

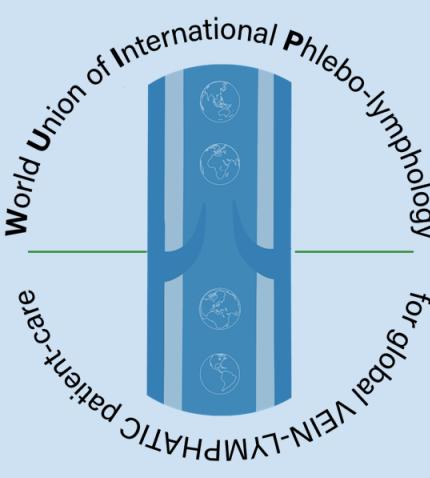
WUIP NEWSLETTER

JANUARY 2026

EDUCATIONAL & SCIENTIFIC COMMITTEES

PRESIDENTIAL WORKING GROUPS

ENGAGEMENT WORKING GROUPS



WELCOME & CONGRATULATIONS

to all the newly selected WUIP committees members

IN THIS EDITION

1. Welcoming the WUIP Committees
2. Honour box: Prof. Annamaria Moretti
3. WUIP Societies: Past, present & future
4. Vein & Lymphatics: a family affair
5. Africa Speaker´s corner: Yasmina Chhih, MD
6. Events under WUIP auspices
7. Calendar of events
8. International Angiology: Access
9. International Angiology Abstracts
10. WUIPProject-Month 24
11. WUIP Society membership: benefits
12. WUIP Announcements

The Executive Committee is delighted to welcome and congratulate the newly selected members of the **Educational and Scientific Committee**, together with the **Presidential Working Groups** and the **Engagement Working Group**. We take this chance to remind all the colleagues around the world that WUIP starts with **“double YOU”**, for which we remain at YOUR, and of whoever you will like to engage with you, full disposal (president@uipmail.org).

WUIP COMMITTEES & WORKING GROUPS

EDUCATIONAL & SCIENTIFIC COMMITTEES

The WUIP Executive Committee is delighted to announce the identification of the Education and Scientific Committees. Of particular notice, together with the professional and humane quality of the selected members, a special attention was dedicated to gender and geographic equality.

EDUCATIONAL

CHAIR: Jinsong Wang

deputy-CHAIR: Karol Chakkour

WUIP WORLD CONGRESS HONG KONG 2029 educational coordinator: Chi YW

SOUTH-CENTRAL AMERICA:

Marin Andres (DOMINICAN REPUBLIC)

Cardoso Nathalia (BRAZIL)

NORTH AMERICA

Stoughton Julianne (USA)

Sanchez Nora (MEXICO)

EUROPE

Goranova Elena (BULGARIA)

Chakkour Karol (POLAND)

AFRICA-MIDDLE EAST

Trabelsi Meriem (TUNISIA)

Moini Majid (IRAN)

ASIA-OCEANIA

Hood Patricia (AUSTRALIA)

Kan CD (TAIWAN)

SCIENTIFIC

CHAIR: Fedor Lurie

deputy-CHAIR: Massimo Danese

WUIP WORLD CONGRESS HONG KONG 2029 scientific coordinator: Fedor Lurie

SOUTH-CENTRAL AMERICA:

Portugal Maria (BRAZIL)

Simkin Carlos (ARGENTINA)

NORTH AMERICA

Bentley Janna (CANADA)

Lurie Fedor (USA)

EUROPE

Tzaneva Stanislava (AUSTRIA)

Danese Massimo (ITALY)

AFRICA-MIDDLE EAST

AlQedrah Deena (UAE)

Hussein Emad (EGYPT)

ASIA-OCEANIA

Roberts Stefania (AUSTRALIA)

Sermsathanasawadi Nuttawut (THAILAND)

Engagement Working Group

Following prof. Gianesini proposal to the Executive Committee, an Engagement Working Group has been created with the scope of promoting direct engagement with the WUIP, while promoting geographical, gender and professional status (new generation & top experts) equality.

FEMALES:

Eggen Celine (EUR, NETHERLANDS, new gen)

Peron Gisele (LATAM, BRAZIL, new gen)

Posznyakova Olga (ASIA, BELARUS)

Rucigaj Tanja (EUR, SLOVENIA)

Ting-An Chen (ASIA, TAIWAN)

MALES:

Comandatore Javier (LATAM, EL SALVADOR)

Cipran Sergiu (EUR, ROMANIA, new gen)

Muchait Guctekin (EUR-ASIA, TURKEY, new gen)

Pittman Chris (NORTH AMERICA, USA)

Sousa Jouel (EUROPE, PORTUGAL)



WUIP COMMITTEES & WORKING GROUPS

Academic Institutional



Awareness & Reach-out



Presidential Working Groups

Multi-Specialty



Advocacy



According to the UIP constitution (art 143), »Working Groups may be proposed by the President from time to time to implement specific projects of the UIP or to assist with the implementation of the objectives and projects of the Standing and Select WUIP committees». We herein congratulate and welcome the newly elected members of such Working Groups:

ACADEMIC-INSTITUTIONAL

Doganci Suat (Chair)(EUR-ASIA), Avgerinos, Efthimios (GREECE), Chernuka Larisa (UKRAINE), Liew NC (MALESYA), Milic Dragan (SERBIA), Nalaka Gunawansa (SRI LANKA), Ogawa Tomohiro (JAPAN), Rockson Stanley (USA), Rodriguez Luis (EL SALVADOR), Shaydakov Evgeny (RUSSIA), Tazi Mezalek Zoubida(MOROCCO), Temirov Surat (UZBEKISTAN), Thomis Sarah (BELGIUM), Ulloa Jorge (COLOMBIA), Villaroel Arias Luis (BOLIVIA), Wijnand van Gent (NETHERLANDS).

AWARENESS

Grillo Lorena (COSTA RICA)(chair), Alastair Lewis (UK), Arriaga Jesus (MEXICO), Bihari Imre (HUNGARY), Feeijo Cristina (SPAIN), Garcia Mark (USA), Ghosh Shantonu (BANGLADESH), Sharipo Akhat (KAZAKHSTAN), Marks Lisa (AUSTRALIA), Zokirkhonov Shokhzod (UZBEKISTAN), Neuhardt Diana (USA), Rodriguez Luis (CUBA), Tatuli Abzianidze (GEORGIA), Zyad Ayman (EGYPT), Wiradana Anom (ASIA), Wooshik Kim (SOUTH KOREA).

ADVOCACY

Grace Joseph (AUSTRALIA)(CHAIR), Benson Stephen (NEW ZEALAND) , Borsuk Denis (RUSSIA), Fallas Marcial (COSTA RICA), Gachet Gilles (FRANCE), Karniyevich Siarhei (BELARUS), Hill Douglas (CANADA), Kabinick Lowel (USA), Kamhawy Adel Husseiny (EGYPT), Marald Wikkeling (NETHERLANDS), Mendoza Erika (GERMANY), Navas Hugo (VENEZUELA), Serralde Javier (MEXICO), Strejcek Jaroslav (CZ REPUBLIC), Tea Mukhuradze (GEORGIA), Victoria Gerardo (PANAMA).

MULTI-SPECIALTY

Pratama Danny (INDONESIA)(CHAIR), Bokuchava Mamuka (GEORGIA), Chunga Juan (PERU), Jacob Jaramillo (CANADA), Jalilova Zarifa (ASIA), UZBEKISTAN), Jihane Ben cheikh (TUNISIA), Padaria Shoaib (INDIA), Rizk Aida (CANADA), Rodriguez Fanny (ARGENTINA), Sohiel Ayman (EGYPT), Sumaj Marek (SLOVAKIA), Takahiro Imai (JAPAN), Terlecki Piotr (POLAND), Vega Fernando (MEXICO), Vugar fattah-pur (AZERBAIJAN), Zolotukin Igor (RUSSIA)

HONOUR BOX: PROF. ANNAMARIA MORETTI



Prof. Annamaria Moretti is an academic KOL in Gender Medicine.

The Vein-lymphatic world is in great need of increasing awareness and practice in this field, particularly considering the impact gender can have on venous and lymphatic disorders pathophysiology and clinical management.

Whoever is interested in the topic can reach-out to president@uipmail.org / gnssrg@unife.it and explore possible synergy in this context.

Dr. Anna Maria Moretti is a physician specialized in Respiratory Medicine, Allergology and Immunology, with an outstanding clinical, academic and institutional career, particularly recognized in the field of gender medicine. She earned her medical degree in Italy and held leading clinical positions, including Director of the Respiratory Diseases Unit at the University Hospital Policlinic of Bari and later Director of the Center for Diagnosis and Treatment of Respiratory Diseases at Santa Maria Hospital in Bari.

She has served in top leadership roles within scientific societies, including President of the Italian Society of Respiratory Diseases and President of the Italian Group of Gender Health and Medicine (GISEG). At the international level, she is President of International Gender Medicine (IGM) and of its International Scientific Society, establishing herself as one of the most influential figures in this field.

Her institutional work includes extensive involvement in national health and gender equity bodies. She is a member of the Technical Committee on Gender Medicine at the Higher Institute of Health, the National Observatory on Gender Medicine, and several expert working groups responsible for drafting gender-specific clinical guidelines. She also serves on the Higher Health Council, the Gender Medicine Commissions of FNOMCEO and LUM Free Mediterranean University, and coordinates the Technical Committee on Gender Medicine of the Apulia Region.

In addition, she participates in regional research projects focused on outcome indicators and the economic impact of gender medicine on healthcare expenditure.

She has acted as an expert in the drafting of the Gender Budget and the Gender Equality Plan of the IRCCS Giovanni Paolo II Cancer Institute in Bari, and collaborates with numerous Italian scientific societies. She is a member of scientific and advisory boards, including the National Scientific Technical Committee of LILT and the ONDA Advisory Board for the “Bollini Rosa” program.

In the editorial field, she is a member of the editorial boards of the Journal of Sex- and Gender-Specific Medicine, the Gender Medicine Newsletter of the Higher Institute of Health, and Monaldi Archives for Chest Disease. She is also a board member and Vice President of the Hemove Onlus Association.

Her academic activity includes serving as Professor of Gender Medicine in the National Second-Level Master's Degree in Economics and Management of Healthcare Companies at the University of Bari, and in the National Second-Level Master's Degree in Gender Medicine at the University of Florence. She is also a member of the scientific board of projects on perioperative management in orthopedic surgery. Dr. Moretti is the author of numerous national and international scientific publications.

HONOUR BOX

“The importance of Gender Medicine”

by Annamaria Moretti

“The evaluation of specific sex/gender differences today represents a fundamental element in the development of "equitable and appropriate medicine." The World Health Organization (WHO) recently identified gender as a key element in health promotion aimed at developing new approaches to healthcare.

Over the last decade, the concept of Gender Medicine (GM) has evolved significantly, moving from the exclusive consideration of biological parameters (sex, age, ethnicity, comorbidities, response to drugs) to the more complex evaluation of contextual indicators (social, economic, cultural, religious, environmental conditions, etc.) and related sources of information, essential for collecting data useful for the development of effective and efficient healthcare systems. Knowledge of data disaggregated by sex/gender is essential for assessing citizens' risks and needs, access to treatments and disease outcomes, and for defining specific strategies for both prevention and diagnostic-therapeutic care.

Italy is one of the most advanced countries in terms of knowledge about GM and is the only country with a specific law and an implementation plan. Legislative Decree No. 3 of January 11, 2018, Article 3, and the resulting Plan, have provided Italy with a coordinated and sustainable approach to disseminating GM, focusing on four key areas: communication and information, training, as well as the promotion of healthcare practices that take gender differences into account in research, prevention, diagnosis, and treatment. This is to ensure the quality and appropriateness of services provided by the National Health Service consistently across the country.

To ensure the law's correct application, healthcare personnel, in all specialist fields, are required to implement training programs and transfer the knowledge acquired in the formulation of diagnostic-therapeutic pathways (DTPs), good clinical practices, and regulatory guidelines. Today, the dissemination of training programs is of considerable importance, even in non-healthcare professional fields characterized by significant impact on disease prevention and progression.

For the correct definition of care pathways, it is therefore essential to evaluate indicators that help measure the expected effects in terms of the type of outcomes (clinical, services provided, waiting lists) and promote the construction of a shared paths between physicians, healthcare professionals, and patients. This approach can contribute to the development of guidelines aimed at improving the quality of care and the availability of useful sources of information for planning effective and cost-effective strategies for the National Health System.

HONOUR BOX

“The importance of Gender Medicine”

by Annamaria Moretti

Currently, insufficient evidence is available on gender inequalities, not so much in the epidemiological field, but in terms of effective and sustainable actions, both in the areas of prevention and in health promotion. Therefore, reducing these inequalities is not only a political issue, but also an ethical one.

Communication represents a fundamental contribution to the dissemination of the Gender Medicine, which defines it as a "strategic lever for the full implementation of Gender Medicine." Therefore, improving communication and information to healthcare professionals and the general population through specific strategies, involving communications experts, is a fundamental objective.

The various formats currently used to communicate Gender Medicine-related content suffer from the lack of a dedicated Communication Plan, as well as a lack of clarity regarding the true meaning of Gender Medicine, a concept often confused with women's health and equal opportunities.

Institutional communication and information activities play a strategic role in raising awareness of sex/gender-specific indicators and health determinants, and in building awareness and responsibility among the population (healthcare workers, citizens, and patients). Information activities in this sector will be increasingly complex and must include not only campaigns aimed at the general population or patients, but also interventions among health care workers, who in turn are essential partners in building awareness.

The relationship between the impact of disease and healthcare organization, both at the community and hospital levels, is currently a matter for reflection. Numerous scientific studies have documented, even in the COVID era, how disease outcomes are closely linked to the availability of economic, technological, and operational resources in each region. Thus, Institutions must be urged to develop programs for health promotion and disease prevention with a sex/gender-specific perspective, and to invest in appropriate and equitable care systems”.

Anna Maria Moretti
Presidente GISeG
Società Scientifica GISeG

WUIP MEMBER SOCIETIES past, present and future

The Moroccan Society of Vascular Diseases:

A Strong Legacy, a Committed Present, and a Future Driven by Innovation

Founded in 2014 by Professor Zoubida Tazi Mezalek, the Moroccan Society of Vascular Diseases (SMMV) has established itself as a key player in the national medical landscape. Its mission is to promote the prevention, diagnosis, and management of vascular diseases across Morocco. The Society emerged from a collective need to structure a rapidly growing discipline and bring together specialists around a modern, multidisciplinary vision of vascular health. From the outset, the SMMV benefited from the engagement of both national and international pioneers who laid the foundations of a strong and sustainable organization built on continuing medical education, research, and scientific collaboration.

The Moroccan Society of vascular diseases is proud to be a partner of the World Thrombosis Day Committee. Every year, we actively take part in this global campaign — by organizing awareness events, either in person or through webinars

The Society's early years were marked by the establishment of regular scientific meetings, the development of an expert network, and increased awareness among healthcare professionals regarding the importance of early diagnosis of vascular diseases. These initiatives strengthened the visibility of the discipline in a country where cardiovascular diseases remain a major public health concern. Through scientific training days, its annual national congress, and hands-on workshops in vascular ultrasonography, the SMMV progressively integrated vascular medicine into the national scientific dynamic.



Today, the SMMV brings together a multidisciplinary community that includes vascular medicine specialists, hematologists, cardiologists, angiologists, internists, and researchers. This diversity is one of its greatest strengths, enabling a comprehensive and coherent approach to vascular patient care. The Society's annual congress—now hosting international experts—has become a key platform for scientific exchange, knowledge updates, and practice-sharing. It offers a space to discuss advances in thrombosis, chronic venous disease, and cardiovascular prevention.



WUIP MEMBER SOCIETIES past, present and future

The Moroccan Society of Vascular Diseases:

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In parallel, the SMMV has strengthened its commitment to continuing education through webinars, certification workshops, and programs aimed at young physicians to help maintain a high level of expertise. The Society also plans to establish national registries, which are essential for better understanding the epidemiology of vascular diseases in Morocco and for promoting local scientific output. Patient education, prevention campaigns, and public awareness activities remain central to the current mission of the SMMV.

The future of the Moroccan Society of Vascular Diseases is guided by a clear strategy focused on innovation, openness, and excellence. The Society aims to reinforce its international collaborations by actively participating in networks and joint projects with partner scientific organizations. It is also working toward the development of advanced training programs in emerging fields such as artificial intelligence applied to vascular imaging, telemedicine, minimally invasive techniques, and the management of venous and lymphatic disorders.

Another major strategic pillar involves supporting national research through the creation of working groups, the promotion of scientific publications, and the implementation of multicenter studies. Finally, the Society plans to intensify its preventive actions by developing digital tools for the general public and by involving general practitioners more closely in the early detection of vascular diseases.

With its strong history and committed community, the SMMV moves forward with ambition and determination. It continues to work toward improving the quality of care and placing vascular health at the center of national health priorities. Its journey reflects the essential values of collaboration, innovation, and vision—always in the service of patients and medical science



Veins & Lymphatics: a family affair



“Veins & Lymphatics: a family affair” is the title of a brilliant 2014 editorial from two giants in the field, UIP emeritus president prof. Partsch, and vice-president BB Lee.

While honoring the tradition of the WUIP, we look forward for reinforcing the fundamental bond between Phlebology and Lymphology, herein hosting a section dedicated to Lymphatic notions all Vein Experts should have.

This month, it's WUIP privilege to welcome the contribution of Kathleen Lissom. Whoever is interested to include a contribution in this section can write to president@uipmail.org

Kathleen Helen Lissom, CLT

Kathleen Helen Lissom is a lymphedema therapist and board certified in therapeutic massage and bodywork. She is a co-author of the Standard of Care for Lipedema in the United States consensus guideline.

Breathing exercises can be a beneficial part of complex decongestive therapy (CDT) for the treatment of leg lymphedema. CDT is the gold standard of lymphedema treatment, consisting of manual lymphatic drainage, bandaging, skin care and exercise.

A Turkish study examined the effects of adding either leg exercises or breathing exercises to traditional CDT in patients with lower limb lymphedema. Participants completed a three week training program and improvements in edema, muscle strength and quality of life were tracked. In the study, the inspiratory muscle training (IMT) breathing exercises were completed for 30 minutes per day (2 sessions of 15 minutes each) five days per week using a "threshold inspiratory resistance training" protocol. The researchers found that improving respiratory muscle function during CDT was more effective at reducing edema, enhancing functionality and improving quality of life (QoL) than leg exercises (Akgul et al., 2025).

Why do breathing exercises enhance lymphatic flow? Deep breathing utilizes the diaphragm muscle and results in pressure changes in the thoracic and abdominal cavities. These pressure changes enhance lymphatic return.

Research has also been conducted in Egypt on the effects of resisted deep breathing on upper extremity lymphedema. Participants with breast cancer related lymphedema completed either three sessions per week of CDT or CDT + Breathing for four weeks. A sandbag was placed on the abdomen during breathing. There was significant improvement in the arm circumference of the resisted breathing group in comparison with the control group (Ahmed et al., 2024).

Exercise and breathing also work together. Chinese researchers conducted a study which combined exercise and diaphragmatic breathing and found that adding breathing to traditional CDT improved limb circumference in participants with lymphedema after gynecologic cancer (Wang J. et al., 2024).

Please share this research with colleagues and consider adding breathwork to your lymphedema patients' CDT and self-management protocols.

Met and Unmet Needs in Vein and Lymphatic Practice in North Africa

Venous and lymphatic diseases represent an increasingly important public health burden in North Africa. Demographic ageing, high prevalence of inflammatory and metabolic diseases, and persistent inequalities in access to healthcare contribute to the growing impact of chronic venous disease (CVD), venous thromboembolism (VTE), and lymphedema. Although progress has been made in recent years, significant unmet needs remain.

Access to venous diagnostic tools, particularly duplex ultrasound, has improved in major urban and academic centers in countries such as Morocco and Tunisia. Minimally invasive treatments for CVD, including sclerotherapy and endovenous techniques, are now available in tertiary hospitals and private practices. Multidisciplinary thrombosis consultations have emerged within internal medicine departments, encouraging collaboration between internists and vascular surgeons.

Hospital-based data from North Africa highlight the clinical burden of VTE. Moroccan and Tunisian cohorts show that deep vein thrombosis of the lower limbs accounts for more than half of VTE cases, with a mean patient age between 55 and 60 years. In Tunisian internal medicine series, pulmonary embolism was associated with deep vein thrombosis in nearly one-third of patients, reflecting delayed presentation and disease severity at diagnosis.

Despite these advances, access to care remains highly unequal. Diagnostic and therapeutic resources are concentrated in metropolitan areas, while rural populations often face delayed diagnosis and limited treatment options. Chronic venous disease is frequently managed at advanced stages, with significant functional impairment and reduced quality of life.

Lymphedema remains one of the most neglected conditions in North African vein and lymphatic practice. Available hospital data indicate that most cases are secondary, commonly related to cancer treatment, infection, trauma, or chronic venous disease. However, the absence of structured referral pathways, limited availability of comprehensive decongestive therapy, and poor reimbursement policies result in underdiagnosis and undertreatment. Many patients present at late stages.

AFRICA SPEAKER'S CORNER: DR YASMINA CHHIH

Met and Unmet Needs in Vein and Lymphatic Practice in North Africa

Another major unmet need is the lack of standardized education and training in venous and lymphatic medicine. Current training pathways remain fragmented, leading to heterogeneity in clinical practice. This gap is particularly evident in VTE prevention. Although hospital audits suggest that a large proportion of medical and surgical patients are at risk for thrombosis, adherence to prophylaxis protocols remains inconsistent, especially outside academic hospitals.

Finally, research and data generation represent a critical challenge. Most available information comes from single-center, retrospective hospital series, and population-based epidemiological data are lacking. This limits health policy planning and adaptation of international guidelines to local contexts.

In conclusion, while vein and lymphatic practice in North Africa has progressed, substantial gaps persist. Addressing inequalities in access, strengthening education, improving lymphedema care, and developing regional data are essential to ensure equitable and sustainable patient care.



Dr Yasmina Chhah
Assistant Professor of Internal Medicine
Department of Internal Medicine
Ibn Sina University Hospital
Mohammed V University, Rabat,

EVENTS UNDER WUIP AUSPICES

Flebopanam: bridging Latin America and the world



Juan Chunga Prieto, MD
President Flebopanam 2026
Organizing Committee

FLEBOPANAM 2026, the 21st Congress of the Pan American Society of Phlebology and Lymphology, is presented as the main scientific forum in the Americas for phlebology and lymphology. More than just a congress, it is a platform where the region's clinical experience is organized, discussed, and projected in dialogue with the international scientific community, under the framework of the **WUIP -World Union of International Phlebology**.

Venous and lymphatic pathology in the Americas develops in diverse contexts, with high patient volumes and complex clinical realities. This daily experience makes the continent a true living clinical laboratory, where decisions are not made from isolated theory, but from daily practice.

FLEBOPANAM channels this knowledge and transforms it into structured and shareable scientific discussion.

The congress is conceived as an active space.

Workshops, analysis of real cases, and open

debate take center stage, promoting critical thinking and horizontal exchange among colleagues. The goal is not only to present results, but also to compare approaches, discuss clinical decisions, and build criteria applicable to different healthcare settings.

From this clinical and educational foundation, **FLEBOPANAM** naturally projects itself as an international meeting place. The American experience—marked by diversity, volume, and decision-making in real-world scenarios—engages in direct dialogue with other regions, especially Europe, in a horizontal scientific exchange. It is not a matter of replicating models, but rather of contrasting them, enriching them, and building knowledge that can be applied beyond borders.

FLEBOPANAM was born from a simple but powerful conviction: that phlebology advances when it is shared, discussed, and built within a community. Those who believe in this spirit will know where to find each other.

EVENTS UNDER WUIP AUSPICES



13th Egyptian Venous Forum International Congress

13TH INTERNATIONAL CONGRESS
EGYPTIAN VENOUS FORUM
PHLEBOEGYPT
"Bridging Gaps in Phlebology"

APRIL
23-24
2026 | **Helnan Antoniades**
Palace Hotel

Save The Date!

EVENTS
CONFERENCE ORGANIZATION

INTERNATIONAL UNION OF ANGIROLOGY
VASCULAR SURGERY FORUM ALEXANDRIA
VLU
Egyptian Venous Forum
WORLD INTERNATIONAL MEDICAL FORUM
ALEXANDRA UNIVERSITY

EVENTS UNDER WUIP AUSPICES

13th Egyptian V23–24 April 2026 |
Egypt Venous Forum International Congress

The congress represents a major regional and international scientific event dedicated to advances in **venous and lymphatic diseases**. Building on more than a decade of continuous academic activity, the congress serves as a dynamic platform for **education, innovation, and collaboration** among vascular specialists from Egypt, Africa, the Middle East, and beyond.

Held in the historic city of **Alexandria**, the 2026 congress will take place at the prestigious **Antoniadis Palace Hotel**, offering a unique blend of scientific excellence and cultural heritage.

Achieving the congress theme **“Bridging gaps in phlebology”** through the scientific program will cover a comprehensive spectrum of venous and lymphatic disorders, including but not limited to:

- Chronic venous disease and varicose veins
- Endovenous thermal and non-thermal ablation techniques
- Pelvic venous disorders and venous reflux syndromes
- Deep vein thrombosis and post-thrombotic syndrome
- Venous ulcers and advanced wound care
- Sclerotherapy, CLaCS, and aesthetic phlebology

Artificial intelligence and innovation in venous practice

Sessions will include **state-of-the-art lectures, expert panels, case discussions, and practical insights** delivered by leading international and regional faculty, all within an inspiring historical setting that encourages scientific excellence, professional collaboration, and meaningful networking.



Professor Ayman Fakhry

WUIP Vicepresident

President 13th. EVF International Congress

EVENTS UNDER WUIP AUSPICES

The Canadian Vision in Phlebology: Honouring our Past and Excited for the Future



The Canadian Society of Phlebology is looking forward to welcoming everyone to our landmark 50th Anniversary Conference. This year's program celebrates the evolution of venous care, diving deep into the latest advances in disease management while emphasizing new technologies and future innovations. It stands as a reflection of five decades of academic excellence and clinical progress.

The program begins with an intensive day designed to enhance your skills and interpretation of the complex venous anatomy. This masterclass will focus on decoding pelvic vein imaging and reflux pathways—offering practical insights that clinicians can immediately apply. The focus will then shift to real-world clinical applications through sessions curated to refine your expertise—from advanced sclerotherapy techniques to the most sophisticated treatment modalities available today.

A highlight of the meeting is, without doubt, the outstanding lineup of speakers. The CSP conference consistently attracts leading Canadian and international experts—pioneers in their respecti-

ve fields who are also inspiring educators. The intimate and warm atmosphere of our gathering fosters unparalleled intellectual exchange. During coffee breaks and informal sessions, you will have the opportunity to engage directly with thought leaders and industry innovators. Our exhibit hall, more akin to a creative sandbox than a commercial space, sets the stage for meaningful conversations and mind-growing collaborations.

Finally, the distinctive atmosphere of the CSP meetings remains unequivocal. Set in the vibrant city of Montréal, this event offers a collegial, welcoming environment where networking feels natural and rewarding. Whether you are a seasoned phlebologist or entering the field, you will find an inspiring space where curiosity thrives and collaboration blossoms.

In short, the 2026 CSP Meeting is not just about keeping pace with progress—it's about feeling inspired, connected, and genuinely excited for the future of venous care. This year, we are especially proud to honor the extraordinary contributions of Dr. Pauline Raymond-Martimbeau, a truly inspiring figure in the world of phlebology.



Canadian Society of **Phlebology**

EVENTS

One of the main WUIP visions is to **promote productive relationships among societies**. With this vision, we report both **events with WUIP 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.

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

EVENTS CALENDAR

MARCH 2026	MARCH 2026
PHLEBOPANAM 2026 19 - 21 MARCH 2026 LIMA, PERU	19TH ANNUAL CONFERNCE OF VENOUS ASSOCIATION OF INDIA 25 - 27 MARCH 2026 GOA, INDIA
APRIL 2026	APRIL 2026
13TH EGYPTIAN VENOUS FORUM INTERNATIONAL CONGRESS 23 - 24 APRIL 2026 ALEXANDRIA, EGYPT	26TH ANNUAL SCIENTIFIC MEETING OF THE AUSTRALASIAN COLLEGE OF PHLEBOLOGY 24 - 27 APRIL 2026 MELBOURNE, AUSTRALIA
MAY 2026	NOVEMBER 2026
50TH ANNUAL CONGRESS OF THE CANADIAN SOCIETY OF PHLEBOLOGY 15 - 17 MAY 2026 MONTREAL, CANADA	19TH SAINT-PETERSBURG VENOUS FORUM 25 - 27 NOVEMBER, 2026 SAINT-PETERSBURG, RUSSIA
DECEMBER 2026	
	LE.G.ATHERING WORLD CONGRESS 17-19 DECEMBER, 2026 DUBAI, UAE



INTERNATIONAL ANGIOLOGY: ACCESS

International Angiology, the *Official Journal of the World Union of International Phlebology*, provides discount online journal access to members of WUIP Member Societies.

- Tier 1* societies - €45.00 per member, including taxes for online access
- Tier 2 and 3 societies* - Free access
- Residents (Tier 1, 2 and 3) - Free access

Requests for access come directly from the Member Society for its members. If the member society does not wish to provide access, requests can come from individuals, providing they can provide proof of their membership status.



Accessing the Journal - WUIP Member Societies

1. Download: The membership template spreadsheet from the WUIP website:

<https://www.uip-phlebology.org/uip-official-journal>

DOWNLOAD

2. Email your completed spreadsheet to International Angiology journals.dept@minervamedica.it

Ensure you include the detail of the Member society requesting access.

EMAIL

3. Payment: The society receives an invoice for Journal Access from International Angiology

PAYMENT

4. Once paid, each individual member receives journal access instructions from *International Angiology*

ACCESS!

* WUIP Tiers are defined by the UIP Constitution (Schedule 4), <https://www.uip-phlebology.org/>

INTERNATIONAL ANGIOLOGY ABSTRACTS

Effectiveness and tolerability of venoactive drugs combined with compression therapy in the treatment of chronic venous disease CEAP class C6: a prospective, observational study

Vadim Y. BOGACHEV 1, Boris V. BOLDIN 1, Pavel Y. TURKIN 1, Alexandr SAMENKOV 1, Olga DZHENINA 1, Olga LINNIK 2, Boris KVASNIKOV 2

1 Pirogov Russian National Research Medical University, Moscow, Russia; 2 Servier, Moscow, Russia

[10.23736/S0392-9590.25.05353-2](https://doi.org/10.23736/S0392-9590.25.05353-2)

ABSTRACT

BACKGROUND: Leg ulcers associated with chronic venous disease (CVD) are characterized by prolonged healing and high recurrence. This study describes the effectiveness and tolerability of venoactive drugs (VAD) combined with compression as part of conservative therapy for active venous leg ulcers among patients treated in routine clinical practice.

METHODS: This prospective, multicenter, observational, 6-month study recruited patients diagnosed with Clinical, Etiology, Anatomy, and Pathophysiology (CEAP) clinical class C6 and active venous ulcer area, 5-30 cm². VAD pharmacotherapy was at the discretion of the treating physician and consistent with national guidelines at the time of the study. Primary outcome was the proportion of patients with a healed venous ulcer at 6 months. Change from baseline in the mean Venous Clinical Severity Score (VCSS), the proportion of patients with a reduction in CEAP clinical class, and Quality of life (QoL - Chronic Venous Insufficiency Questionnaire [CIVIQ-14]) were also assessed.

RESULTS: The study enrolled 349 patients: 66.8% were women; mean age was 61.0 ± 12.7 years; and mean Body Mass Index (BMI) was 27.9 ± 4.1 kg/m². Mean duration of the reference venous ulcer was 18.3 ± 23.0 weeks and mean ulcer area was 9.2 ± 6.9 cm². All patients were prescribed VAD at baseline, most commonly micronized purified flavonoid fraction (MPFF) (98.3% patients). Compression therapy was prescribed to 91.1% of patients. After 6 months, venous ulcers had completely healed in 69.6% of patients; 13.5% had experienced complete healing at 3 months. Mean physician-assessed VCSS decreased from 15.5 ± 4.1 at baseline to 9.7 ± 4.5 at 6 months ($P < 0.001$). There was a progressive decrease in mean reference ulcer area from 9.2 ± 6.9 cm² at baseline to 1.2 ± 2.8 cm² at 6 months. QoL was significantly improved with a reduction in mean CIVIQ-14 global index score from 53.9 ± 20.5 at baseline to 24.5 ± 16.3 at 6 months ($P < 0.001$). Treatment was well tolerated.

CONCLUSIONS: Combined treatment with VAD and compression therapy was associated with complete venous leg ulcer healing in 70% of patients with a mean time to healing of 7.4 months. A significant improvement in QoL compared with baseline was also observed.

KEY WORDS: Conservative treatment; Leg ulcer; Varicose ulcer; Venous insufficiency

INTERNATIONAL ANGIOLOGY ABSTRACTS

Latest vascular devices surveillance news: an overview

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ABSTRACT

Since the late 1950s, grafts and endografts have been constructed from a variety of materials and have been designed to be implanted in several different ways. However, despite the level of safety, effectiveness and versatility these devices reached, failures still exist.

METHODS: Material surveillance through a dedicated explant analysis program is the cornerstone towards improving knowledge about vascular grafts and endografts behavior in humans. Major lessons learned from explant analysis have already been published few years ago, but this review provides an update by summarizing the recent findings of a dedicated explant analysis program over the past five years. Recent findings include vascular grafts degradation, devices calcifications, mechanisms of endografts failure. Two mechanisms of vascular grafts degradation have been reported: a decrease in the density of the meshing and local ruptures of the polyethylene terephthalate fibers. The degradation occurred preferentially in some grafts zones where the textile was weakened during manufacturing process. Calcification of vascular grafts and endografts have also been reported, and may contribute to device failure, as calcification reduces compliance, increases stiffness and generated a compliance mismatch. Concerning mechanisms of endografts failure, it has been shown that the polymer used in the endobags of the Nellix EndoVascular Aneurysm Sealing (EVAS) System could lose weight and volume upon dehydration. Accordingly, the polymer deteriorated and failed to retain its weight, volume and shape, undergoing fragmentation, explaining the high rate of migration observed with this device. Endoleaks have also been investigated and endograft fabric damages responsible for endoleaks have been demonstrated. This review highlights that despite continuous improvement of vascular and endovascular devices, failure still exists. Accordingly, continuous material surveillance is mandatory in order to provide the latest information on the mechanisms responsible for degradation and implement knowledge concerning the biological and mechanical behavior of grafts and endografts.

KEY WORDS: Endovascular procedures; Vascular access devices; Vascular grafting

INTERNATIONAL ANGIOLOGY ABSTRACTS

Neovascularization, a cause of truncal varicose vein recurrence after endovenous laser ablation

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[10.23736/S0392-9590.25.05417-3](https://doi.org/10.23736/S0392-9590.25.05417-3)

ABSTRACT

BACKGROUND: Endovenous ablation techniques (EVA) have become increasingly common and have taken the place of surgical treatment for truncal vein incompetence. We set out to investigate and identify outcome, complications, and incidence of recurrence, and possible causes of truncal recurrence in patients treated with Endovenous Laser Ablation (EVLA).

METHODS: A cohort study of 307 consecutive patients (119M/188F) with varicose veins and great saphenous vein incompetence, (C3-C6), were treated with EVLA. Clinical and duplex ultrasound assessment was performed for all patients. Post-procedure patients were placed in compression stockings for 2 weeks, and given enoxaparin for DVT prophylaxis. Patients were also assessed for deep venous thrombosis (DVT), and successful obliteration.

RESULTS: Median initial vein diameter was 6.9 (range 3.7-12.6) mm, and the median ablation energy was 57.8 (range 44.3 to 83.1) J/cm in all 307 patients. Complete truncal occlusion was noted in 301 patients. Truncal occlusion was demonstrated in all patients at initial and 2-week scan, however six patients with were noted to have developed truncal recurrence observed at 6-weeks to 3-months. The median energy delivered was 40.9 (range 35.6 to 41.7) J/cm, significantly less compared to non-recurrent GSV ($P=0.02$). We observed multiple tiny arteriovenous fistulae with arterialized signals within the lasered vein that became confluent, resulting in truncal recurrence.

CONCLUSIONS: Venous re-canalization after EVLA occurs as a result of neovascularization. This takes the form of multiple tiny AV fistulae, that eventually join and becomes a confluent reflux. The triggers for this phenomenon are unclear, but probably related to linear endovenous energy density.

KEY WORDS: Varicose veins; Saphenous vein; Laser therapy; Pathologic neovascularization

Same-day discharge following endovascular peripheral interventions

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[10.23736/S0392-9590.25.05474-4](https://doi.org/10.23736/S0392-9590.25.05474-4)

ABSTRACT

BACKGROUND: Recently, day case peripheral endovascular interventions have gained momentum due to constantly optimizing results, based on technological and pharmacological advancements. Despite this, some hospitals, especially in rural areas with limited access to the emergency services, have not fully adopted this model. We evaluate the safety and feasibility of same-day discharge after endovascular procedures in north wales hospitals.

METHODS: A study was conducted of patients who underwent day-case peripheral arterial endovascular interventions during two distinct 12-month periods: April 2019 to March 2020 and April 2021 to March 2022. Data were sourced from a prospectively maintained interventional radiology database. We defined procedural technical success as the successful distal arterial access and crossing of the target lesion. The primary endpoint was safe same-day discharge, and the secondary endpoint was any adverse event related to the intervention. Patient's demographics, clinical information (including indication: claudication versus critical limb ischemia), primary procedure details, technical success, procedural complications, and unplanned admissions were recorded. Patient's records were evaluated at a minimum of 12 months post procedure.

RESULTS: Over 24-month period, 221 patients underwent 237 peripheral arterial interventions as day case. The mean age was 70 years with male female ratio of 2:1. The indications for intervention were claudication (55%) and critical limb ischemia (45%). The mean distance to hospital from home address was 23.6 kilometers. The most common artery undergoing treatment was the superficial femoral artery (51%). The procedure technical success rate was 90%. There were 12 (5%) complications with three (1.3%) patients requiring open surgery. The unplanned hospital admissions rate was 7.2%. The primary endpoint of safe same-day discharge was achieved in 92.8% of cases.

CONCLUSIONS: Same day discharge following peripheral endovascular interventions is safe and feasible even in a rural setting. With a low rate of complications and unplanned admissions this model of care can be adopted universally.

KEY WORDS: Angioplasty; Peripheral vascular diseases; Ambulatory surgical procedures

Vascular plug in the treatment of high-flow type I endoleak after endovascular repair of abdominal aortic aneurysm

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[10.23736/S0392-9590.25.05492-6](https://doi.org/10.23736/S0392-9590.25.05492-6)

ABSTRACT

BACKGROUND: The aim of this study was to evaluate the feasibility, safety, and radiographic outcomes of vascular plug embolization for high-flow type I endoleaks after endovascular repair of abdominal aortic aneurysms.

METHODS: This single-center retrospective case series included 10 patients who underwent endovascular repair of abdominal aortic aneurysms. These patients were subsequently diagnosed with high-flow type I endoleaks, either during the index endovascular repair of abdominal aortic aneurysms at completion angiography or during a staged procedure prompted by the evidence of a persistent type I endoleak on follow-up contrast-enhanced computed tomography. Each patient received endovascular embolization using vascular plugs. The collected data comprised patient demographics, clinical characteristics, complications, device number and size, and procedural details. Contrast-enhanced computed tomography was scheduled at 1, 3, 6, and 12 months and annually thereafter for up to 5 years.

RESULTS: Seven patients (70.0%) had type Ia endoleaks and three (30.0%) had type Ib endoleaks. Twelve vascular plugs were implanted with 100% technical success and complete occlusion of all type I endoleaks. Imaging follow-up was available in eight patients; during 6-52 months of observation, no recurrent type I endoleak was detected on contrast-enhanced computed tomography.

CONCLUSIONS: Vascular plug embolization of high-flow type I endoleaks after endovascular repair of abdominal aortic aneurysm is feasible and safe. The technical success rate is high with durable radiographic exclusion on early to mid-term follow-up.

KEY WORDS: Endoleak; Endovascular procedures; Aortic aneurysm, abdominal; Embolization, therapeutic

Mesenteric vein thrombosis: a case series and current literature review

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[10.23736/S0392-9590.25.05399-4](https://doi.org/10.23736/S0392-9590.25.05399-4)

ABSTRACT

BACKGROUND: Mesenteric vein thrombosis (MVT) is a rare clinical entity that occurs secondary to other diseases in approximately 90% of cases. Early diagnosis and treatment of intestinal hypoperfusion can be lifesaving for the patient. Here, we present a case series of MVT in our department over the past decade, highlighting how they were treated and the need for intervention in cases of intestinal ischemia, as well as the long-term results of newer anticoagulants.

METHODS: Retrospective study of patients with MVT during the period 2013-2023 who were hospitalized in our department. We present the clinical presentation, the diagnostic process and the therapeutic measures, the follow-up of the patients to this day, and their outcomes.

RESULTS: Eleven patients suffering from MVT were admitted to our surgical department during the study, with a mean age of 59.7 years. Three of them had an extension of the thrombus into the portal vein. In total, six patients were taken to the operating room and underwent either thrombolysis (N.=3) or enterectomy (N.=3). The rest were treated conservatively with heparin or warfarin. Mortality was estimated at 18% (2/11), positive thrombophilia screening was found in six patients (66.6%, 6/9), while 4/11 were diagnosed with malignant disease. Three patients voluntarily discontinued their treatment 3 months after the episode; however, despite that, they did not develop a new thrombotic event.

CONCLUSIONS: Due to its rarity, the management of MVT has not been established with protocols based on thorough research. The initial conservative treatment, and the subsequent decision for surgical intervention, depending on the patient's clinical course, are still the pillars of treatment. In the long term, the newer anticoagulants and a finite course of treatment seem to be non-inferior to traditional treatment options. However, large-scale multicenter studies are needed to confirm the results.

KEY WORDS: Mesenteric ischemia; Venous thrombosis; Thrombolytic therapy; Portal vein

WUIPROJECT - MONTH 24

in honor of March
every



1959
of the month

an **OPEN TO EVERYONE** zoom @
10 am NYC time - **4 pm** Rome time – **10 pm** Bangkok time
to hear **YOUR vision, YOUR ideas, YOUR needs**
and to remember that

WUIP starts with double «U»



for YOUR topic reservation please write to president@uipmail.org

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09>
Meeting ID: 889 1360 5824 Passcode: 916415



On behalf of all the World Union of International Phlebology (WUIP) 'd like to bring to all the healthcare professionals and the public attention the UIP March 24 initiative.

WUIP was founded on March 24, 1959 and in the following 64 years it has been surely succeeding in bringing the vein & lymphatic world together, counting now on 81 Scientific Societies from all continents.

In order to honor WUIP March 24, 1959 birthday, every 24 of the month at 4 pm Rome time, myself and eventually available Executive Committee members will have an open to everyone zoom call where all the vein-lymphatic world and the public are invited to join to present their vision, ideas and eventual needs.

This glimpse of the current Phlebo-Lymphology around the world will provide the opportunity to analyze how the UIP can serve at best its member societies, while advocating for both colleagues and patients independently by their belonging or not to the WUIP.

It's the WUIP hope that you will like to take part in this initiative, so to develop together "present actions" while looking together at the brightest future.

Pre-submitted topics for discussion will have precedence in the hour dedicated to this initiative: in case, feel free to send yours at president@uipmail.org.

WUIPROJECT - MONTH 24

The zoom call will be recorded so to allow everyone to enjoy the content on demand in case.

WUIP looks forward to listening to you at this zoom link:

<https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09>

Meeting ID: 889 1360 5824 Passcode: 916415

Whatever need, do not hesitate to reach out to me (gnsssr@unife.it ; t. +393498012304)

Sergio Ganesini, MD PhD FACS
WUIP 2023-2027 President



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WUIP ANNOUNCEMENTS

INVITATION FOR NEWSLETTER CONTENT WUIP SPEAKER BOX

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

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