



### *In memory of* **PROF. HUGO PARTSCH**



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The UIP and indeed the entire phlebology world has been saddened by the news of the passing of Professor Hugo Partsch. Prof. Partsch was a pioneer, a great thinker and a great mind. Prof. Partsch was dermatologist and phlebologist of great stature, with a special interest in compression science.

Prof. Partsch was President of the International Union of Phlebology from 1999 to 2003, achieving major reforms in the UIP and its structure. Prof Partsch was a contributor to almost every guideline and consensus document of the UIP for the past 25 years and was an inspirational speaker, teacher and mentor.

We have all benefitted from his friendship, guidance and wisdom; a legacy that remains today and will continue into the future.

**Rest in Peace, Dear Prof. Hugo Partsch**

# UIP SOCIETY MEMBERSHIP: *Benefits*

**Did you know that as a member of UIP Society you can have access to different benefits?**

- ✓ Access to **Phlebology, The Journal of venous disease** (Free access for Tier 2 and 3)\*
- ✓ Access to **UIP Education Modules** (Free access for Tier 2 and 3)\*
- ✓ Access to **latest news, UIP Newsletter**
- ✓ Access to **UIP Discussion Forums**

**More features coming soon!**



*\*Tier: refers to the category of membership. If unsure about the classification of your country, please check on our website.*

## Accessing the Member Portal

1. Contact your society and ask them to add your name to the members of the UIP website.
2. The society uploads a membership list through their society page (Instructional Videos available online).
3. You will receive an email confirming your username and password.

### *Phlebology*

The Journal of venous disease  
Accessing *Phlebology* journal



Let your society know if you require Phlebology access\*.

*\*fees apply for Tier 1 countries*

### UIP Education Modules

Accessing the UIP Education Modules



1. Go to the [Online Education page](#).
2. Click "**Enrol Now**".
3. Complete the forms with the information requested.

### UIP Discussion Forums

Accessing the UIP Discussion Forums



1. Log in the UIP website with your username and password.
2. Access the Discussion Forum through the member portal.



# ENGAGEMENT WORKING GROUP

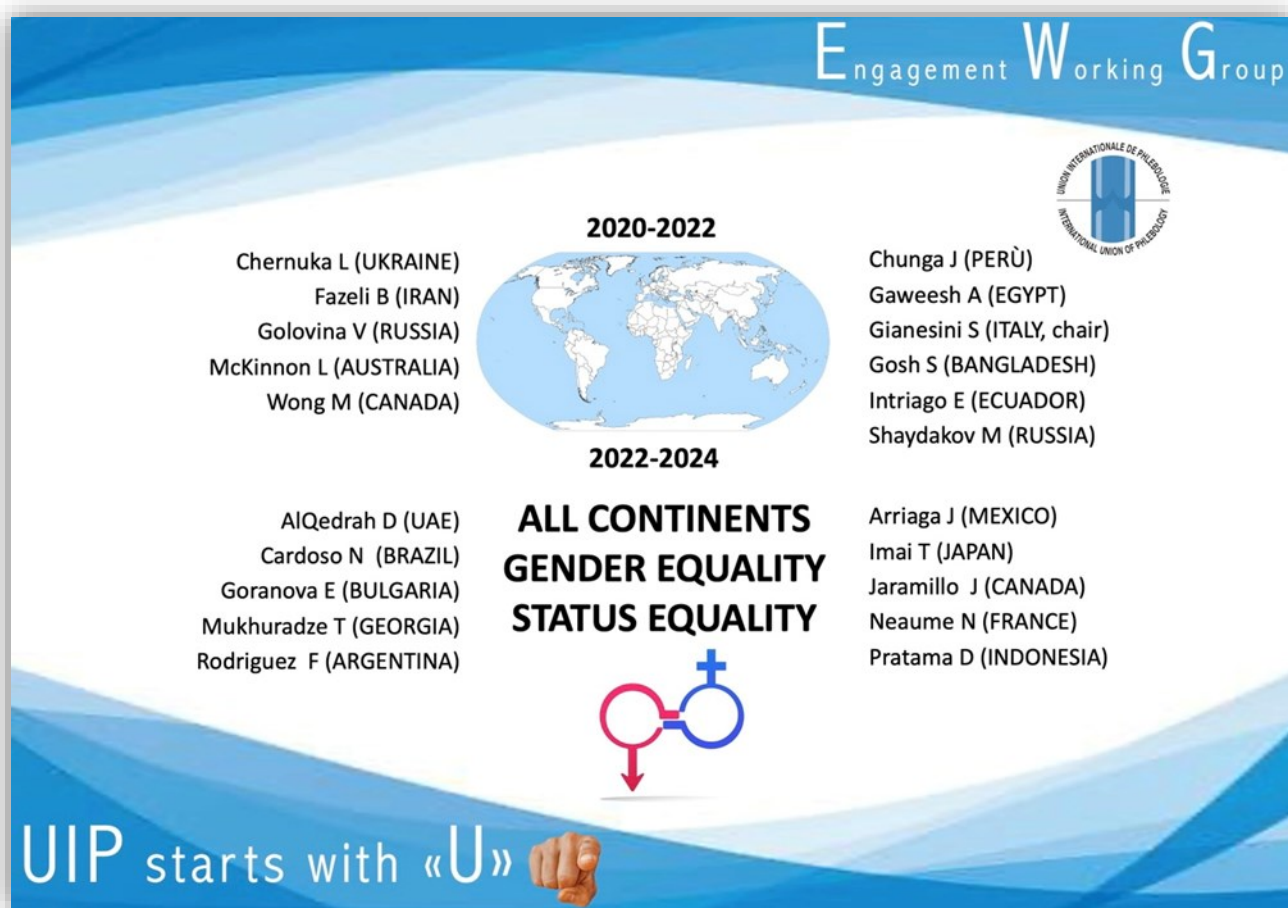
## 2022-24 Engagement Working Group (EWG)

by **Sergio Giancesini**

The International Union of Phlebology (UIP) **Engagement Working Group (EWG)** is indeed a “working” entity made be active vein-lymphatic experts selected from all continents, with proper care in **geographical** and **gender representation**.

EWG is renewed every two years and on December 1 the new selection was announced.

A special recognition goes to **all the members of the 2020-22 EWG** who dedicated their time and expertise to assist vein-lymphatic global advancement at best. Their names and nations are reported herein, together with the newly selected members ones, to whom all the possible congratulations go as well.



A significant number of more than valuable applications for joining the EWG were received and it's a UIP hope that all these talented colleagues will like to submit their **projects proposals** by means of the dedicated platform (<https://www.uip-phlebology.org/uip-engagement-working-group>).

Personally, I'd like to deeply thank all the colleagues and friends who have served in the EWG, together with the Executive Director and the Executive Committee who have been so supportive toward the development of such working unit.

I have no doubts the UIP community will greatly enjoy the newly selected EWG future actions and I hope all the vein-lymphatic healthcare workers will like to reach out and collaborate with such a dynamic group. With this, I'm pleased to leave the chair position to dr. Chunga who surely deserves the position and to remain at disposal of everyone for keeping on demonstrating that **UIP starts with "U"**.

# UIP ANNOUNCEMENTS

## POST-VENOUS ABLATION MANAGEMENT SURVEY

Dear Colleagues,

We are hoping you can take under 5 minutes to fill out a short survey concerning post-venous ablation management. What we do in practice immediately after treatment and list of restrictions we send patients away with relies on experience of the practitioner and very little evidence. We plan to present the initial results at the Canadian Society of Phlebology Congress on April 28, 2023 and prepare a manuscript on the subject.

Your participation would be greatly appreciated and results will be sent to you by email. Please kindly complete the form by **March 31, 2023**.

Best wishes,

**Dr. Mandy Wong, Past-President of the Canadian Society of Phlebology**

**Dr. Douglas Hill, Present of the Canadian Society of Phlebology**

You can access the survey here: <https://www.surveymonkey.com/r/CSKM28P>

## ABOUT US

The UIP Newsletter has been produced and distributed from Sydney, Australia, with the contribution of the members of the UIP.

The UIP Newsletter Editor Melisa Lopez is a professional, NAATI Certified Translator, English-Spanish, from Argentina, based in Sydney since 2019.

All types of contributions and enquiries are always welcome.

Advertising opportunities are available!

Communicate with us at [communications@uipmail.org](mailto:communications@uipmail.org).



### *Keep in touch!*

Follow our social media accounts and make sure you will be notified of updates, deadlines and important news!





# IN MEMORIAM

## OBITUARY OF PROF. HUGO PARTSCH FOR PHLEBOLOGY

"UIP starts with h-U-go": by means of this statement we decided to open the last UIP World Congress few months ago in Istanbul, honoring "The" Professional as well as "The" Man represented by prof. Hugo Partsch.

What we meant by the statement was indeed a vision of the UIP as an International Union of Professionals and of People, of technical but also humane qualities.

In this sense, prof. Hugo Partsch, emeritus UIP president, has always represented the best ambassador.

His deep knowledge of the Phlebology field has always walked hand in hand with his heart-touching attitude toward the Phlebology community.

Among the quite unique features of prof. Partsch, the kindness he used with everybody around the world, always making feeling everyone welcomed and listened to.

Encyclopedic in his Phlebology notions on the scientific stage, he was also a true pleasure to spend the time with during the social gatherings. That's when he was showcasing how it's always what remains after a meeting to determine its real success, in particular regarding the human relationships that are established or reinforced in such occasions.

As UIP representatives now we experience the mixed feeling of having lost a guiding light, but at the same time of having enjoyed the privilege of walking on his giant shoulders, with the chance of seeing his great vision of a scientific global community, morally working together, with never ending passion for the research and the related patient-care improvement.

With this spirit he greeted us last time in person on January 2, while receiving the UIP honorary award. With this example the "UIP will go on with h-U-go" mission.

*The International Union of Phlebology Executive Committee*



*Picture courtesy of prof. BB Lee, former UIP vice-president, co-author with prof. Partsch of the article.*

*"Partsch H, Lee B. Phlebology and lymphology--a family affair. Phlebology. 2014 Dec;29(10):645-7."*

*We feel this article title includes the values of scientific and personal sharing of the UIP, as per the lifetime demonstration of prof. Partsch.*

# SPEAKER'S CORNER

## Phlebo-lymphology education & practice: new generation Brazilian perspective

**By Nathalia Cardoso**

Graduate, have a good formation, pass the boards and start your practice. Seems like the checklist is fairly done right? Not really. We must keep up with the new technologies dropping by each day. And nowadays, as we finish residency and fellowships years, we have the not -so-easy but very powerful task of also handling the internet. We are a more online world than ever, only fair that medical practice changed across time.

So many information available, but unfortunate many of it are not true. Even the ones who are, might seem confusing to our patients. And in a country like Brazil where access to basic health can be a struggle, who better to be the promoter of reliable and good content than us? What better and easier way to reach out to them if not through our own network? Passed are the days where we stood in our mighty chairs waiting for a cry for help. Today it's also our job to speak a relatable language online and to be empathetic through socials too.

As Phlebo-lymphologists we have a good number of treatments at our disposal and the possibility to "tailor" a strategy focusing on each patient individually. So, the patient's decision is really based on his confidence on you. On your ability to connect with him. This goes very truthfully when treating a complex disease in tropical, bikini wearing, very high aesthetic expectations country like mine. Don't get me wrong, soft skills are not in any way superior or substitute to a good solid formation and they could be learned as part of our programs. It's just that being only technically good is no longer enough.

And if you ask me about what will differentiate us from bad practitioners if we are all online, I'll say there's only group of us who will pass the most ruthless test of all: time.

In all this case scenario, a global institution like the International Union of Phlebology can be the megaphone of our voices for proper vein-lymphatic care, and for this opportunity I thank the same UIP and I look forward for reciprocal learning from the readers eventual comments.

### **Nathalia Cardoso, MD MSc(med)**

*UIP engagement working group representative*

*Vascular Surgeon Rede D'or UDI hospital*

*Professor of medicine at Ceuma University*



# HONOUR BOX

## Le français ne serait-il pas la langue originelle de la Phlébologie?

**By Matthieu Josnin**

I leave it to you to translate and reflect on this sentence by going back to the roots of our federating institution, the UIP.

UIP, this abbreviation speaks for itself and we use it every day, however today it is english language that has imposed itself, so we should write IUP.

Knowing the history is crucial for many reasons: to federate, to value, to avoid repeating the mistakes of the past, to transmit. Our world is evolving faster today than it ever has, we are caught up in a whirlwind in which we often don't even know where we come from and from there, doesn't the value of transmission start to disintegrate?

Language is above all a capacity. A capacity to express oneself, to say what one thinks, but also of course to communicate, which therefore includes, in addition to speech, any system of signs, be they vocal, gestural or graphic...

Phlebology is the study of the anatomy, physiology, diseases and treatments of veins.

Why this discipline?

To understand it, we have to go back in time, when the human species started to walk. Phlebology, even if this term was invented in the last century, is transcribed on some papyrus, then in antiquity...it is the 20th century that will mark the development of this discipline from an exponential point of view.

A real public health issue, affecting more than one individual out of three, its field of application is constantly expanding, from the elderly to children. Public authorities have been slow to take it into account and are still often behind, but many advances have been made. The industry, in partnership with learning societies and universities, has developed less and less invasive treatment techniques, with treatments that are less costly, more reliable, safer and more

acceptable to patients, which have even become the gold standard in a few years with the publication of recommendations.

In France, vascular medicine has been a real specialty since 2015. We no longer speak of phlebologists or angiologists. With this reform, Phlebology is now part of a transversal vision necessary for its own approach. However, the delay accumulated during so many years with the total absence of teaching in the classic university course of phlebology makes that today this last one still has difficulty to impose itself in spite of all the good wills that we have all around us. In France, phlebology was taught thanks to the will of doctors and surgeons several decades ago who had set up a university degree in Phlebology, an optional degree that was offered to each doctor or surgeon who wanted to learn Phlebology. It was thanks to this that it was possible to train in France.

Having become involved in the French Society of Phlebology at the end of my studies, I quickly understood the importance of its role in my training as a vascular physician. Phlebology is not a separate speciality and follows very different training paths from one country to another. In France, the specialization of vascular medicine is recent and includes phlebology, which has allowed it to be recognized even if things are still slow to fall into place. I have been able to see this evolution and I have been able to participate in it through my involvement in the various learningspeci societies and the University and to contribute my experience and my point of view.

I am part of the generation known as Generation Y or the millennial generation.

I was elected president of the oldest learned society in the world, dealing with one of the speciality that affects and will affect many people on earth.

# HONOUR BOX

## Le français ne serait-il pas la langue originelle de la Phlébologie?

**By Matthieu Josnin**

This was done in a context of profound academic change in France, but this was also done in a climate of profound societal change. For example, the COVID pandemic, which changed our relationship with each other, totally modified our perception of communication. Language remained, while physical contact was no longer possible. Today we are on hybrid formats, what should we think about it for the future?

What this crisis has allowed is to give communication tools to several people to allow sometimes entire conferences at a distance. Even better, simultaneous translation modules have been developed on these same platforms. Does the language limit no longer exist?

I started with a sentence in my native language, that of the UIP, but I think that even if we have all the means of translation to allow everyone to understand each other better, we must keep in mind that human contact remains essential. I think that the English language remains and will remain for a long time to come the language of reference and for that we must give ourselves the

means to master it as well as possible and to give access to it to those who wish it.

Finally, let's maintain the values of respect, life is too short and it ends badly for everyone. The human being is fantastic, you only have to look around to see that. All these moments of proximity and sharing that we have between us are a chance and are allowed thanks to the language whatever its form.

How lucky we are, we are not about to be unemployed with Phlebology. So I, the little millennial, will have a hard time understanding my successors of generation Z and my predecessors may never understand me. But we must not regret anything, we must know how to move forward, pass on when necessary and never want to leave too great a mark on history, the generations that are coming up have understood this and we need it at a time when society is changing very quickly and, above all, is constantly changing its language. Our objective today is twofold: to advance our speciality and to ensure its transmission, a big challenge.



### **Dr. Matthieu Josnin**

**President of the French Society of  
Phlebology  
(Société Française de Phlébologie)**

**Website: [www.sf-phlebologie.org](http://www.sf-phlebologie.org)**

**Facebook: <https://tinyurl.com/SFP-FB>**

**LinkedIn: <https://tinyurl.com/SFP-LI>**

**YouTube: <https://tinyurl.com/SFP-YT>**

**Twitter: @SFPhlebo**





# UIP 2023

Connecting the Continent... Welcoming the World

## XX UIP WORLD CONGRESS

SEPTEMBER 17-21, 2023

Miami Beach, Florida, USA

**REGISTER NOW**

[www.uip2023.org](http://www.uip2023.org)



AMERICAN VEIN &  
LYMPHATIC SOCIETY



SOCIÉTÉ CANADIENNE DE PHLÉBOLOGIE  
CANADIAN SOCIETY OF PHLEBOLOGY



American Venous Forum





# UIP 2023 XX WORLD CONGRESS



## UIP 2023 XXth WORLD CONGRESS

Visit [www.uip2023.org](http://www.uip2023.org) and stay tuned!

### Connecting the Continent, Welcoming the World!

The American Vein & Lymphatic Society with the American Venous Forum, Canadian Society of Phlebology, and Mexican Academy of Phlebology & Lymphology welcomes you to the vibrant city of Miami Beach, Florida! Gather with your peers from across the globe to learn the latest science and best practices in venous and lymphatic medicine. Network with medical practitioners from each continent to broaden your perspective of venous and lymphatic medicine and improve your practice through an international exchange of ideas.

### In-Person UIP World Congress in Miami Beach + On-Demand

The UIP 2023 World Congress will be convening September 17-21, 2023, at the Miami Beach Convention Center. In Miami Beach, up to six scientific sessions will run concurrently throughout the day discussing scientific abstracts, superficial and deep venous disease, lymphedema and lipedema, ultrasound and venous imaging, venous nursing, and more. Additionally, the Innovation Pavilion will provide dedicated time for attendees to interact with exhibitors. All in-person attendees will also receive access to all online sessions including livestream and on-demand content.

### At-Home UIP World Congress Livestream + On-Demand

The option to attend online only will be available for all registrants. The At-Home UIP World Congress includes access to three all-day livestream channels of selected sessions occurring in Miami Beach. After the in-person event, video recordings of all sessions will be made available online for on-demand viewing. Additionally, attendees will be able to connect each with other and with exhibitors through messaging and information requests on the Congress Event website and mobile app.



# UIP2023: CONFERENCE SCHEDULE

You can consult the **Conference Program** of the **UIP WORLD CONGRESS 2023** at [www.uip2023.org](http://www.uip2023.org).

*The conference program is subject to change.*

## SUNDAY, SEPTEMBER 17, 2023

8:30 AM – 12:30 PM EDT	Advanced Ultrasound Hands-on Workshop			Managing Venous & Lymphatic Disease Hands-on Workshop*			
12:30 PM – 2:00 PM EDT							
2:00 PM – 4:00 PM EDT	Superficial Venous	Deep/Pelvic Venous	Lymphedema	Basic Science	Ultrasound & Imaging	UIP Society Sessions	Practice Management
4:00 PM – 5:00 PM EDT			Lipedema				
5:00 PM – 5:30 PM EDT	Break*						
5:30 PM – 7:00 PM EDT	Opening Ceremonies						
7:30 PM – 11:00 PM EDT	Dinner & Welcome Party*						

\* Non-CME Event

Livestream

## MONDAY, SEPTEMBER 18, 2023

7:00 AM – 8:15 AM EDT	Satellite Symposium*		Satellite Symposium*		Satellite Symposium*		Meet the Experts*	AVLS Fellows Breakfast*
8:15 AM – 8:30 AM EDT	Break*							
8:30 AM – 10:00 AM EDT	Global Abstracts	Superficial Venous	Lymphedema	Translational Basic Science Approaches	Ultrasonography & Imaging	Research Fundamentals	UIP Society Sessions	Exhibit Hall, Lunch & Posters*
10:00 AM – 10:30 AM EDT	Break*							
10:30 AM – 12:00 PM EDT	Global Abstracts	Deep/Pelvic Venous	Venous & Lymphatic Wounds	Haemodynamics	Compression Therapy (ICC)	Understanding CEAP – Part 1		
12:00 PM – 2:30 PM EDT	Satellite Symposium*		Satellite Symposium*		Satellite Symposium*		UIP Society Sessions	
2:30 PM – 4:00 PM EDT	Global Abstracts	Superficial Venous	Lymphedema	Vascular Medicine	Compression Therapy (ICC)	Medical Resident/Fellow/Student		
4:00 PM – 4:30 PM EDT	Break*							
4:30 PM – 6:00 PM EDT	Keynote/Debate Session		Cosmetic Sclerotherapy	Ultrasonography & Imaging				
6:00 PM – 7:30 PM EDT	Exhibit Hall Happy Hour*							
7:30 PM – 8:30 PM EDT	Sponsored Cocktail Reception*							

\* Non-CME Event

Livestream



# UIP2023: CONFERENCE SCHEDULE

## TUESDAY, SEPTEMBER 19, 2023

7:00 AM – 8:15 AM EDT	Satellite Symposium*		Satellite Symposium*		AVLS Ultrasound Section Meeting*		Meet the Experts*	Women in VLM Breakfast*
8:15 AM – 8:30 AM EDT	Break*							
8:30 AM – 10:00 AM EDT	Global Abstracts	Thrombosis	Venous & Lymphatic Wounds	Emerging Technology	Compression Therapy (ICC)	Medical Resident/Fellow/Student	UIP Society Sessions	Exhibit Hall, Lunch & Posters*
10:00 AM – 10:30 AM EDT	Break*							
10:30 AM – 12:00 PM EDT	Global Abstracts	Thrombosis	Superficial Venous	Emerging Technology	Compression Therapy (ICC)	Research Fundamentals		
12:00 PM – 2:30 PM EDT	Satellite Symposium*		Satellite Symposium*		Satellite Symposium*			
2:30 PM – 4:00 PM EDT	Global Abstracts	Superficial Venous	Lipedema	Emerging Technology	Ultrasonography & Imaging	Understanding CEAP - Part 2	UIP Society Sessions	
4:00 PM – 4:30 PM EDT	Break*							
4:30 PM – 6:00 PM EDT	Keynote/Debate Session		Ultrasound Guided Sclerotherapy	Ultrasonography & Imaging				
6:00 PM – 7:30 PM EDT								
7:30 PM – 8:30 PM EDT	Sponsored Cocktail Reception*							

\* Non-CME Event

Livestream

## WEDNESDAY, SEPTEMBER 20, 2023

7:00 AM – 8:15 AM EDT	Satellite Symposium*		Satellite Symposium*		AVLS Lymphedema Section Meeting*		Meet the Experts*	
8:15 AM – 8:30 AM EDT	Break*							
8:30 AM – 10:00 AM EDT	Global Abstracts	Deep/Pelvic Venous	Lymphedema	AVLS Space Forum	Vascular Medicine	HealthCare Policy – USA	UIP Society Sessions	Exhibit Hall, Lunch & Posters*
10:00 AM – 10:30 AM EDT	Break*							
10:30 AM – 12:00 PM EDT	Global Abstracts	Superficial Venous	Venous & Lymphatic Wounds	AVLS Space Forum	Ultrasonography & Imaging	Understanding SVP – Part 1		
12:00 PM – 2:30 PM EDT	Satellite Symposium*		Satellite Symposium*		Satellite Symposium*			
2:30 PM – 5:00 PM EDT	Keynote/Debate Session		Sclerotherapy Hands-On Workshop	Ultrasonography & Imaging				
5:00 PM – 7:00 PM EDT								
7:00 PM – 11:00 PM EDT	Sunset Gala*							

\* Non-CME Event

Livestream



# UIP2023: CONFERENCE SCHEDULE

## THURSDAY, SEPTEMBER 21, 2023

7:00 AM – 8:15 AM EDT	Satellite Symposium*	Satellite Symposium*	Satellite Symposium*	Meet the Experts*			
8:15 AM – 8:30 AM EDT	Break*						
8:30 AM – 10:00 AM EDT	Superficial Venous	Deep/Pelvic Venous	Venous & Lymphatic Wounds	Foam Sclerotherapy	Ultrasonography & Imaging	Understanding SVP – Part 2	UIP Society Sessions
10:00 AM – 10:30 AM EDT	Break*						
10:30 AM – 12:00 PM EDT	Keynote/Debate Session						
12:00 PM – 1:30 PM EDT	Closing Ceremony						

\* Non-CME Event

Livestream

## REGISTER NOW!

### REGISTRATION IN PERSON

In-person registration includes:

- Access to all educational programming in Miami Beach, FL
- Access to recordings on demand until December 31, 2023
- UIP mobile app to interact with speakers (polls, Q&A) and presenters, manage your agenda and take notes on slides
- Lunch on Mondays, Tuesdays and Wednesdays served in the Exhibition Hall
- Happy Hour (one drink ticket) in the Exhibit Hall on Monday

### HOME REGISTRATION

Home registration includes:

- Three channels of live broadcast of sessions in Miami Beach
- On-demand access to video recordings of all sessions following the in-person event through December 31, 2023
- UIP mobile app to interact with speakers (polls, Q&A) and presenters, manage your agenda and take notes on slides



Register in  
[www.uip2023.org](http://www.uip2023.org)





# UIP 2023: ABTRACTS OPEN

EXPOSE  
SHARE  
TEACH  
LEARN

## ABSTRACTS OPEN

### *Why present at the UIP World Congress?*

This is an international gathering of venous & lymphatic medical professionals; the largest vein and lymphatic conference in the United States. There will be over 2,000 leaders in venous and lymphatic medicine.

Presenters will have their research published by the Phlebology Journal. **Submissions close: April 3, 2023**

Please go to <https://www.myavls.org/annual-congress-2023/abstracts.html> for more information.

You can access the [submission guidelines here](#).





# WORLD CONGRESS LEADERS



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[www.uip2023.org](http://www.uip2023.org)





# UIP WORLD CONGRESS 2025



During the UIP 2022 XIXth World Congress, on September 15, 2022, the International Union of Phlebology General Council voted the new venue for the UIP World Congress 2025.

The venue elected was **Buenos Aires, Argentina.**

## Wishing Box—Buenos Aires 2025



Planning has begun for the UIP World Congress in Buenos Aires in 2025.

Start thinking now about what you would like to see at the Congress, as we will be releasing our **"Wishing Box"** for your suggestions in early 2023.



# UIP EDUCATION MODULES

The UIP is proud and excited to introduce online phlebology educational modules to improve and standardise education and training in phlebology across the globe. The education modules are designed to provide a basic and standardised understanding of various aspects of phlebology.

The online module system was developed as part of the Australasian College of Phlebology (ACP) training program under the auspices of the UIP. Each module covers a topic that is managed by an instructor who is an expert in the field.

## Education Modules



### Basic: Year 1

- ✓ Basic Sciences 1
- ✓ Clinical Sciences
- ✓ Venous Interventions 1
- ✓ Patient Management



### Advanced—Year 2

- ✓ Basic Sciences 2
- ✓ Venous Interventions 2
- ✓ Venous Thromboembolism
- ✓ Conservative Management

### Advanced—Year 3

- ✓ Pelvic Venous Insufficiency
- ✓ Venous Interventions 3
- ✓ Vascular Dermatology and Vascular Anomalies 1
- ✓ Lymphoedema and Lipoedema

### Fellowship—Year 4

- ✓ Venous Obstruction
- ✓ Venous Interventions 4
- ✓ Vascular Dermatology and Vascular Anomalies 2

## Important Information

- ✓ *Subscription to the modules is for one-year access to all modules within the system.*
- ✓ *UIP registrants can determine at which pace they would like to continue through the program.*
- ✓ *Your one-year subscription will also provide you with access to the Royal Society of Medicine (RSM) online library which will assist you in completing your online modules.*
- ✓ *The fee for the subscription varies depending on what program you choose and your country.*



# PHLEBOLOGY ABTRACTS

## New publications in Phlebology

### OnlineFirst Articles

[www.journals.sagepub.com](http://www.journals.sagepub.com)



Click on the name to  
access the article!

#### **Pigmented purpuric dermatosis-ecchymosis and chronic venous disease**

Authors: Ertan Yetkin, Hasan Atmaca, Bilal Çuğlan, Kenan Yalta



#### **Authors Reply: Chronic venous disease, platelet and haemostatic abnormalities contribute to the pathogenesis of pigmented purpuric dermatoses**

Authors: Parsi K, Connor DE



#### **Early results of cyanoacrylate adhesive ablation versus laser ablation for the treatment of great saphenous vein insufficiency in the Chinese mainland population**

Authors: Xiaotong Qi, Mingyi Zhang, Wu Yu, Kun Ran, Yikuan Chen



#### **Varicose veins as a risk factor for venous thromboembolism in arthroplasty patients: Meta-analysis**

Authors: Daniel Westby, Baker M Ghoneim, Fiona Nolan, Mohamed Elsharkawi, Sean Maguire, Stewart R Walsh



#### **Selecting appropriate compression for lymphedema patients: American Vein and Lymphatic Society position statement**

Authors: Heather Hettrick, Suzie Ehmann, Brandy McKeown, Dean Bender, John Blebea



#### **Effect of exercise therapy on PICC-associated venous thromboembolism: A meta-analysis**

Authors: Aiping Liu, Xiaoqing Liu, Zhaoyang Li, Chunyan Lai, Jing Tan



#### **Outcomes of cyanoacrylate closure of the truncal varicose vein insufficiency: A comparison between young and elderly patients**

Author: Gökem Yiğit



#### **Atrial fibrillation and peripheral varicose vein: Where is the connection?**

Authors: Ertan Yetkin, Hasan Atmaca, Kenan Yalta





## HIGHLIGHTED ARTICLE



### The role of alpha-1-antitrypsin in the etiopathogenesis of chronic venous disease: A prospective clinical trial

*Authors: Hüsnü Kamil Limandal, MD, Mehmet Ali Kaygın, MD, Alev Lazoğlu Özkaya, MD, Taha Özkara, Mevriye Serpil Diler, MD, Hatice Işıl Çüçen, MD, Ziya Yıldız, MD, Servet Ergün, MD, and Özgür Dağ, MD*

#### Objective

The study aimed to examine whether alpha-1-antitrypsin (AAT), an inhibitor of leukocyte esterase(LE), which damages the venous vessel wall, has a protective effect against chronic venous disease(CVD), and to examine the relationship between AAT levels and disease severity.

#### Methods

Patients admitted with varicose vein disease and having reflux flow lasting longer than 0.5 s as determined by Doppler ultrasound were included. The informed consents were taken, and blood samples were obtained for complete blood count, C-reactive protein (CRP) level, and AAT level following anamnesis and physical examination. Clinical Etiologic Anatomic Pathologic (CEAP) classification was used to assess disease severity, and patients were divided into CEAP 1–5 groups accordingly.

#### Results

A total of 87 patients were included in the study. There was no statistically significant difference between the groups in body weight, red blood cell counts, platelet counts, or neutrophil counts ( $p = 0.117$ ,  $p = 0.932$ ,  $p = 0.177$ , and  $p = 0.177$ , respectively).CRP and AAT levels were higher in patients with a CEAP clinical score of 5 compared to the other groups ( $p = 0.018$ , and  $p = 0.020$ , respectively). AAT levels were similar in the CEAP 1–3 group and decreased in the CEAP-4 group but increased again in the CEAP-5 group. The AAT level was  $1.62 \pm 0.3$  g/L in the CEAP-1 group,  $1.61 \pm 0.21$  g/L in the CEAP-2 group,  $1.61 \pm 0.27$  g/L in the CEAP-3 group,  $1.48 \pm 0.28$  g/L in the CEAP-4 group, and  $1.94 \pm 0.39$  g/L in the CEAP-5 group. CRP levels and platelet counts were observed to affect AAT levels ( $p = 0.10$ ,  $p = 0.017$ , respectively).

#### Conclusion

We believe that our hypothesis that low AAT levels play a role in the etiopathogenesis of CVD has been partially validated, at least in the CEAP-4 group. However, we believe that increased AAT levels in the CEAP-5 group may be a reactive increase in increased LE levels due to higher CRP levels of this group.



**Access the full article here:**

**<https://doi.org/10.1177/02683555221141818>**





# PHLEBOLOGY ABTRACTS

## HIGHLIGHTED ARTICLE



### The risk of harm whilst waiting for varicose veins procedure

*Authors: Roshan Bootun, Mandy Burrows, Mohammed M Chowdhury, Philip W Stather, and Wissam Al-Jundi*

#### Introduction

Varicose veins (VV) negatively impact quality of life (QoL) and have risks of major complications including bleeding, ulceration and phlebitis. During the COVID-19 pandemic, the VSGBI (Vascular Society of Great Britain and Ireland) and GIRFT (Get It Right First Time) classified VVs as lowest priority for intervention.

#### Objective

This study aims to determine harm caused and the impact on the QoL on patients waiting for their VVs procedures for more than 1 year.

#### Methods

This was a prospective study conducted at the Norfolk and Norwich University Hospital (NNUH). Patients with VVs awaiting intervention for > 1 year were included in the study. Patients with CEAP C6 disease were considered to be too high risk to be invited for treatment during the Covid-19 pandemic. Patients were sent QoL questionnaires and underwent a telephone consultation to assess harm. Both generic (EQ-VAS and EQ-5D) and disease-specific (AVVQ and CIVIQ-14) instruments were utilised. There were no control groups available for comparison.

#### Results

275 patients were identified (37.1% male) with median time on waiting list of 60 weeks (IQR 56–65). 19 patients (6.9%) came to major harm, including phlebitis (3.6%), bleeding (1.8%) and ulceration (1.8%). Fifty-two patients (18.9%) had minor harm, including worsening pain (12.7%) and swelling (6.2%). 6.9% reported psychological harm. Rising CEAP stage was also associated with worsening level of harm in patients with C5-6 disease ( $p < 0.0001$ ). Only 8.7% stated they would decline surgery during the pandemic. 104 QoL questionnaires were returned. Median EQ-VAS and EQ-5D was 75 (IQR: 60–85) and 0.685 (0.566–0.761), respectively. Median AVVQ score was 23.2 (14.9–31.0) and CIVIQ-14 score was 33 (21–44).

#### Conclusions

This study highlights the impact of delaying VVs surgery during a pandemic. A significant rate of both major and minor as well as psychological harm was reported. In addition, VVs had a significant detriment to quality of life.

**Access the full article here:**

**<https://doi.org/10.1177/02683555221141824>**



# PHLEBOLOGY ABTRACTS

## HIGHLIGHTED ARTICLE



### **Risk of recurrent thromboembolic events according to treatment duration in patients with superficial vein thrombosis treated with intermediate dose of tinzaparin**

*Authors: Christos Karathanos, Stavros Kakkos, Georgios Georgiadis, Christos Ioannou, Spyros Vasdekis, Dimitrios Chatzis, Panagiotis Latzios, Athanasios D Giannoukas, and On Behalf of the SeVEN Collaborators.*

#### **Objectives**

To evaluate the risk of symptomatic venous thromboembolism (VTE) recurrence at 3 months in relation to treatment duration, according to baseline risk factor profiles, in patients with superficial vein thrombosis (SVT) treated with intermediate dose of tinzaparin.

#### **Methods**

We performed a pooled analysis on individual data from two prospective studies designed to assess the efficacy and safety of tinzaparin in intermediate dose (131 IU/kg) in patients with SVT. Treatment duration was at the treating physician's discretion. All patients were followed up for at least 3 months.

#### **Results**

A total of 956 patients (65% female, mean age  $58.7 \pm 13.7$  years) were included. The median treatment duration was 30 days (range, 3–200 days). History of deep vein thrombosis (DVT), location of SVT above the knee, and palpable induration were the only independent factors associated with prolonged treatment duration. During follow-up, 95.9% of patients were event free. Outcomes-related adverse events occurred in 39 (4.1%) patients and their median duration of treatment was 33 days (range, 7–200 days). Recurrent VTE events occurred in 33 patients, including 22 cases of SVT recurrence, 8 cases of DVT, and 1 case of pulmonary embolism. The median time to the event was 29 (6–113) days. Recurrent thromboembolic events were not related to treatment duration as occurred in 17 patients (51.5%) treated up to 30 days and in 16 patients (48.8%) received prolong treatment ( $p = .46$ ). Length of thrombus at the index event was significantly associated with higher risk for VTE recurrence.

#### **Conclusions**

Intermediate dose of tinzaparin for 30 days is an effective and safe treatment for SVT. The risk of recurrent VTE events may be higher in patients with greater amount of thrombus at index event.



**Access the full article here:**

**<https://doi.org/10.1177/02683555221143576>**



# PHLEBOLOGY ABTRACTS

## HIGHLIGHTED ARTICLE



### Nitinol stents placed in iliac veins are not associated with prolonged back pain

#### Authors:

Chloe Snow, Sydney Pappas, Levan Sulakvelidze, Richard Kennedy, Sanjiv Lakhanpal, and Peter J Pappas.

#### Introduction

Endovascular stenting is the standard of care for the management of symptomatic chronic venous obstruction. The increased radial resistive force and longer lengths of Nitinol stents have led to questions over persistent post-operative back pain. The purpose of this investigation was to assess the incidence and severity of post-operative back pain of Nitinol stents compared to Wallstents.

#### Methods

A retrospective review of data at the Center for Vascular Medicine was performed. Patient demographics, pre-operative, one week, three-, six-, and 12 month visual analog pain scores (VAS) for back pain, stent type, diameter, length, and vein locations were assessed.

#### Results

From April 2014 to November 2021, 627 (412 women/215 men) patients were assessed for the presence of post-operative back pain after an initial iliac vein stent placement. Stents utilized were Wallstents (n = 114), Venovo (n = 342), and Abre (n = 171). The most common Nitinol stent diameter and lengths were 14 mm, 16 mm, and 120 mm, respectively ( $p \leq .03$ ). The incidence of back pain at one week was 66% (411/627). VAS scores at one week and one, three, and six months post-operatively were the following: Wallstents- $2.6 \pm 3$  (n = 66),  $1.7 \pm 2.6$  (n = 43),  $0.7 \pm 2$  (n = 51), and  $0 \pm 0$  (n = 27); Abre- $3.5 \pm 3$  (n = 130),  $3.8 \pm 3$  (n = 19),  $1.2 \pm 2.5$  (n = 12), and  $1 \pm 2$  (n = 5); and Venovo-  $2.5 \pm 3$  (n = 216),  $2.4 \pm 3$  (n = 70),  $0.9 \pm 2$  (n = 68), and  $0.6 \pm 1.7$  (n = 49). There was no difference in the severity of back pain at any time point ( $p \geq .99$ ). The development of back pain was unrelated to stent type, diameter, length, or covered vein territory.

#### Conclusions

Post-operative back pain was observed in 66% of patients at one week. The average pain score at one week for the entire cohort was three, which declined to less than one at one month. No difference in the severity of back pain between groups was observed at any time point, and the development of back pain is unrelated to stent type, diameter, length, or covered vein territory.

Access the full article here:

<https://doi.org/10.1177/02683555221142710>



# UPCOMING EVENTS

One of the main UIP visions is to **promote productive relationships among societies**. With this vision, we report both **events with UIP auspices** and **events without**, so to inform everyone about possible educational activities. The hope is also to offer a tool useful for the colleagues organizing future meetings, so to avoid overlapping among events.

For more information about events visit: <http://www.uip-phlebology.org/events>

If you would like your event to appear in the UIP Newsletter, contact us at [communications@uipmail.org](mailto:communications@uipmail.org)



## FEBRUARY 2023

### **Venous2023 - 35th American Venous Forum**

22-25 February, 2023  
*San Antonio, Texas, USA*

## MARCH 2023

### **FleboPerú 2023 - 7th International Congress of Phlebology and Lymphology**

30 March, 2023  
*Lima, Peru*

## APRIL 2023

### **47th Annual Congress of the Canadian Society of Phlebology**

28-29 April, 2023  
*Montreal, CANADA*

## MAY 2023

### **ACP2023 - 23rd Annual Scientific Meeting of the Australasian College of Phlebology**

6-9 May, 2023  
*Adelaide, AUSTRALIA*

## MAY 2023

### **24th Phlebology and Lymphology Argentinian International Congress**

11-13 May, 2023  
*Buenos Aires, ARGENTINA*

## MAY 2023

### **Romanian Congress of Phlebology**

18-20 May, 2023  
*Timisoara, ROMANIA*

## JUNE 2023

### **Annual Meeting of the Benelux Society for Phlebology**

9-10 June, 2023  
*Rotterdam*

## JUNE 2023

### **23rd EVF Annual Meeting**

22-24 June, 2023  
*Berlin, GERMANY*

***The events highlighted in blue have been granted the auspices of the UIP.***