

CONTRIVERSES
ET ACTUALITES EN CHIRURGIE VASCULAIRE



CONTRIVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 21-23 2016

10 rules to respect to ensure the success of: deep-vein reflux

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DVRS Club
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Associazione Italiana di Chirurgia Venosa
Ricostruttiva e Riparazione Tissutale



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- Jotec Srl: Technical Consultant
- Volcano Europe BVBA: Teaching and Speaking
- Boston Scientific Spa: Teaching and Speaking
- Servier International: Teaching and Speaking

***I declare that my presentation will
not include commercial contents***

Oscar Maletti

Why ten?

Because there are 10:

- Fingers
- Commandments
- The most used time expression (*10 minutes*)
- The evaluation scale (VAS)
- The maximum at elementary school
- The proportional number in military reprisal
- Usually employed for recipes for success (*10 rules for eternal beauty etc.*)
- Little Indians

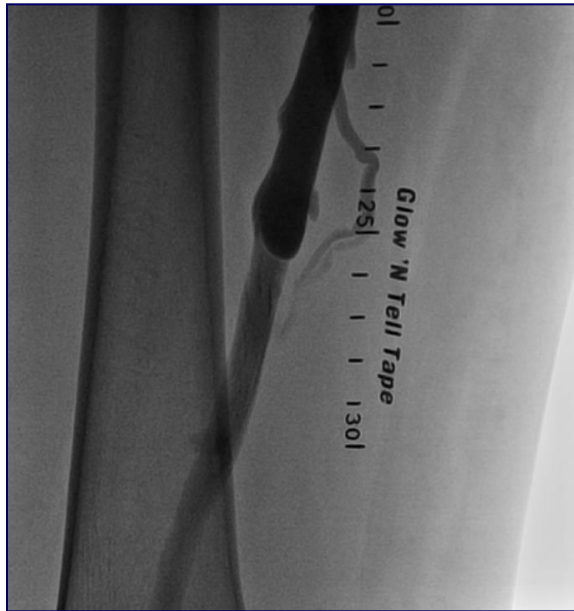
Have we got 10 rules for Deep Venous Reflux treatment?

Rule n° 1

To identify the etiology of deep reflux

Why?

- Because:
- Different are the **results** and therefore
 - Different are the **indications**



E_p

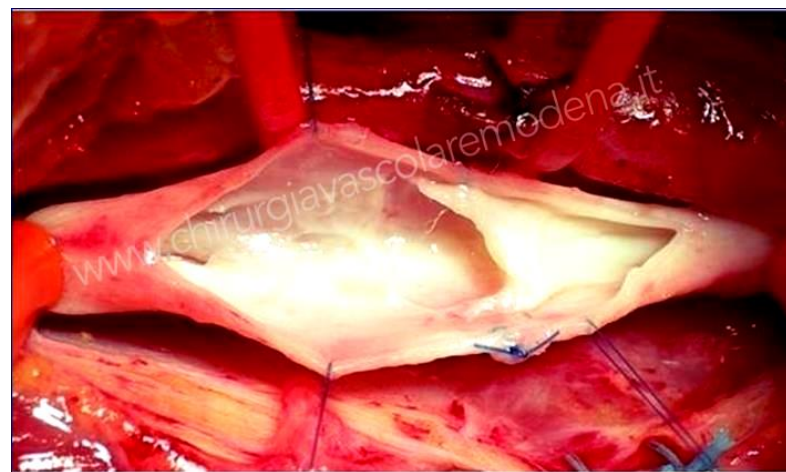
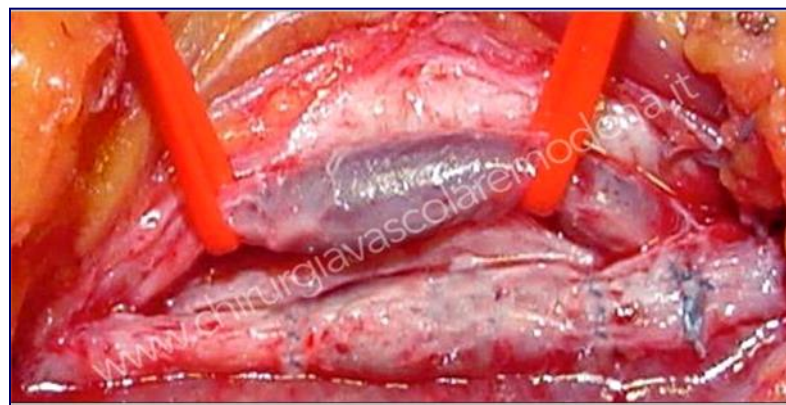


In primary incompetence offers very good results and so it is more widely indicated

than in secondary
valve incompetence



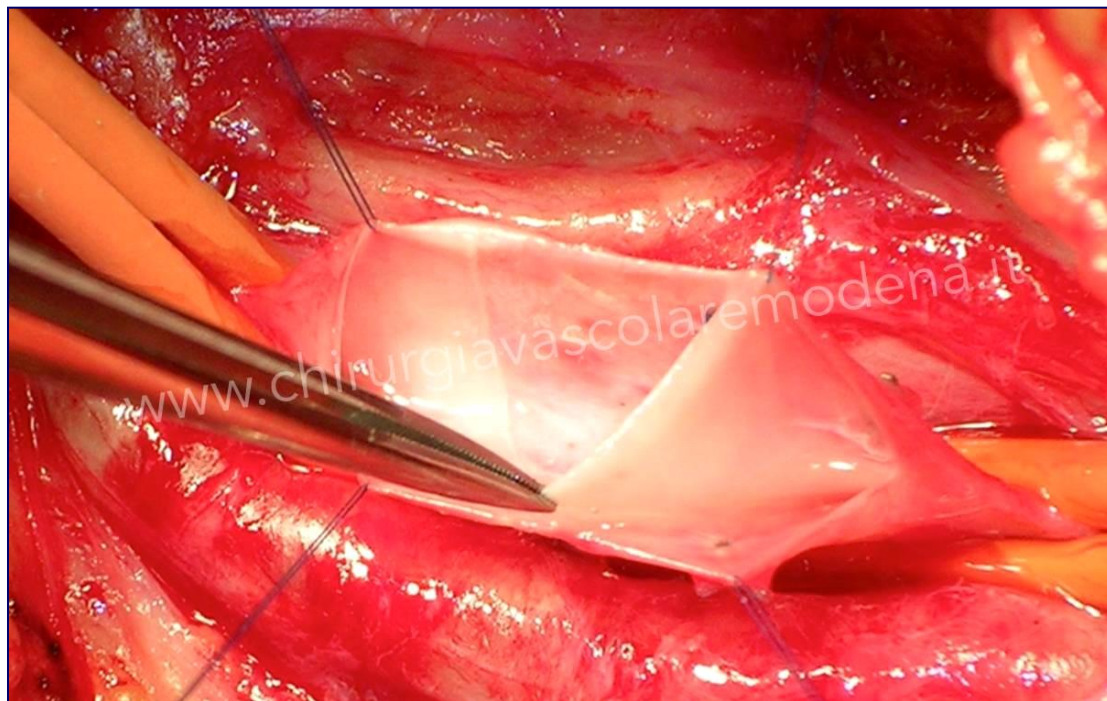
E_s



or in valve agenesis



E_C



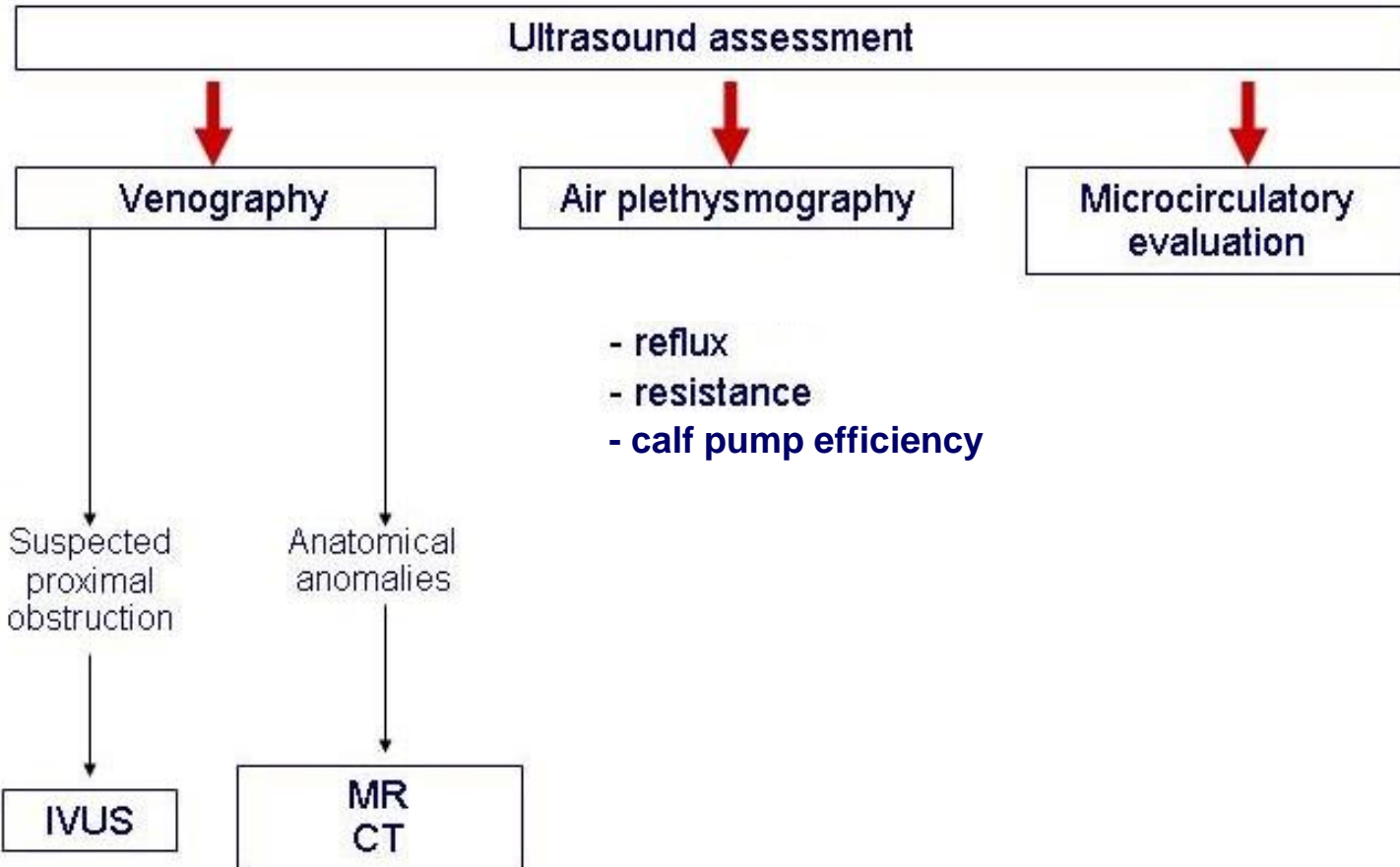
Rule n° 2

Don't consider US exhaustive, but consider the information given by other investigations

Why?

Because US alone is not able to give us all the information we need

Diagnostic protocol

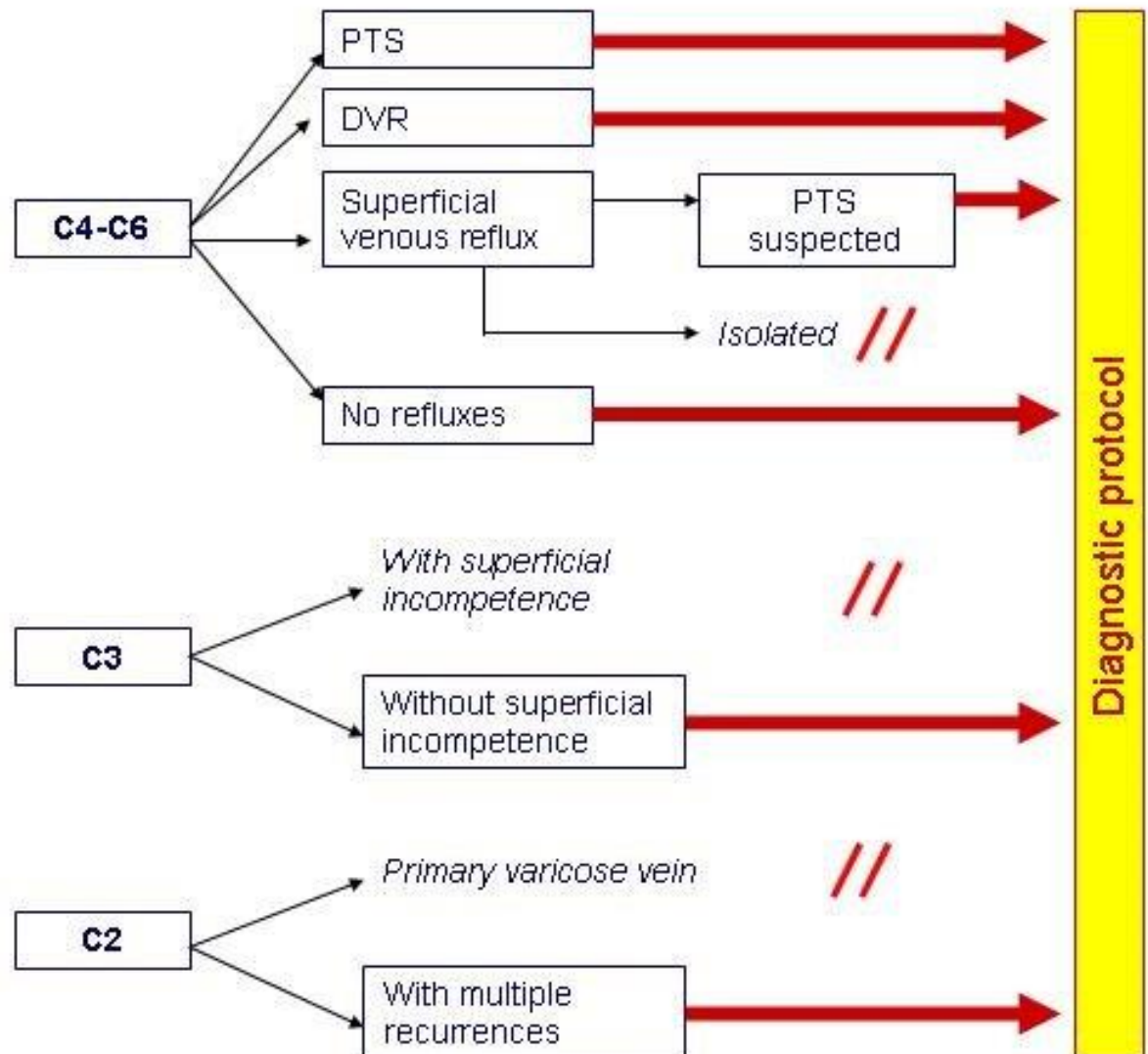


CVI

(in patients eligible for deep vein reconstruction)

- with improvable QoL and without compliance for compression therapy

- non responding to conservative therapy



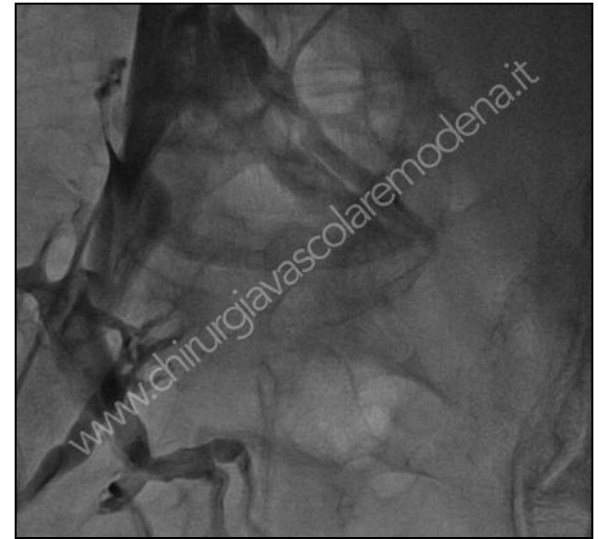
Rule n° 3

To identify or to exclude an associated obstruction

Why?

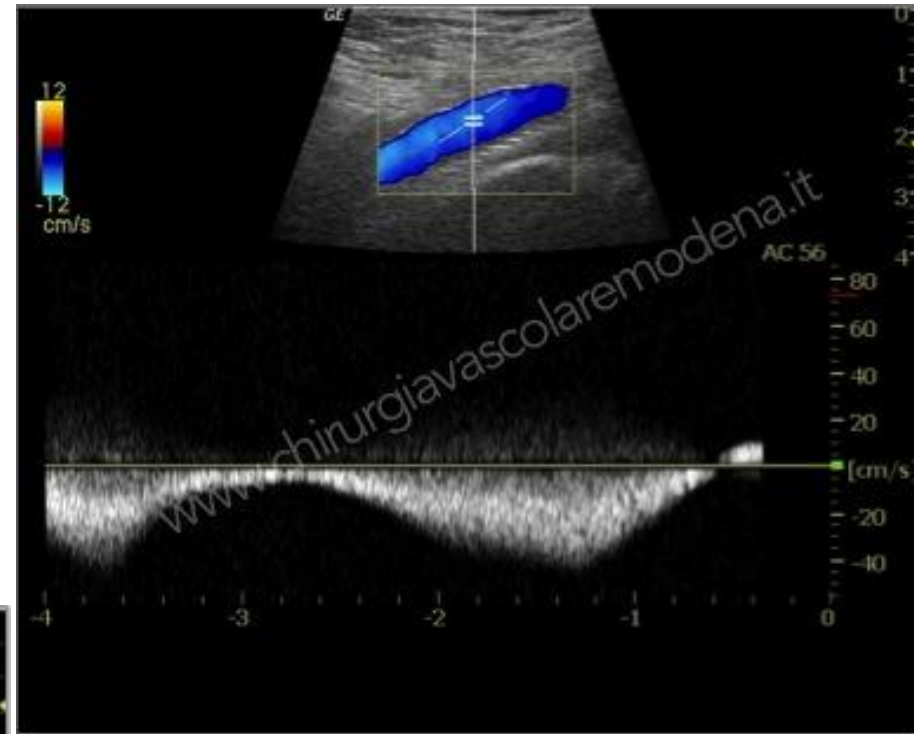
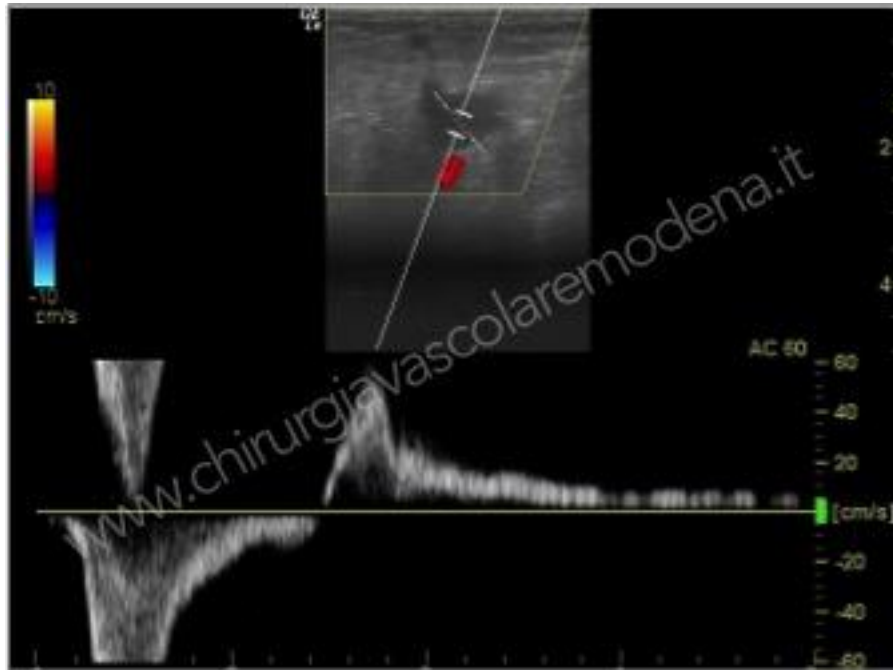
Because:

- Obstacle to flow can be **more significant than reflux**
- Obstructions **should be treated first**



For two reasons:

1. Almost half of the patients can improve without other surgical procedures



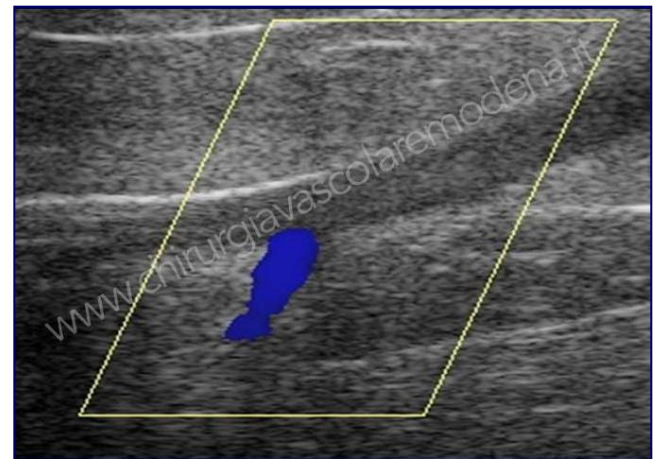
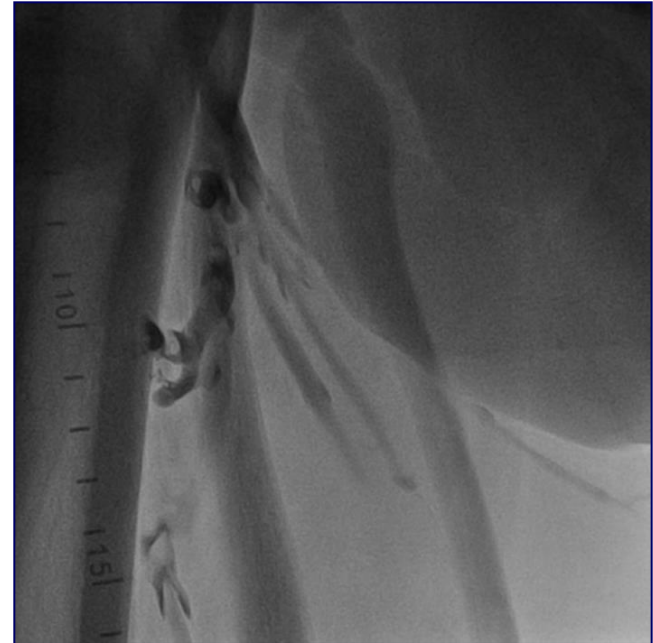
2. The improved flow allows us to correct the reflux in half of the patients who do not respond to stenting alone

Rule n° 4

Don't focus the attention on superficial venous system and perforators, but consider the venous system as a single system

Why?

Because the **biggest mistakes** in phlebology come from **obstinately** in treating a **specific sector** of the **vein system**



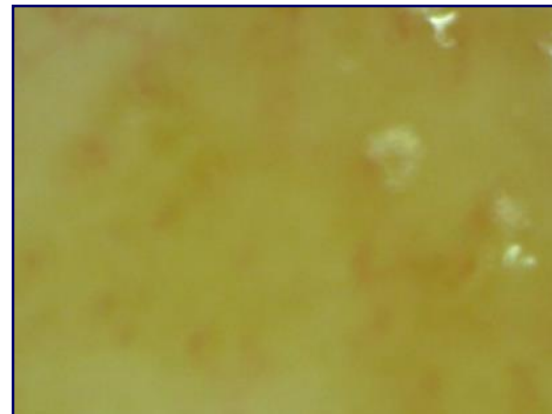
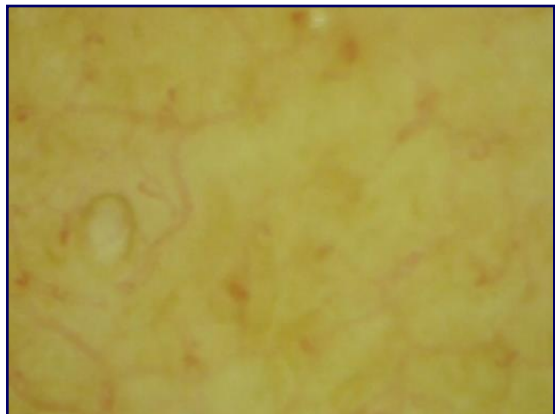
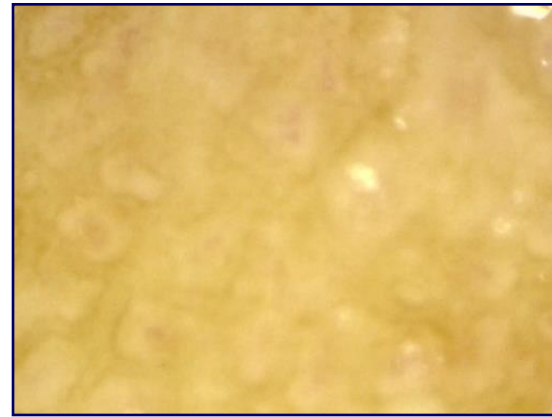
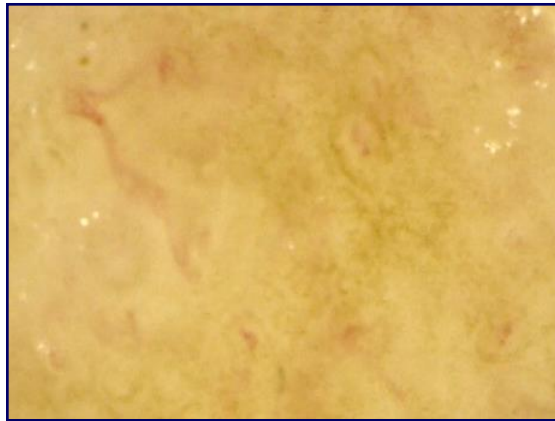
Rule n° 5

Perform one action and wait

Why?

Because **the hemodynamic reset** will be obtained within a **few months** and it is **mandatory to evaluate the new obtained assessment**

The re-equilibrium of the leg is obtained through the **re-equilibrium of the microcirculatory system**



Rule n° 6

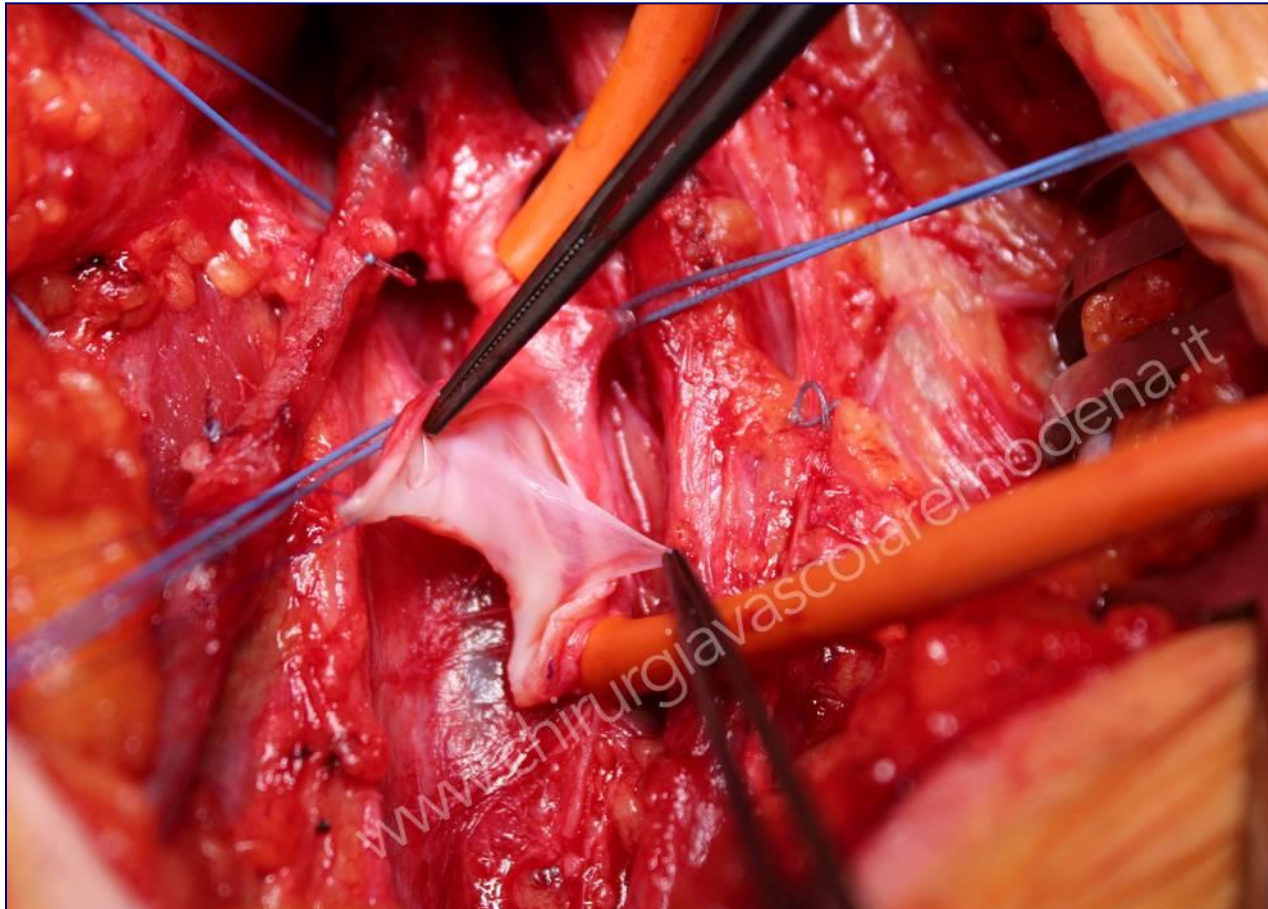
Choose the simplest surgical technique applicable in each patient

Why?

Because in most cases you won't heal the patient but you will simply improve his condition and further therapeutic acts will be needed



We need to choose the **most suitable technique** simplifying the action and changing technique, where necessary, intraoperatively.



Rule n° 7

You must be able to master the technique you apply

Why?

Because you are supposed to be a surgeon



If not, you can come to Modena Courses



**DEEP VENOUS SURGERY
HANDS-ON COURSE**


Modena, 30 March - 1 April 2015



Tutors: Oscar MALETI - Marzia LUGLI
President: Michel PERRIN
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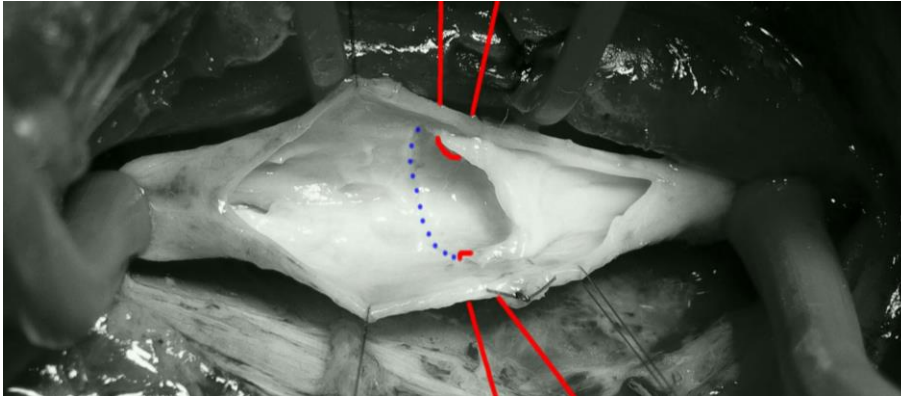

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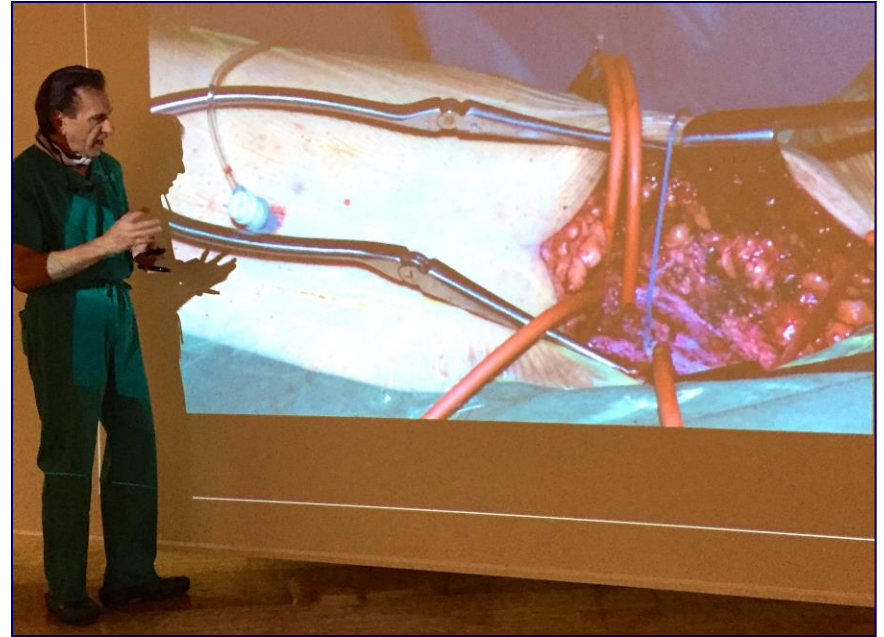


Deep Valve Repair
EVF HOW Plus Course
Modena, Italy - 4-5 May, 2015

Course Directors: Oscar Maletti and Marzia Lugli

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Rule n° 8

Apply compression therapy

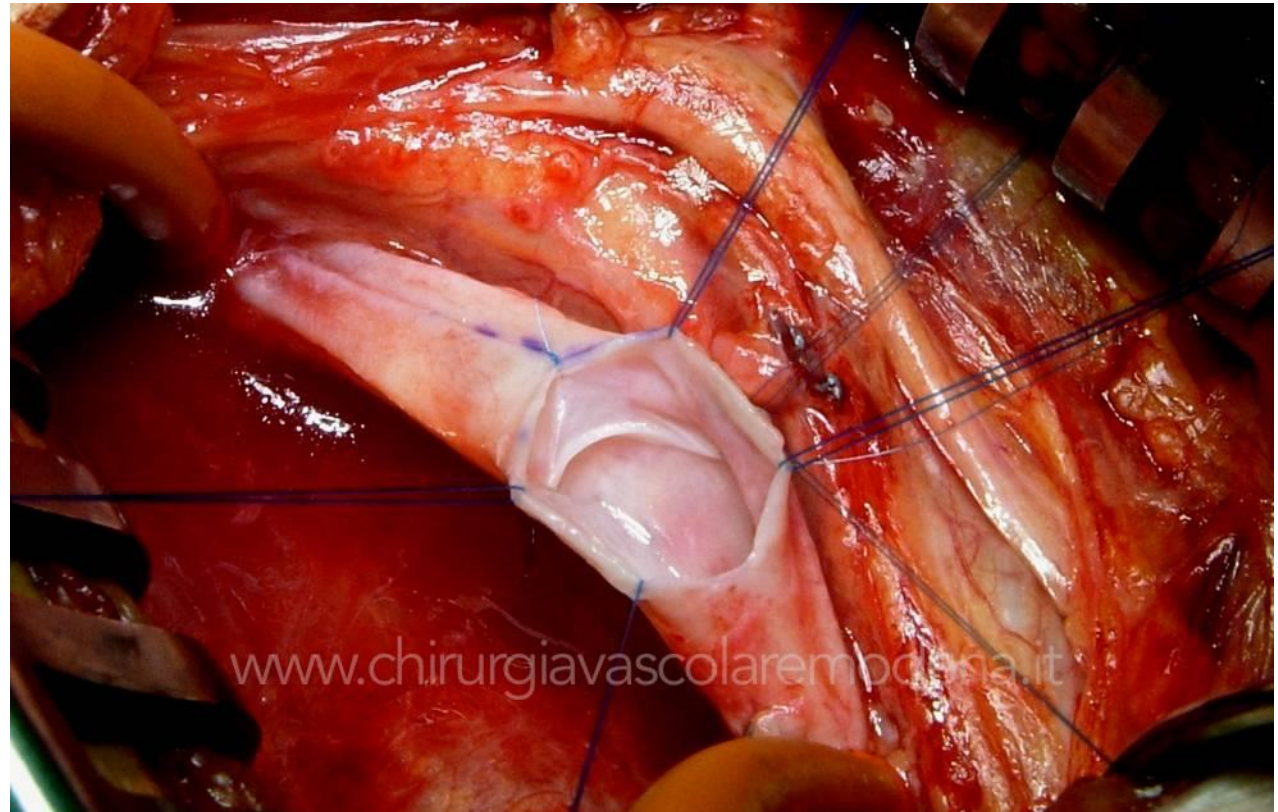
Why?

In order not to lose phlebologist friends
and to keep stocking producers in work

Joking apart,

Even if we submit the patient to valve reconstruction surgery, **he will have just one competent valve**

The problem is not the hydrostatic pressure but the volume.

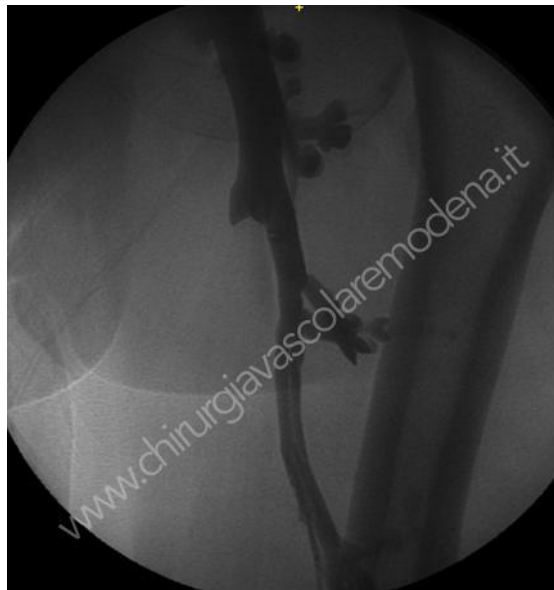


Rule n° 9

**Control the patient in a close follow-up,
correcting secondary hemodynamic disorders**

Why?

Because **failure** due to parallel refluxes or stent restenosis
can be prevented if detected early and treated



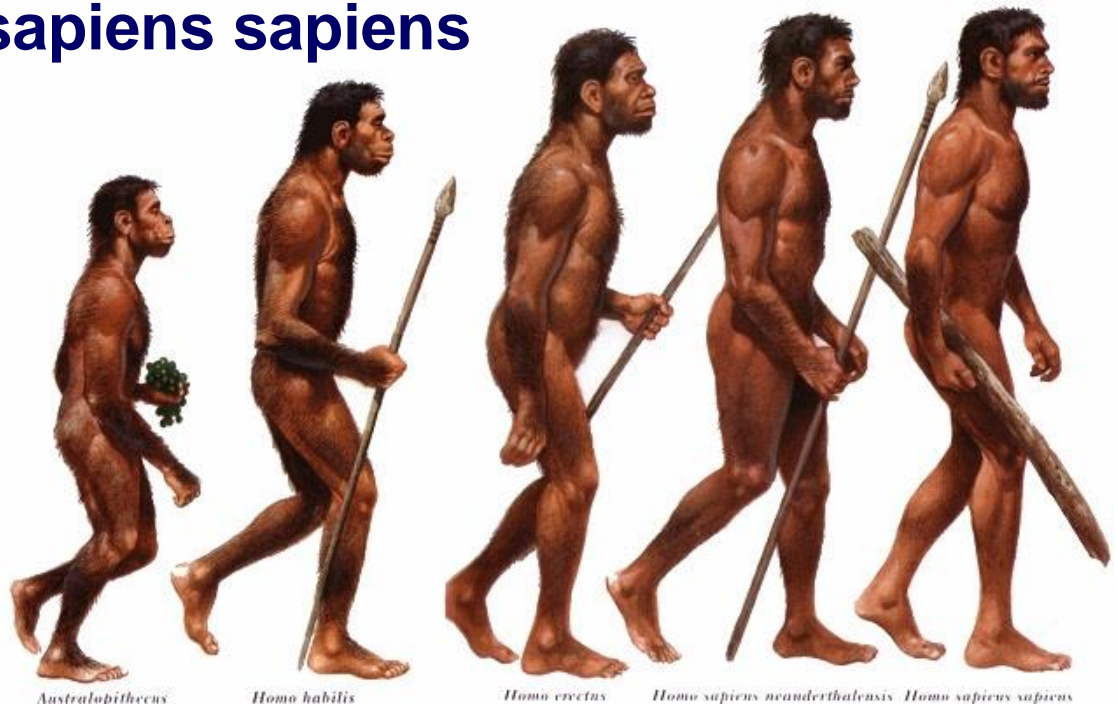
Rule n° 10

Continue to research

Why?

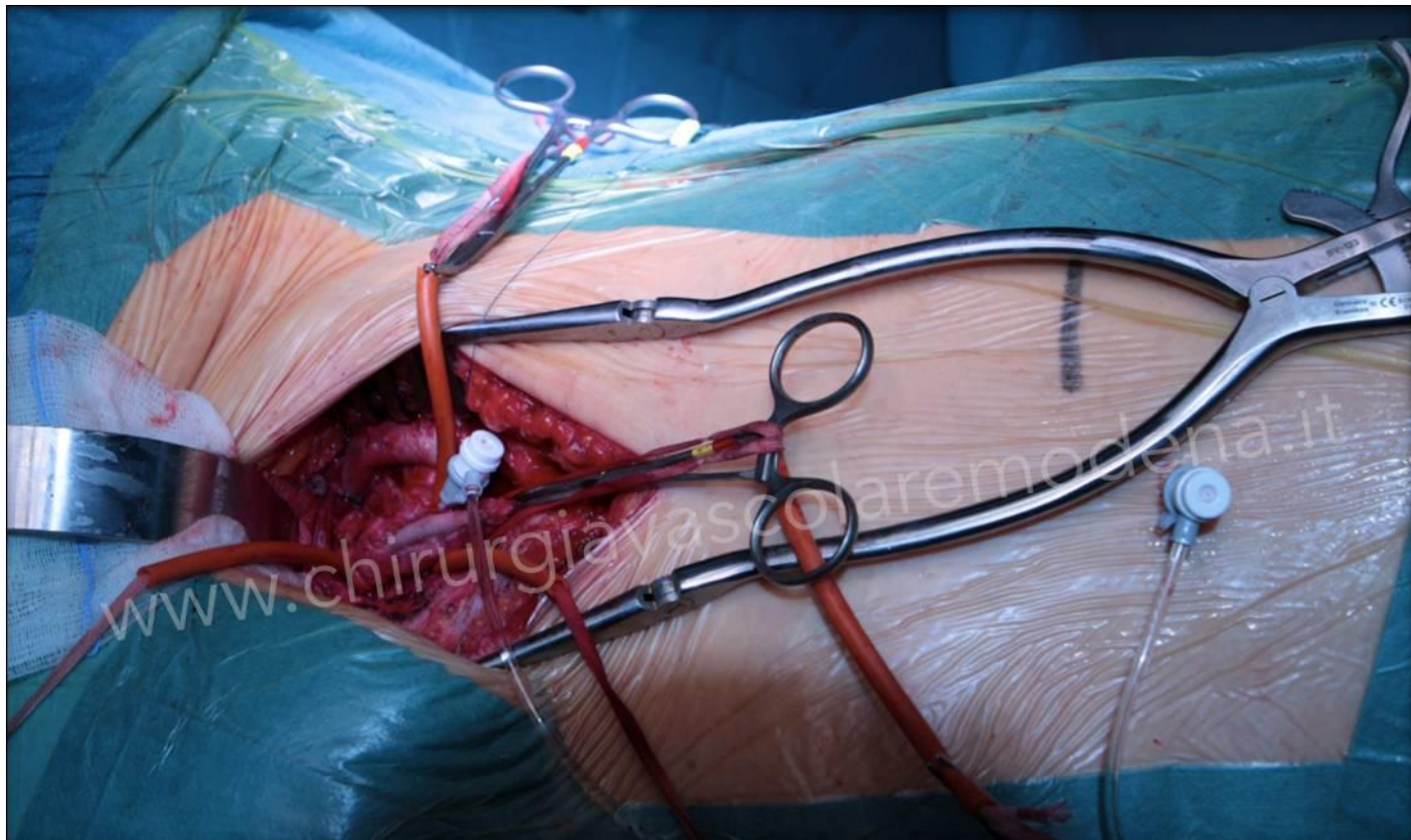
Because

- the dark side of phlebology is still enormous
- we are homo sapiens sapiens

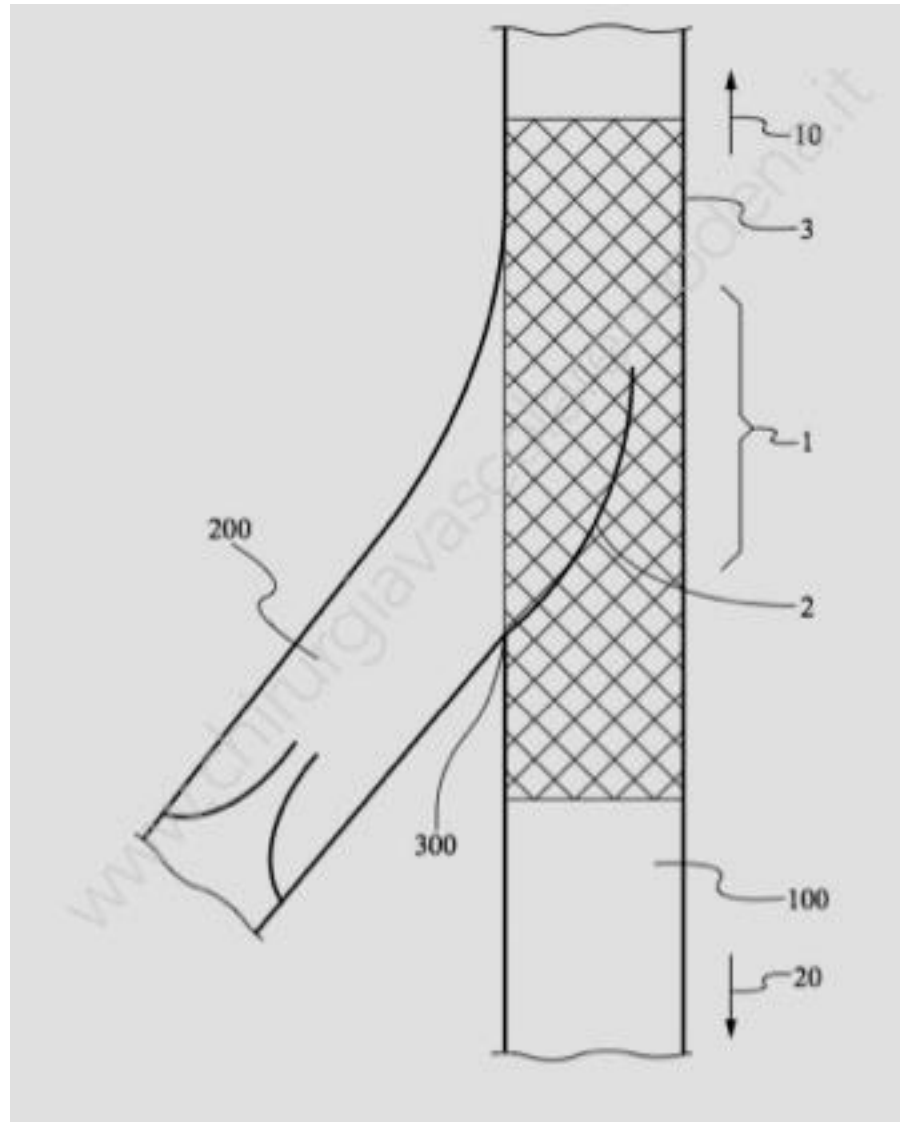


Current fields of research

- To apply hybrid procedures involving the correction of distal obstruction and reflux at the same time

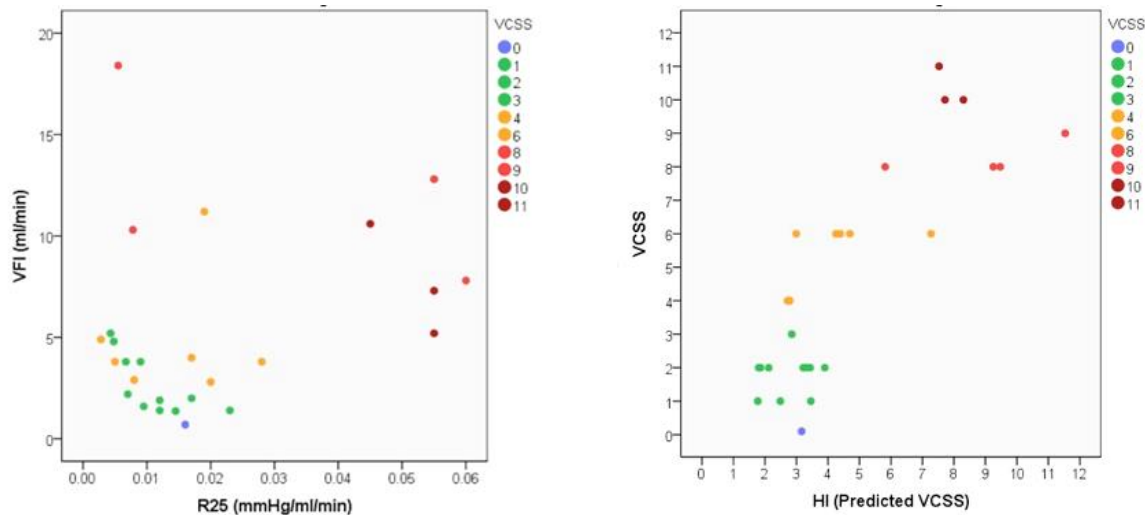


- Neovalve stent creation



- Hemodynamic research addresses :

- Quantification of inflow
- Integration between reflux and compliance parameters
- Quantification of collateral pathways flow
- To establish the respective role of obstruction and reflux



Nicolaides A, Clark H, Labropoulos N, Geroulakos G, Lugli M, Maleti O. Quantitation of reflux and outflow obstruction in patients with CVD and correlation with clinical severity. *Int Angiol* 2014;33(3):275-81.

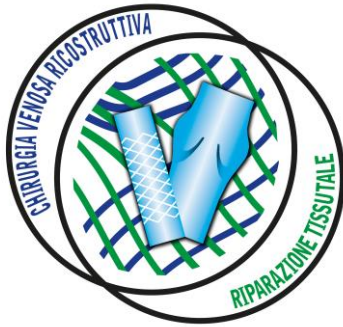


One more rule...

Rule n° 11

To attend

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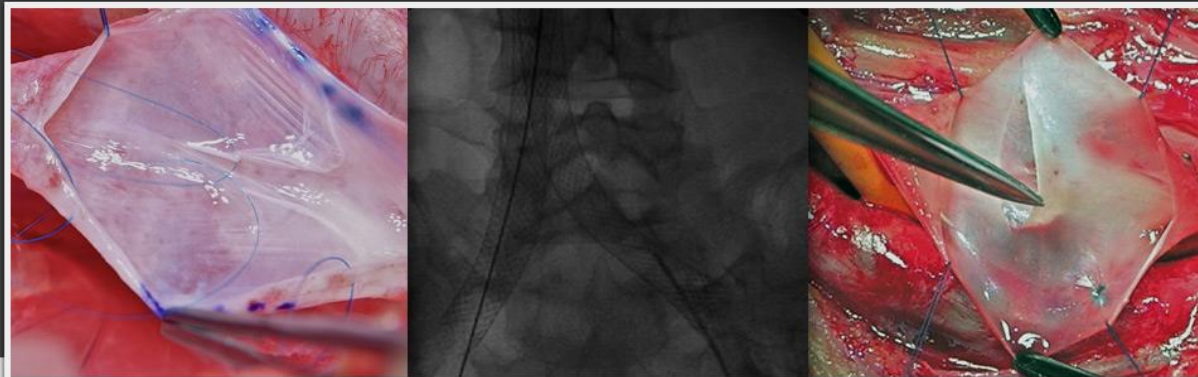
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