A STRATEGY FOR TREATMENT OF COMPLEX AND EXTENSIVE VENOUS BURDEN
Barrie Price MD MS FRCS FCPhleb
Consultant Vascular Surgeon
The Whiteley Clinic Guildford UK

DISCLOSURES
• None

A TYPICAL SIMPLE CASE
• Young
• Healthy skin
• Limited extent
• Single truncal vein origin

THE TYPICAL CASE I SEE!

ANOTHER TYPICAL CASE I SEE!

PELVIC VEIN PATTERNS
MIXED VEINS

EXTENSIVE RECURRENCE

SKIN CHANGES

ULCERATIVE CHANGES

LIPODERMATOSCLEROSIS

COMPLEX FACTORS

• Accessory truncal veins
• Perforators
• Pelvic extension
• Hostile tissues (CEAP 3-6)
• Recurrent neovascularisation & scarring
• PAVA
• Extensive varices
• Small vessel elements
COMPLEX FACTORS

- Accessory truncal veins
- Perforators
- Pelvic extension
- Hostile tissues (CEAP 3-6)
- Recurrent neovascularisation & scarring
- PAVA
- Extensive varices
- Small vessel elements

GROIN RECURRENCE

“There is no indication for groin re-exploration for recurrent varicose veins”

FOR

AGAINST

Varicose vein treatment consensus update. CR 36, 8 April 2014

TREATMENT ALTERNATIVES

- Re-exploration of groin
- Phlebectomies only
- Foam Sclerotherapy
- Another way?

A FAMILIAR SCENARIO

RECENT CASE
RECURRENT GSV + PAVA SSV

COMPLEX RECURRENT SSV + PERFORATORS

HEDGEHOG CANNULA IN PLACE

FLOOD FIELD WITH TUMESCEENCE

BEFORE AND AFTER

CONCLUSIONS
- Invasive re-exploration of recurrent vein patterns is unnecessary
- Multiple punctures of neovascular segments using a TRLOP type technique is a possible treatment option.