Superficial reflux with obstructed deep veins: when and when not to treat

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Disclosures

I have the following potential conflicts of interest:
- Conferences / Consulting:
  - WL Gore
  - Covidien / Medtronic
  - Cook medical
- Research funding:
  - Laboratoires Urgo

Introduction

Spectrum of disease
Significant heterogeneity

What are the concerns?

Patient will be no better
Patient will be worse
Risk of DVT

The evidence

Saphenectomy in the presence of chronic venous obstruction

How can we decide?

Trial of compression

Use of hemodynamic investigations (such as PPG)
How can we decide?

- Trial of compression
- Use of haemodynamic investigations (such as PPG)
- Assess the severity of the superficial reflux on colour duplex imaging
- Careful consideration of the clinical picture (venous claudication / ulceration)

Chronic venous hypertension

- Chronic venous hypertension
- VENOUS ULCER

Sub-ulcer plexus

Conclusions

- Significant iliac venous occlusive disease should probably be treated first
- Superficial reflux with femoral occlusive disease requires careful consideration
- There may be a role for ablation of the sub-ulcer plexus