Management Of Refluxing Veins Near The Sapheno-Femoral Junction

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Nothing to Disclose

SFJ Varicosities

Introduction
- Varicosities around the saphenofemoral junction have several different etiologies
  - Recurrence after surgery
  - Accessory veins
  - Pelvic varicosities
  - In general these varicosities are complex
  - Treatment of these varicosities is often more involved utilizing a variety of different techniques

SFJ Varicosities

Neovascularity
- Recurrent varicosities after surgical high ligation or stripping has been reported to be as high as 25%
- Multiple venous channels arise from the GSV stump
- Ultrasound guided injection sclerotherapy is the mainstay of therapy
- If the connection to the femoral vein is large there is a concern about DVT
- Fluoroscopy guided injection allows for better control of the sclerosant

SFJ Varicosities

Accessory Veins
- Accessory veins that arise from the SFJ can reflux
- When straight, these vessels can be treated with endovenous ablation
- When tortuous, endovenous ablation is not an option
- U/S guided sclero
- Fluoroscopy guidance

SFJ Varicosities

Accessory Veins

Tortuous ALT  ALT negotiated  Nonnegotiable ALT

U/S 3% SIS mixed SSS0 with contrast
SFJ Varicosities
Accessory Veins and Neovascularity

SFJ Varicosities
Pelvic Varicosities

• Pelvic reflux sources can cause varicosities in the region of the SFJ
• Foam sclerotherapy can sometimes be helpful in eliminating these varicosities
• If varicosities persist after several sclerotherapy fluoroscopy can be very effective in treating these varicosities

SFJ Varicosities
Venous Malformations

• Varicosities at the SFJ can be the result of venous malformations
• These vessels rarely respond well to ultrasound guided injections
• Fluoroscopy guided embolization is much more effective
Conclusions

- Ultrasound guided sclerotherapy is the most common method employed to treat varicosities in the region of the SFJ.
- If sclerotherapy is ineffective or if there is early recurrence consider using fluoroscopy to guide treatment.
- Venous malformations are typically resistant to ultrasound guided sclerotherapy and fluoroscopic embolization should be considered.