that were randomize all with venous leg ulcers. With venous incompetence confirmed by clinical assessments and duplex ultrasound scan. With 90% of those participants completing the trial. We could do a multinational trial with multicenter hospital involved to help the community with the ulcer problem

The Research shows that the patients using Velcro wraps (JuxtaCuresTM) had faster healing times, greater reduction in healing area, a reduced cost and time in clinical appointments, gives patient more autonomy for putting the wraps, better hygiene and the most important thing the patient being happy and feeling comfortable.

As I stated earlier this was a fantastic study done by the authors and definitely open the doors for us to look further and do some more research.

Standard Bandages, unna boots in Compression Therapy has been the same for years now, maybe we should start thinking of new alternatives to help improve our patient's Quality of Life, so I leave the door open for us to think and do some more research on using Velcro Wraps instead of Standard Bandages.

ABSTRACTS

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

Individual members of the UIP can access the journal Phlebology by the new UIP website, or at https://journals.sagepub.com/home/phl

Highlighted Articles

Treatment of superficial vein thrombosis with intermediate dose of tinzaparin: A real word cohort study – The SeVEN EXTension study

Christos Karathanos, Dimitrios Chatzis, Panagiotis Latzios, Ioannis Papakostas, Konstantinos Goumas, Athanasios D Giannoukas, on behalf of the SeVEN EXT Collaborators

Background: To assess the treatment of superficial vein thrombosis (SVT) with intermediate dose of tinzaparin in a setting of real world practice.
Methods: Prospective observational study of consecutive patients treated by vascular physicians in the private sector with tinzaparin (131 IU/Kg) once daily. Treatment duration was at the treating physician's discretion. The outcomes of the study were symptomatic venous thromboembolism, extension of thrombus and bleeding complications.
Results: 660 patients were included and followed up for at least 3 months. Median duration of treatment was 30 days (14–120). History of prior deep vein thrombosis (HR 2.77; 95% CI= 1.18–6.49; p = 0.018) and current SVT above the knee (HR1.84; 95% CI = 1.33–3.53; p = 0.0002) were associated with prolonged treatment duration. Primary efficacy outcomes occurred in 20 (3%) patients. The median time to theevent was 24 (6–92) days and was not related to treatment duration.
Conclusions: Tinzaparin at intermediate dose is an effective and safe treatment for SVT.

The efficiency of exercise training in patients with venous insufficiency: A double blinded, randomized controlled trial

Saliha Gürdal Karakelle, Yeldan Ipek, Ozalhas Tulin, İbrahim Ufuk Alpagut

Background: Exercise training (ET) is current treatment method for venous insufficiency (VI). The comprehensive effect of ET in addition to compression therapy (CT) in VI is not clear.
Method: Twenty-four patients with VI were randomly divided into exercise group (EG) and control group (CG). While CG received only CT, EG was applied ET consisting of aerobic, strengthening and stretching exercises in addition to CT for 2 days/week, 6 weeks at hospital under the supervision of physiotherapist. All the patients were assessed with Chronic Venous Disease Quality Of Life Questionnaire-20, Short Form-36, Duplex Doppler Ultrasonography, Venous Clinical Severity Score, hand-held dynamometer, Visual Analogue Scale, circumference measurements, 6 minute-walking test, and 10-meter-walking test before and after the treatment.
Result: Except of hemodynamic status and edema ($p > 0.05$), all parameters were significantly different in favor of EG ($p < 0.05$).
Conclusion: ET in addition to CT was more effective and safe treatment in VI.

ABSTRACTS

New publications in Phlebology

Retrieval of Bard Simon Nitinol inferior vena cava filters: Approaches, technical successes, complications, and clinical outcomes

Jacob J Bundy, Jeffrey Forris Beecham Chick, Ravi N Srinivasa, Kyle J Cooper, Joseph J Gemmete, Vibhor Wadhwa, John M Moriarty

Numerical modeling of blood flow in the internal jugular vein with the use of computational fluid mechanics software

Marian Simka, Pawel, Latacz

Referral patterns for catheter-directed thrombolysis for iliofemoral deep venous thrombosis

Kirtan D Patel, Alison YY Tang, Ashik DJ Zala, Rakesh Patel, Kishan R Parmar, Saroj Das

Association between lower extremity venous insufficiency and duration of atrial fibrillation

Zeynep Yapan Emren, Sadık Volkan Emren, Fatih Ada, Sefa Erdi Ömür, Ferhat Dindaş

Management of superficial venous thrombosis in unevaluated situations: Cancer, severe renal impairment, pregnancy and post-partum

Léa Ghenassia-Fouillet, Antoine Morel, Paul Frappé, Claire Le Hello, Vanessa Lerche, Marie-Antoinette Sevestre, Laurent Bertoletti

Improvement in quality of life with treatment of chronic venous disease: A longitudinal ob-servational study in Kandy, Sri Lanka

Zhen Luan Low, John Carson Allen, Truls Østbye, Kuda Banda Galketiya, Si Ying Julienne Keong, Hiang Khoon Tan

Prevalence and inventory of venous anatomical abnormalities in the arms of patients with combined capillary, venous and lymphatic malformations (Klippel–Trénaunay syndrome)

LGJM Zwerink, R Praster, CJM van der Vleuten

Laterality of lower extremity deep vein thrombosis after colectomy: A retrospective study using the national inpatient sample

Ivan E Saraiva, Hirotaka Kato

XIX WORLD CONGRESS OF THE INTERNATIONAL UNION OF PHLEBOLOGY

12nd - 16th September, 2022

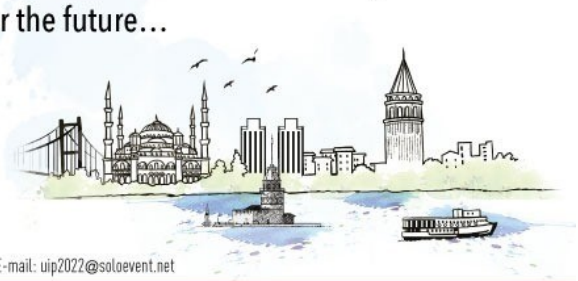
With regards the current health crisis and keeping in mind the safety of our participants, it is with great regret that we have decided to postpone the XIX UIP World Congress to September 12-16, 2022.

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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Register at:

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

Keep updated and follow our social media accounts !

/uipistanbul2021

UPCOMING EVENTS

One of the main UIP visions is to promote productive relationships among societies. With this vision, we report both events with UIP auspices and events without, so to inform everyone about possible educational activities. The hope is also to offer a tool useful for the colleagues organizing future meetings, so to avoid overlapping among events.

JUNE 2021

Annual Meeting of the Benelux Society of Phlebology

The Swollen Leg

4th-5th June , 2021
Leuven, Belgium

JUNE 2021

6th Edition of Phlebo -Pratique, French Society of Phlebology

18th-19th June , 2021
Lille, France

AUGUST 2021

21st Annual Scientific Meeting of the Australasian College of Phlebology

27th-30th August, 2021
Sydney, Australia

SEPTEMBER 2021

XII International Congress of the Latin American Venous Forum

25th-27th September 2021
Buenos Aires, Argentina

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

UIP2023
Connecting the Continent... Welcoming the World

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

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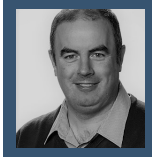

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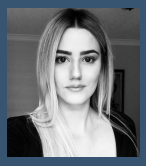

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