

Role of a phlebologist within the multidisciplinary approach

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DIAGNOSIS TREATMENT AND PREVENTION IN CHRONIC VENOUS DISORDERS

First ICVDC January 31th, 2013

To recognize the disorders

■ CEAP classification

- Eklöf B, Rutherford RB, Bergan JJ, Carpentier PH, Gloviczki P, Kistner RL, *et al.* Revision of the CEAP classification for chronic venous disorders: consensus statement. *J Vasc Surg* 2004;40(6):1248-52.

C₀	No visible or palpable sign of venous disease
C₁	Telangiectasia or/and reticular veins < 3 mm
C₂	Varicose veins
C₃	Edema
C₄	Trophic lesions (pigmentation, stasis dermatitis, lipodermatosclerosis, atrophie blanche)
C₅	Trophic lesions and healed ulcer
C₆	Trophic lesions and open ulcer

To recognize the disorders

CoS



To recognize the disorders

- Chronic venous disorders from C0s to C6
- Chronic venous insufficiency (C₃ to C6)



Prevalence of chronic venous disorders

- France 64 millions inhabitants
 - CVD 11.7%
 - C2 Varicosities 1.069.000 patients
 - C3 to C6 CVI 1.150.000 patients

CEAP	Patients	%
C0+C1	5 226 593	70.2%
C2	1 069 311	14.4%
C3	760 806	10.2%
C4	163 202	2.2%
C5+C6	225 892	3%
Total	7 445 804	100%

15.4%

To evaluate CVD according to the class of the CEAP

■ COS

- Are the symptoms of venous origin ?



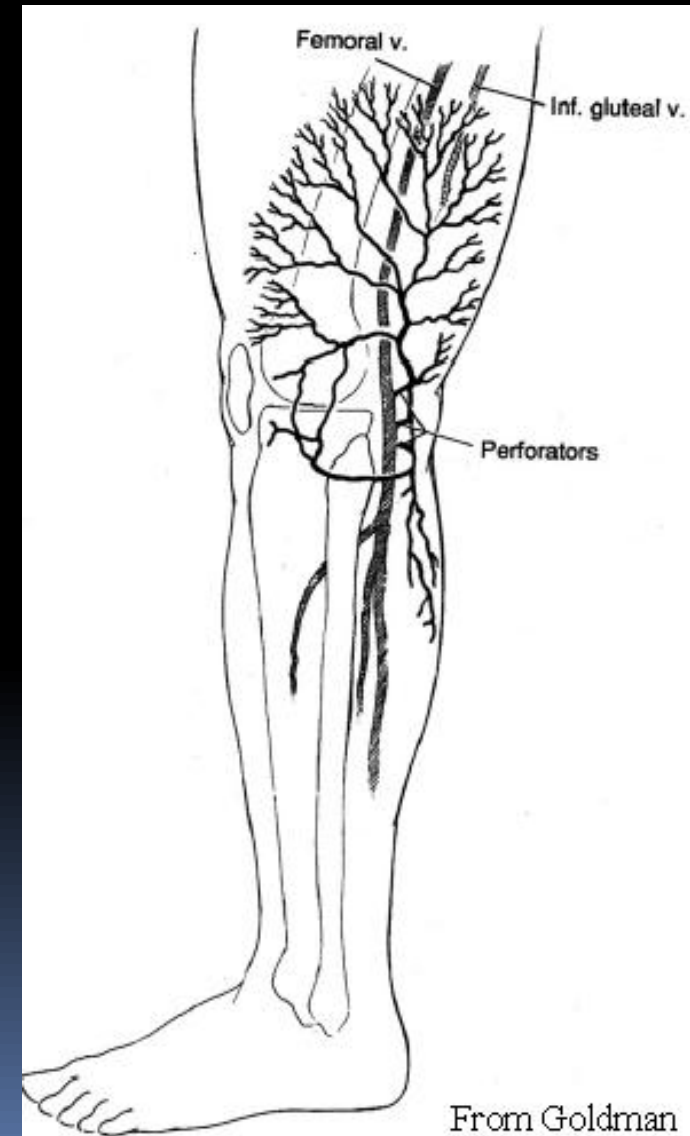
A scoring system (P. Carpentier)
a combination of four criteria:

- . sensation of heavy or swollen legs
- . itching,
- . restless legs,
- . phlebalgia worsened by a hot environment or improved by a cold environment .

To evaluate CVD according to the class of the CEAP

■ C₁

Identifying relationships between telangiectasias and underlying venous network



To evaluate CVD according to the class
of the CEAP

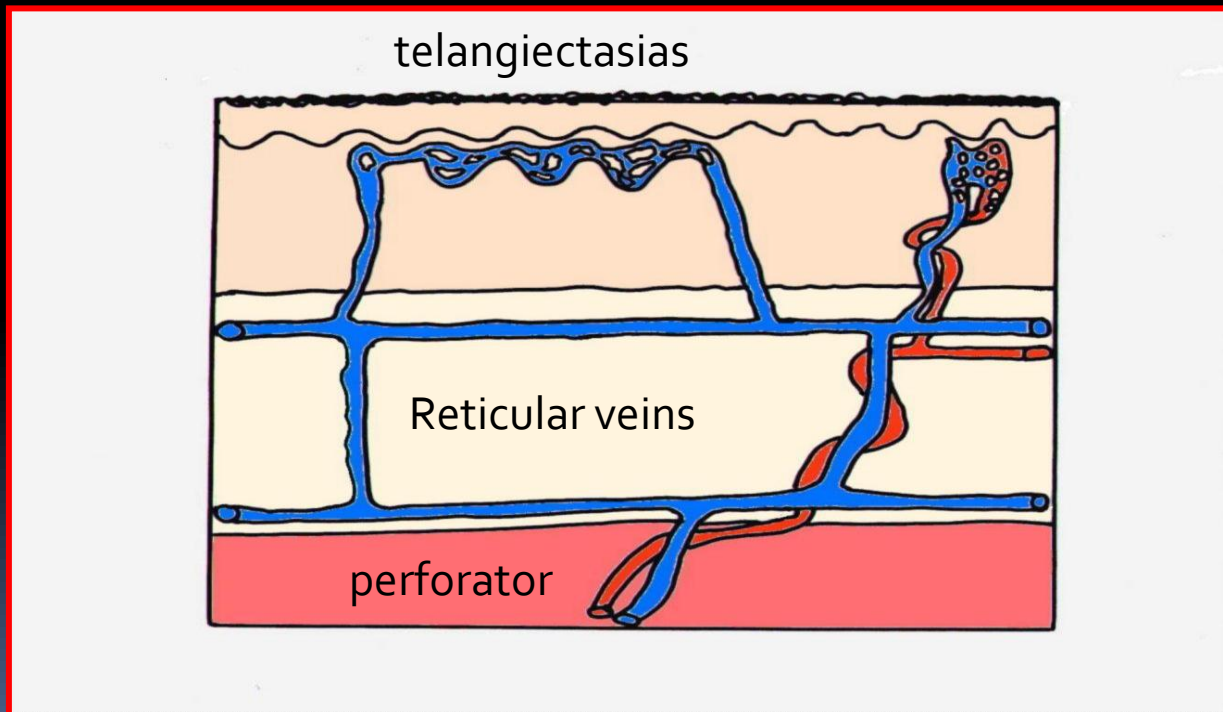
C₁

Numeric mapping of reticular veins



To evaluate CVD according to the class of the CEAP

- Relation telangiectasia / reticular veins



To evaluate CVD according to the class of the CEAP



A duplex should be mandatory



To evaluate CVD according to the class of the CEAP

C₁

- Transillumination



To evaluate CVD according to the class of the CEAP

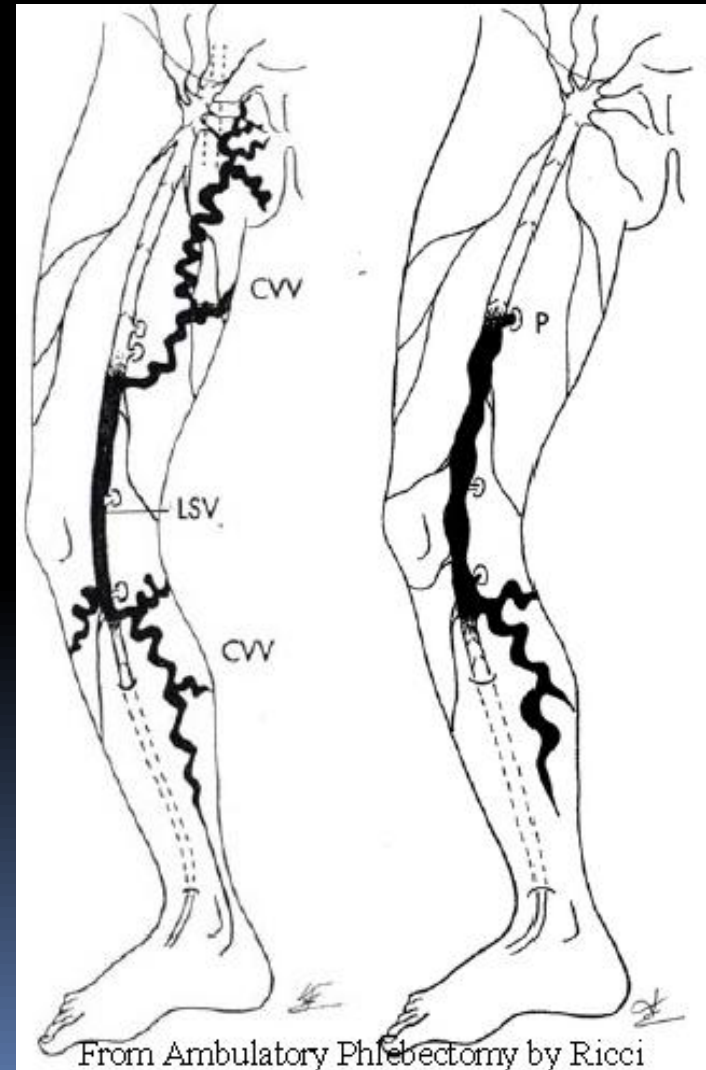
- C₂

Duplex and Mapping
before treatment



To evaluate CVD according to the class of the CEAP

- C₂
 - Saphenous trunks
 - Tributaries
 - Perforators
 - Non saphenous veins
 - Deep venous system



To evaluate CVD according to the class of the CEAP

■ C₂

- Venous CT Scan
 - 10% patients
- Phlebography
 - Pelvic congestion syndrome
- Plethysmography
 - Venous pump failure



To evaluate CVD according to the class of the CEAP

- Chronic venous insufficiency C₃ to C₆



To evaluate CVD according to the class of the CEAP

- C₃ to C₆
 - Arterial and venous duplex
 - Venous CT Scan
 - Phlebography
 - Plethysmography
 - Volumetry



To treat CVD according to the class of the CEAP

- Compression : the basic treatment of CVD from C0s to C6

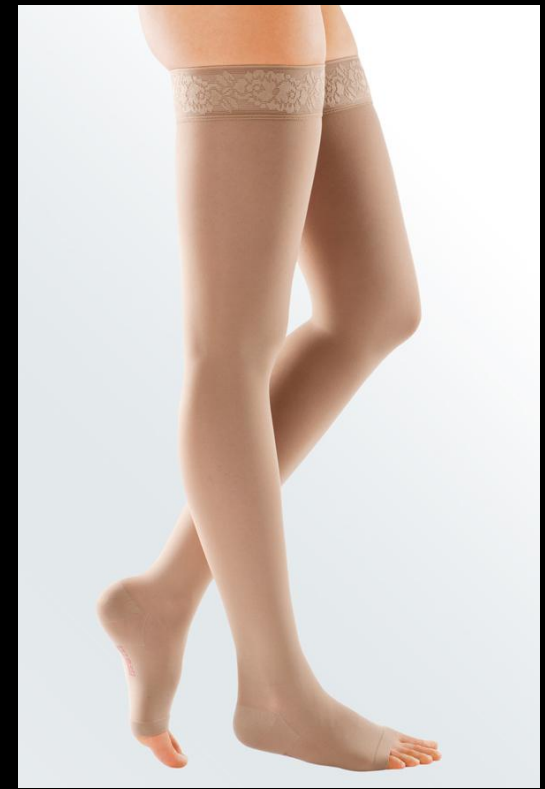


Ceap Classification and indications compression

INDICATIONS	MCS			BANDAGE Multi layer	IPC
	10-20 mmHg	20-30 mmHg	30-40 mmHg		
C0s	1B				
C1s	1B				
C1 after sclero		1B			
C2 a,s		2B			
C2s Pregnancy	1B	1B			
C3 Prevention	1B	2B			
C4b			1B (review)		
C5 Healed ulcer			1A		
C6 Active ulcer			1B	1A	2B


Consensus based on experimental data and scientific evidence

Int.Ang. 2008,27,3,193-219




- 10-20 mmHg
- Treating symptoms



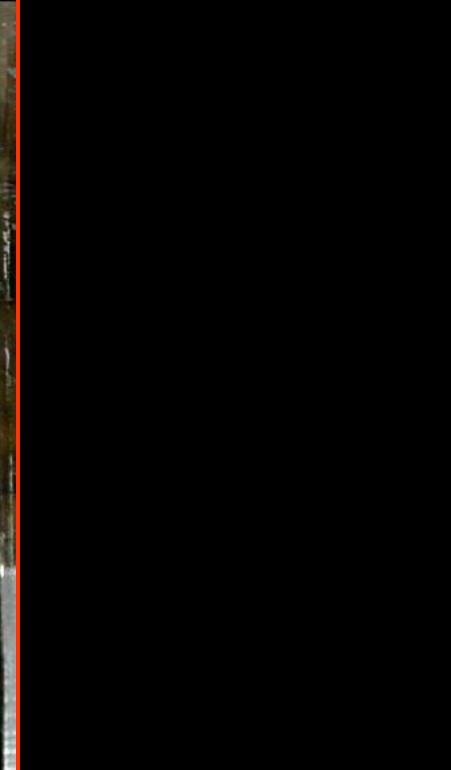


10-20 mmHg
Symptoms



20-30 mmHg
Compressing
the varicose
reservoir





Bandage or 20-30 mmHg
Reducing the volume



20-30 mmHg



or bandage





**30-40 mmHg
Superposition
CS
or
Bandage**



Healing

Preventing recurrence

To treat CVD according to the class of the CEAP

- **Cos C1s**
 - Venoactive drugs
 - Siena consensus group
 - An overview of the venoactive drugs has shown capability to reduce venous symptoms
 - Correction of foot static disorders
 - Improvement of foot pump efficacy during walking



To treat CVD according to the class of the CEAP

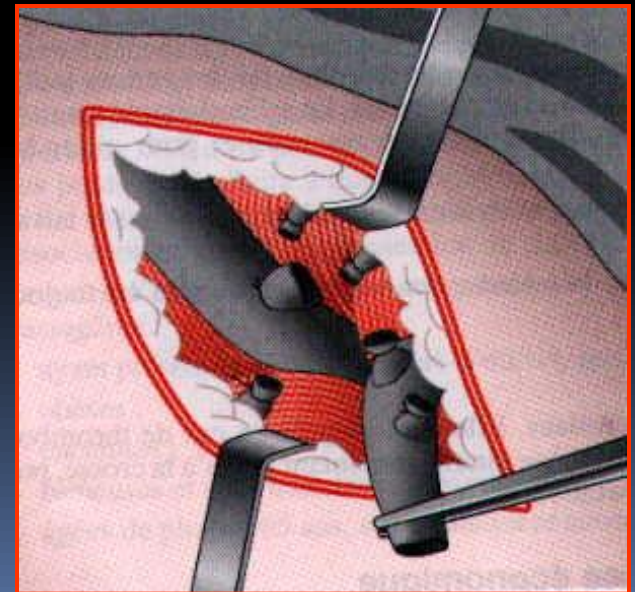
- C₁
 - Sclerotherapy of the telangiectasias and feeder reticular veins could result in the resolution of the venous symptoms
 - The efficiency of microfoam seems better than the liquid form
 - The efficiency of dermal laser is controversial



To treat CVD according to the class of the CEAP

C2 to C6 Vascular surgeon

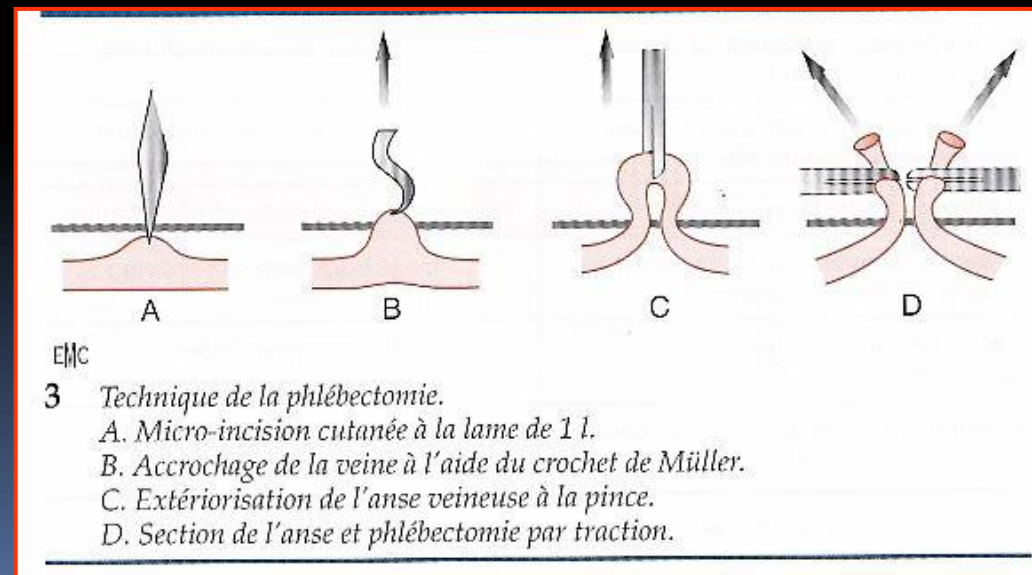
- High ligation (controversial) + stripping + phlebectomy
- Asval (phlebectomy of venous reservoir)
- Chiva



To treat CVD according to the class of the CEAP

C2 to C6 Physician or vascular surgeon

- Phlebectomy (also reticular veins)

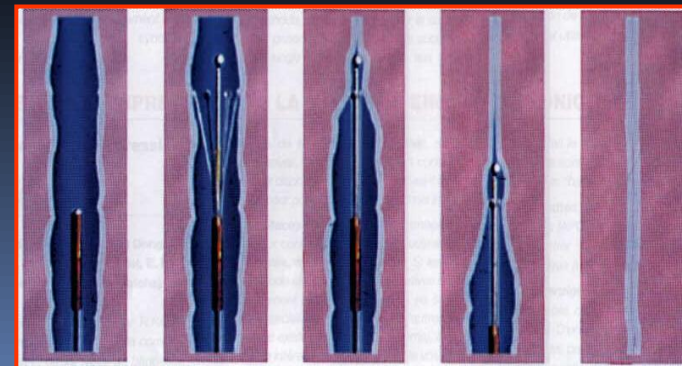
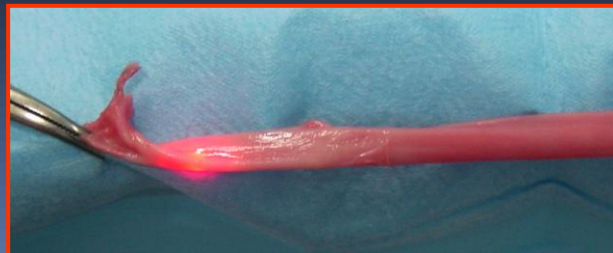


To treat CVD according to the class of the CEAP

C2 to C6

Endovenous ablation

- Foam on catheter , Steam water , Endovenous laser, Vnus closure
- Long term results
 - Vnus closure > ELV > Micro-foam



To treat CVD according to the class of the CEAP

C2 to C6

- Micro-foam sclerotherapy > liquid sclerotherapy
- “Gold” indications of micro-foam
 - Small saphenous veins
 - Post surgery recurrence
 - Elderly patients



To treat CVD according to the class of the CEAP

- Specific treatment for C6
 - Skin Graft
 - Dressings



Prevention of CVD

Physical advice

- . A proper lifestyle
- . Practice of appropriate level of physical activities
- . Antistasis exercises (sports including swimming, exercises and massage)
- . Evidence of their efficacy : poor or inexistent.

The results of Framingham study

- . Increased physical activity and weight control may help prevent varicose veins among adults at high risk patients .
- . Walking prevents dependent edema formation (venous pump action) .

Role of a phlebologist within the multidisciplinary approach

- Conclusions
 - Overview of a phlebologist role
 - To appreciate the severity of CVD
 - To evaluate
 - To treat or to direct the patient
 - Good knowledge of other pathologies
 - Good Initial training