

CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE CONTROVERSIES & UPDATES IN VASCULAR SURGERY JANUARY 23-25 2014 MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

PRINCIPLE OF ULTRASOUND GUIDED SCLEROTHERAPY BY DIRECT PUNCTURE

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DESNOS 2014



Disclosure

Speaker name: Claudine HAMEL-DESNOS

- I have the following potential conflicts of interest to report:
- Consulting
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- Other(s)
- I do not have any potential conflict of interest

Direct puncture

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The needle is mounted on a syringe filled with sclerosant

Visual sclerotherapy

US Guided Foam Sclerotherapy





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You need 2 hands and ... a brain (coordination)

2D

DUS machine

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BRAIN

High Frequency Transducer



Hands act separately but must be coordinated

Spasm and complete filling of the SSV with actualities as upplates of only 2.5 mL of 1% POL foam



USGFS PROCEDURE = entirely done under B-mode control

- 1. Checking the target vein and the area
- 2. Puncture of the vein + blood backflow in needle
- 3. Injection
- 4. Post-injection US control

Hamel-Desnos et al. Phlébologie 2003

- Report of French Health Authorities (ANAES 2004)
- European guidelines; Rabe et al. Phlebology 2013

VIDEO 6 www.cacvs.org

USGFS (video) Longitudinal view

FOAM=1+4 (1 part POL+ 4 parts of air) 1% POL



Real time

Video 7

CONCENTRATIONS

(European Guidelines – Rabe E. et al. Phlebology 2013)



Concentration of the sclerosant in foam sclerotherapy.

Recommendation 25: We recommend choosing the following concentration in relation to the diameter of the venous segment to be treated. Concentrations and volumes proposed are just indicative and may be changed according to the judgement of the therapist (Table 4).



CHOICE OF CONCENTRATION : DEPENDS ON THE DIAMETER

of the venous segment to be treated (measure done patient in the standing position)

POL = polidocanol Air foam (1+4)



Hamel-Desnos C. et al. Dermatol. Surg. 2003 Hamel-Desnos C et al. J Mal Vasc 2006 Hamel-Desnos C. et al. « The 3/1 Study ». Eur J Vasc Endovasc Surg 2007 Hamel-Desnos C. et al. in Traité de Médecine vasculaire. Elsevier Masson SAS 2011

FIRST SITE OF INJECTION (GSV, SSV) (measure diameter)



 ✓ Not too far from SFJ/SFP (for better effectiveness)

 Not too close to
SFJ/SFP (for safety reasons: to avoid the arteries in the groin or in the popliteal fossa)



TOTAL <u>VOLUME</u> DEPENDS ON THE FILLING AND THE SPASM OF THE VEIN (inject one syringe of 2.5 ml and see)





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1% POL FOAM x 2.5 mL

mindray Dr Hamel-Desnos 2014/01/10 12:09:21 L12-3E / Veine Superficiel

<u>First injection</u> on thigh level (proximal part of GSV; initial diam. 6 mm in standing position)



20140110-163728-252D

After the first injection look at the limit of the spasm and of the filling



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(in this example, the foam stops just above the knee)



Second injection

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0.5% POL FOAM x 2.5 mL

Second injection

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Immediate outcome

GSV longitudinal view thigh level

Dr Hamel-Desnos L12-3E / Veine Superficiel mindray 2014/01/10 12:25:35 20140110-163728-252D AP 96.6% MI 0.9 TIS 0.1 DC-8 B F 10.0 -0 Π D 3.0 G 58 FR 27 **DR 100** iClear 3 iBeam 1 GS THIGH LEVEL 6 Dist 0.08 cm

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FOAM/ SPASM

Cross section

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GSV Longitudinal view Knee level

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L12-3E / Veine Superficiel **Dr Hamel-Desnos** mindray 2014/01/10 12:28:16 20140110-163728-252D AP 96.6% MI 0.9 TIS 0.1 **DC-8** B F 10.0 -0 m D 3.0 G 58 FR 27 **DR 100** GSV iClear 3 iBeam 1 FOAM 4. **KNEE LEVEL** ² Dist 0.10 cm

FOAM/ SPASM

End of treatment

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5 mL OF POL FOAM IN TOTAL

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