

# Φλεβικές Παθήσεις

*Venous Insufficiency – Varicose Veins – Deep Venous Thrombosis*

**Ευθύμιος Αυγερινός, MD, FACS, FEBVS**

Αν. Καθηγητής Β' Αγγειοχειρουργικής Κλινικής Πανεπιστημίου Αθηνών  
Καθηγητής Χειρουργικής Πανεπιστημίου Pittsburgh, USA



# What is Venous Insufficiency?

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Disorder involving stasis of blood in lower extremities as a result of venous obstruction and/or reflux (primary or secondary) of venous valves...



42 year old female  
Retail sales

35 year old female  
Office worker

55 year old male  
Health professional

68 year old male  
Retired



My legs swell, I feel them  
heavy and tired

My legs burn, and I have  
cramps

My legs get tired and heavy  
when I walk

My legs have discoloration  
and I get ulcers on and off



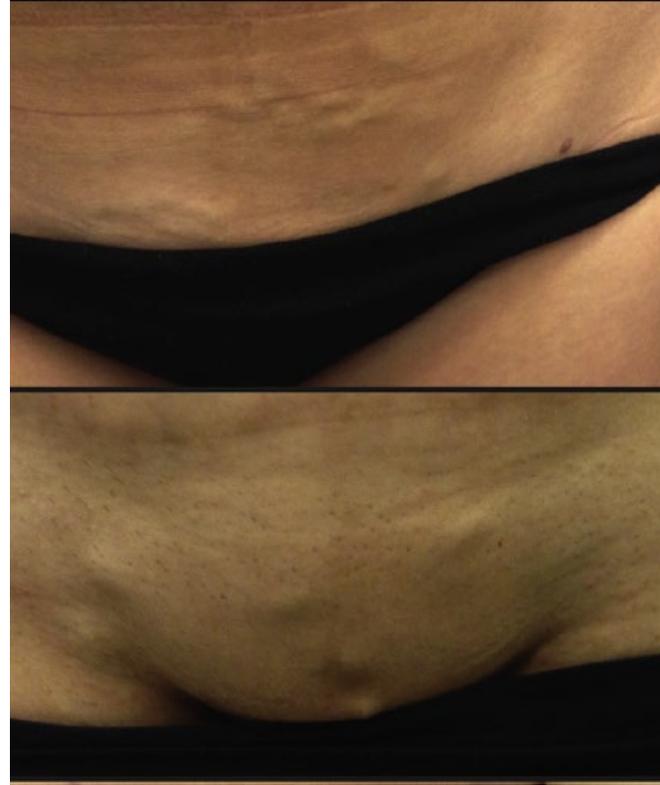
«Spider Veins» - «Varicose Veins»



Pelvic Disease/  
Iliac Vein Stenosis

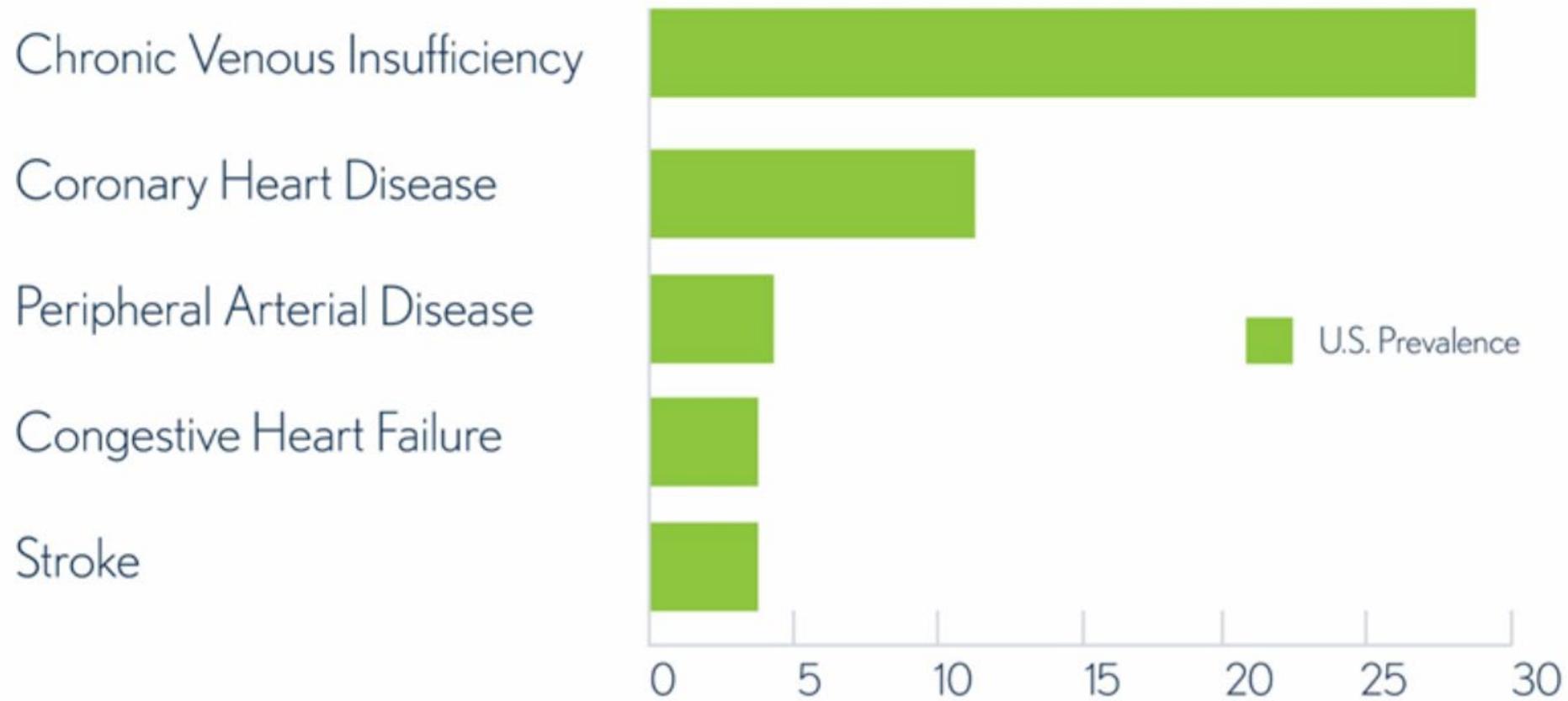


Post-thrombotic  
Syndrome



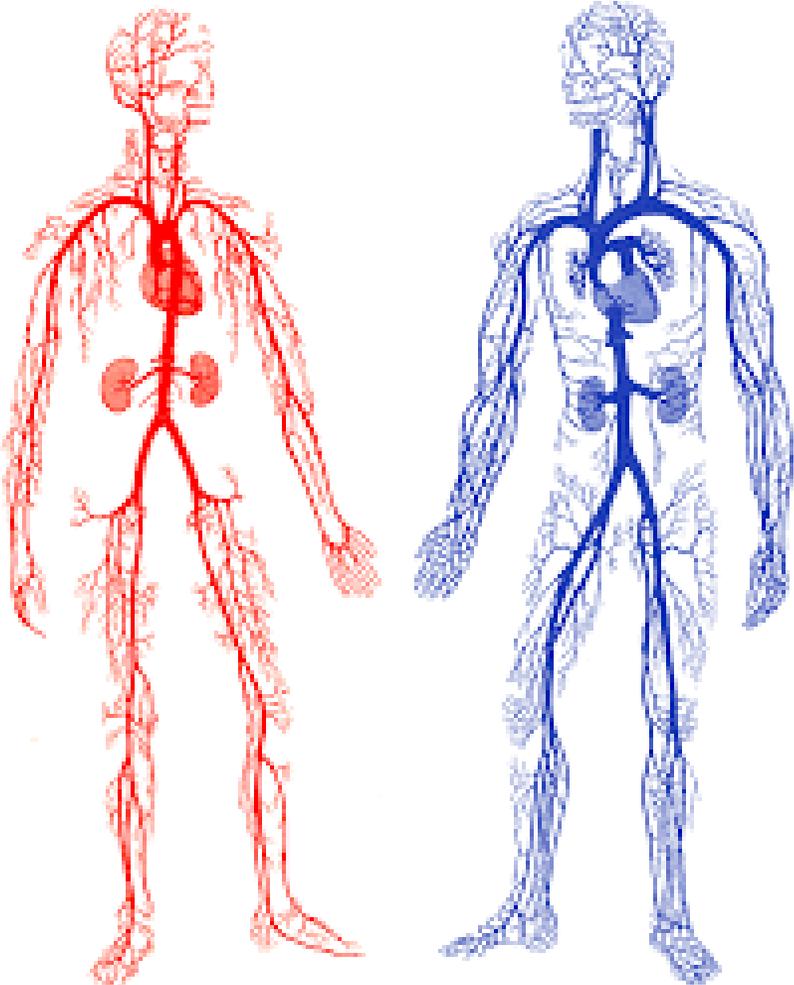
Pelvic Congestion

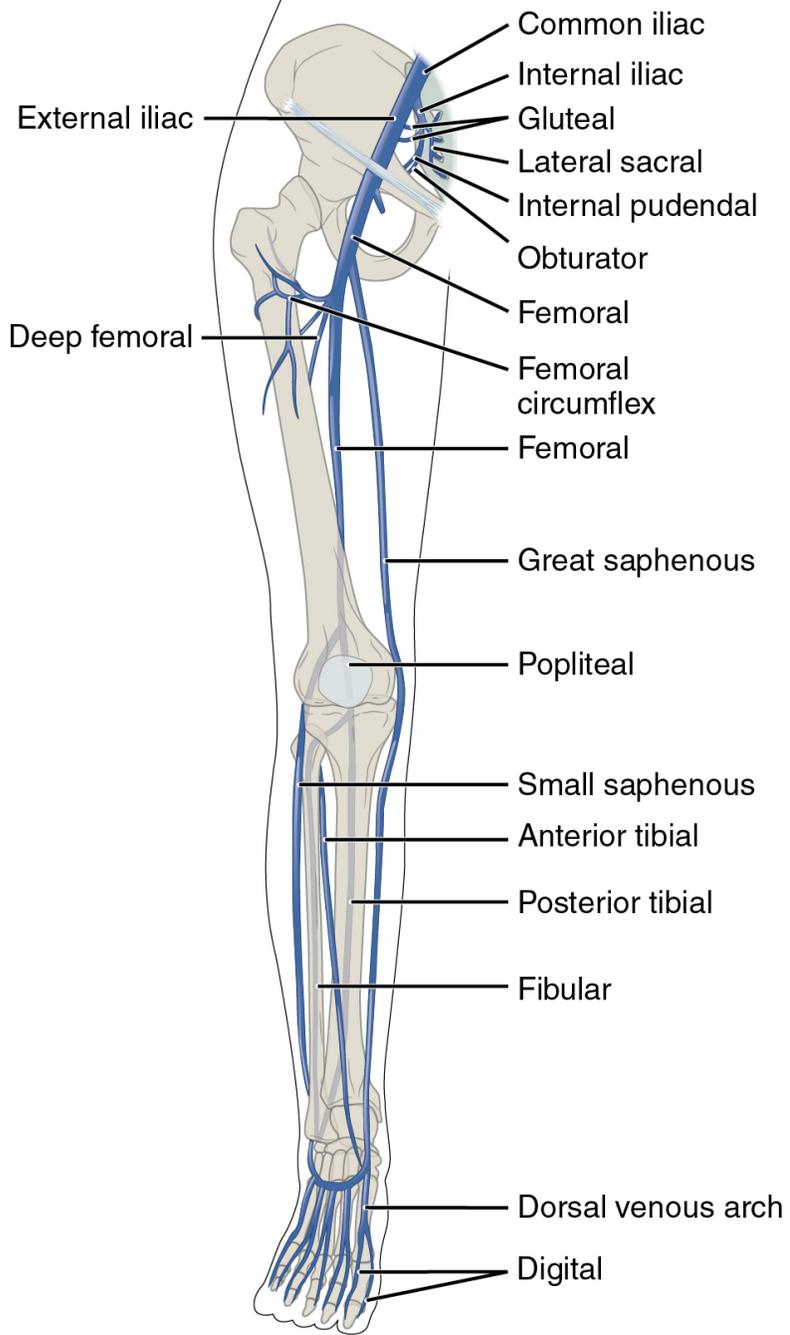
Chronic Venous Insufficiency (CVI) is 2x more prevalent than Coronary Heart Disease (CHD) and 5x more prevalent than Peripheral Arterial Disease (PAD)<sup>1</sup>



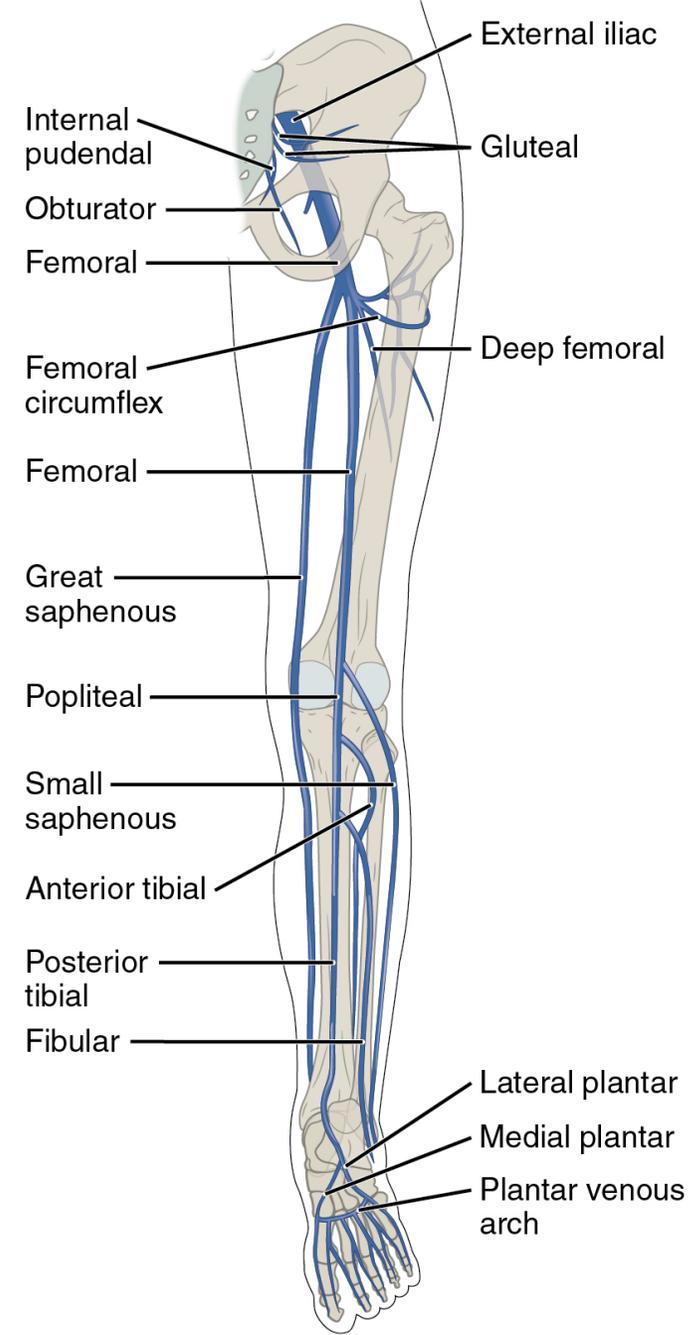
1. J Epidemiol Community Health 1999;53:149-153 doi:10.1136/jech.53.3.149

# Quick Anatomy and Physiology Class

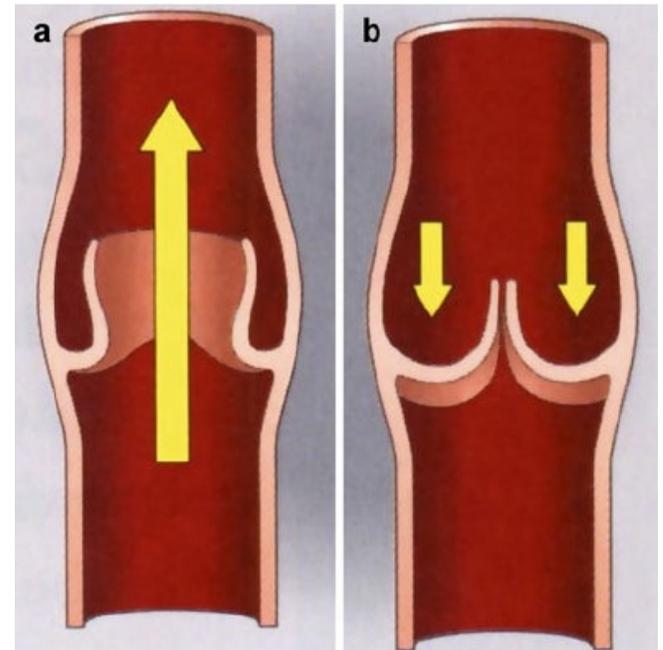
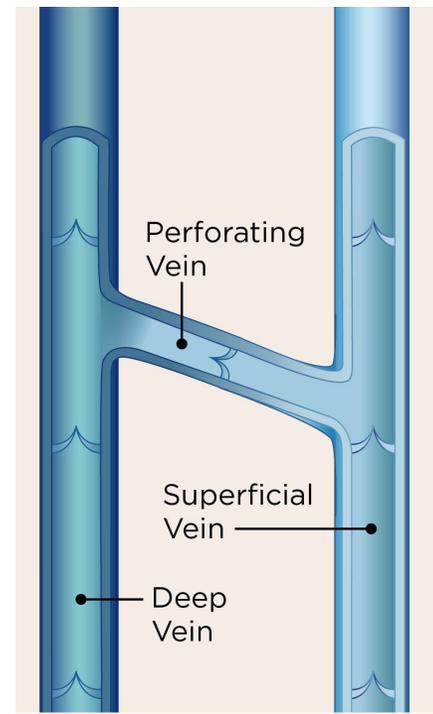




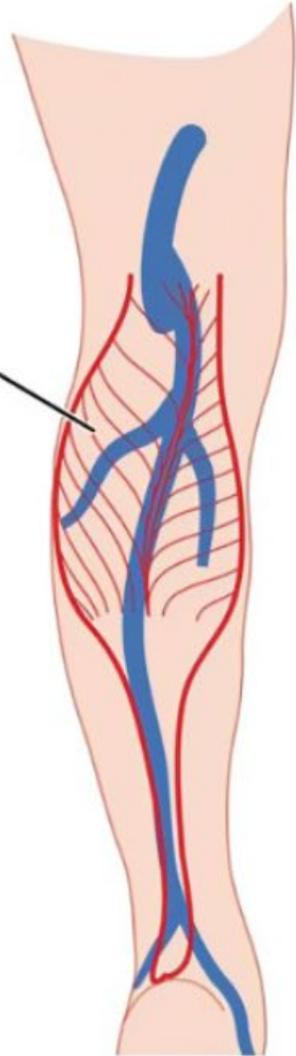
Anterior view



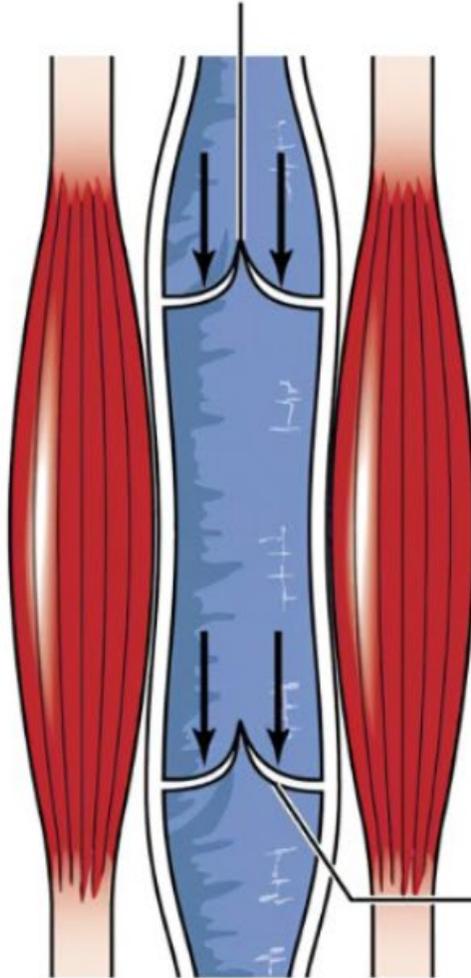
Posterior view



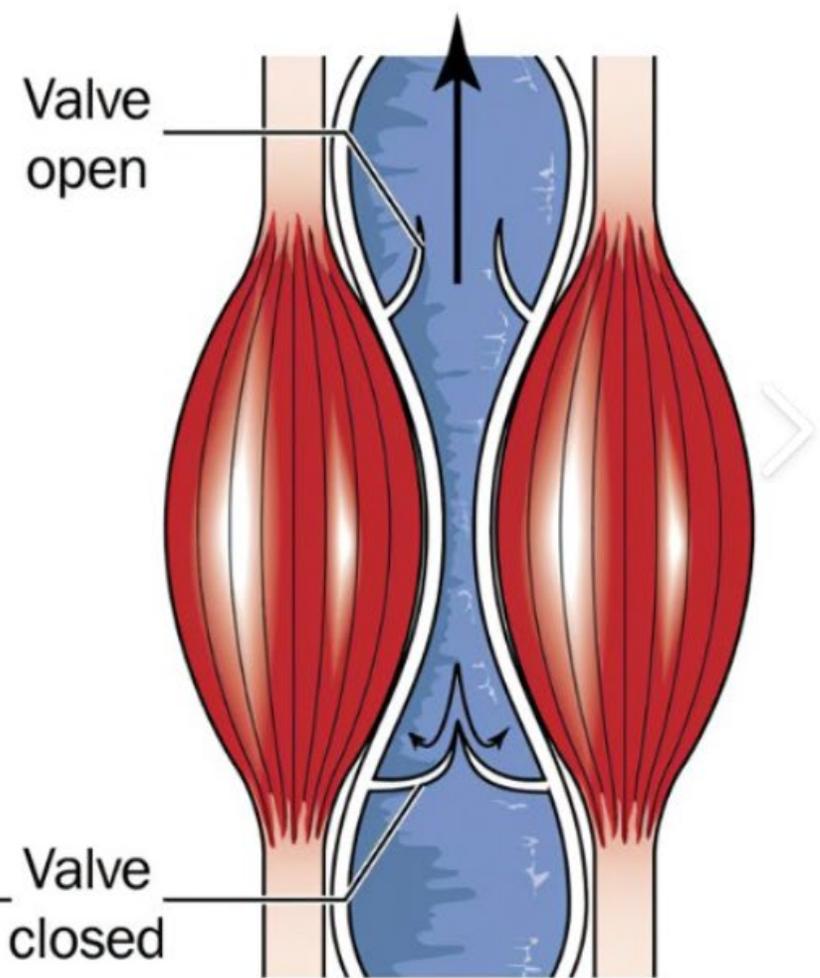
Calf muscle  
acts as  
pump for  
deep leg  
veins



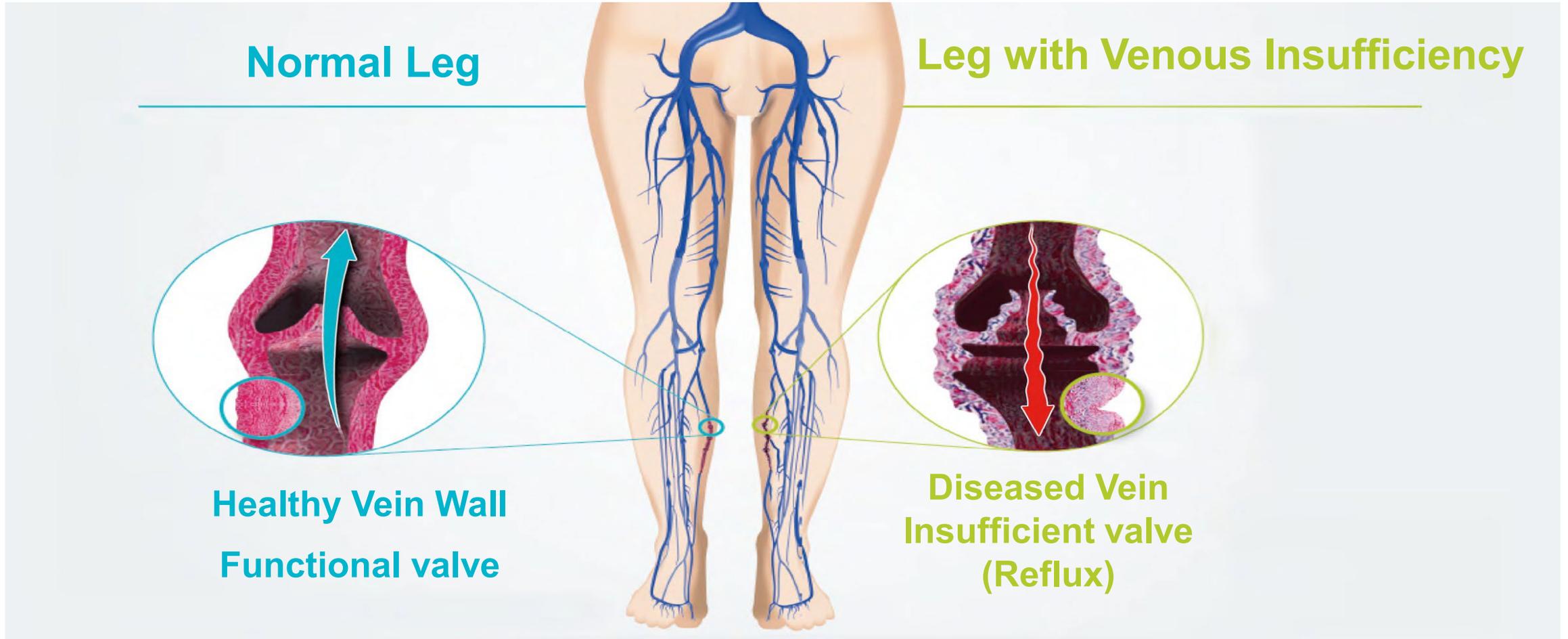
Valves prevent  
backflow



Blood flow caused by  
muscle contraction

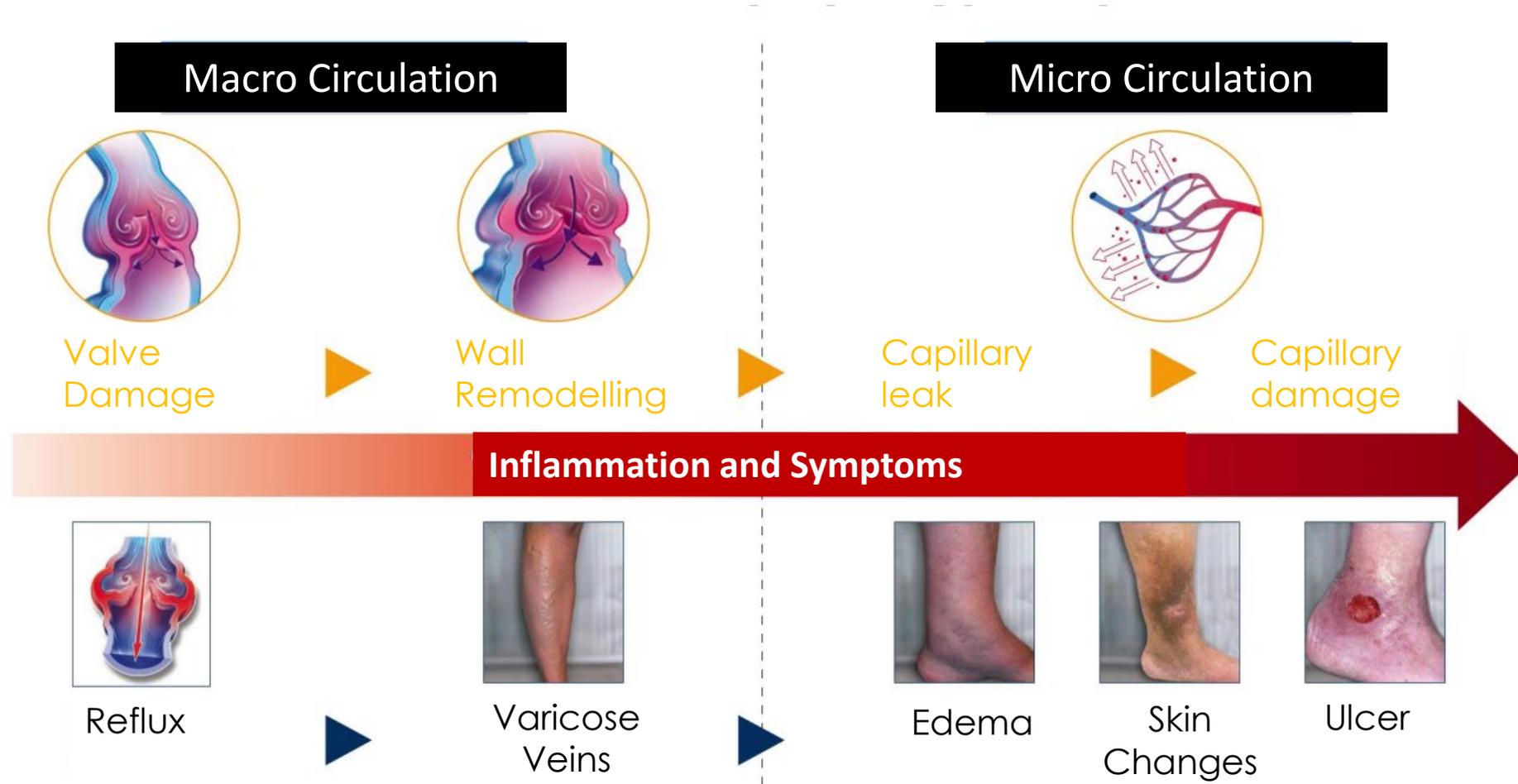


# Quick Anatomy and Physiology Class

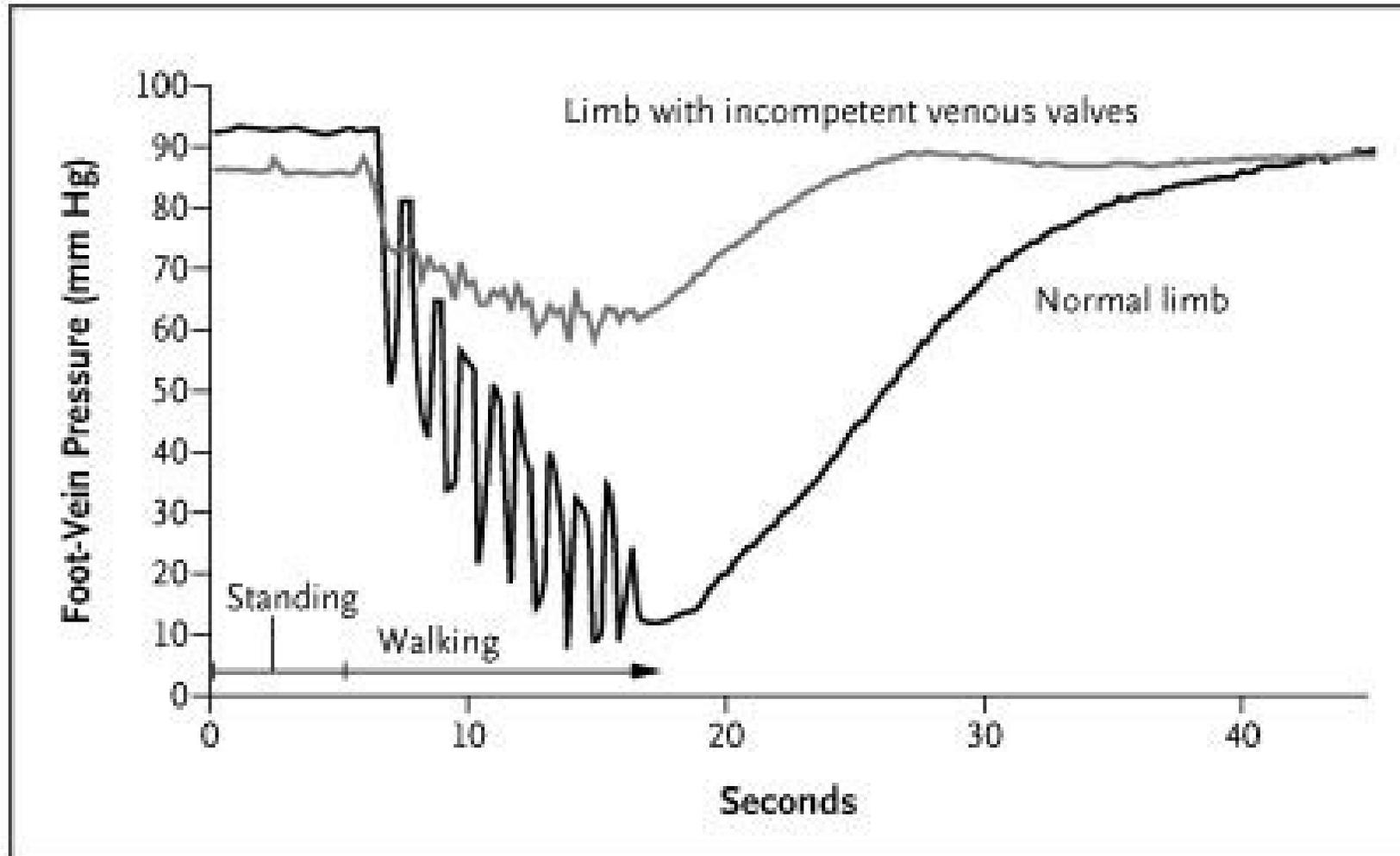


# Quick Anatomy and Physiology Class

## Reflux and Venous Hypertension Generate Inflammation

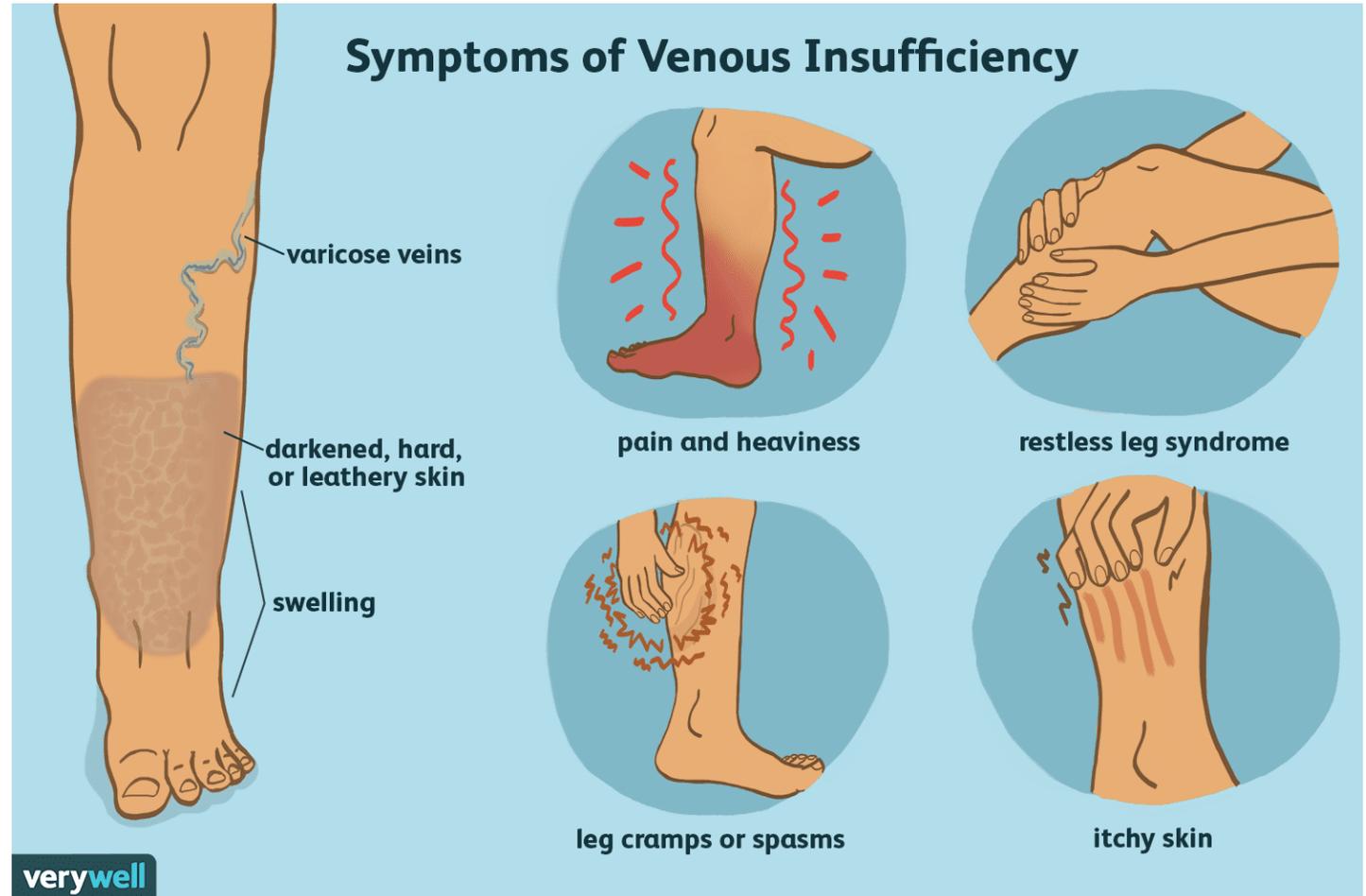


# Quick Anatomy and Physiology Class



# Symptoms of Venous insufficiency

Heaviness  
Pain  
Sensation of swelling  
Swelling (Edema)  
Paresthesia  
Restless legs  
Nighttime cramps  
Tiredness  
Throbbing  
Itching

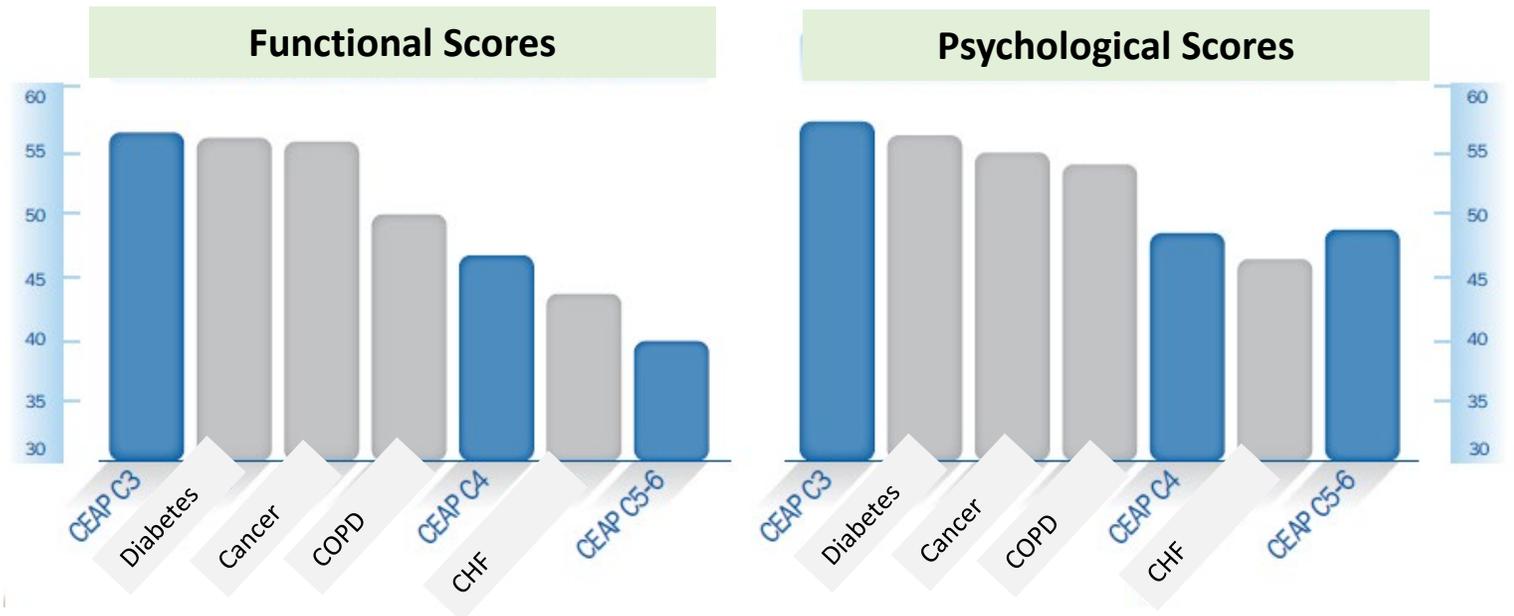


# Signs & Symptoms - Clinical Classification (CEAP)

Συμπτώματα	Τηλεαγγειεκτασίες ή ευρυαγγείες	Κίρσοί	Οίδημα	Δερματικές αλλοιώσεις	Επουλωμένο φλεβικό έλκος	Ενεργό φλεβικό έλκος
						
C0s	C1	C2	C3	C4	C5	C6

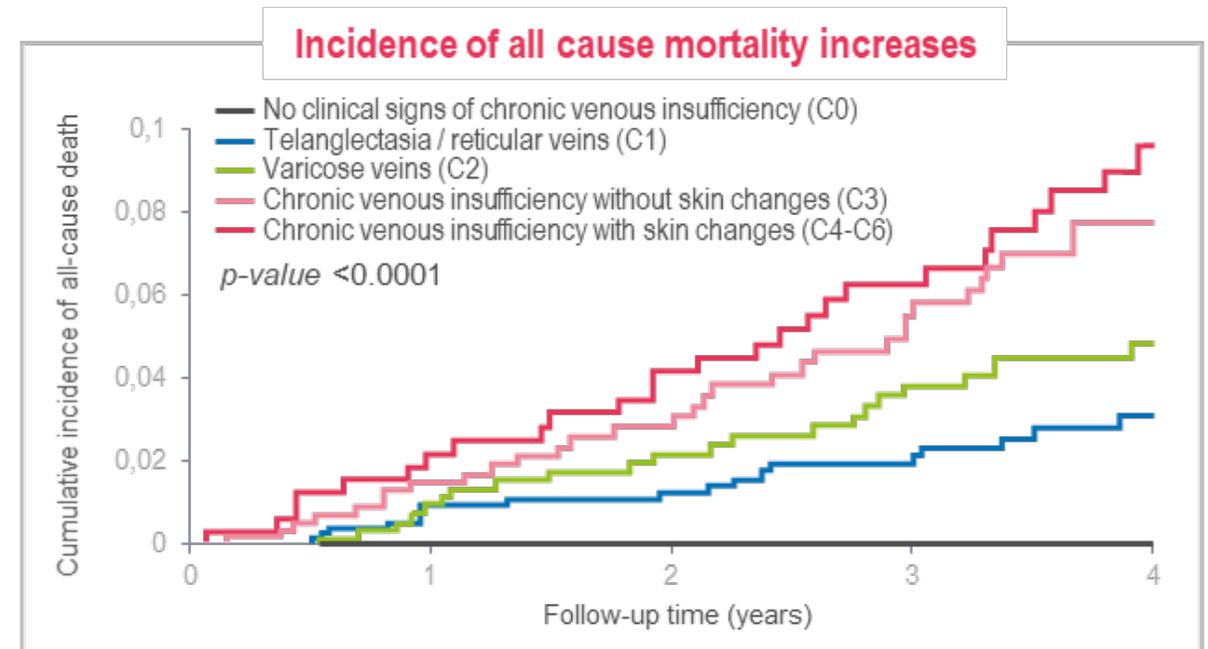
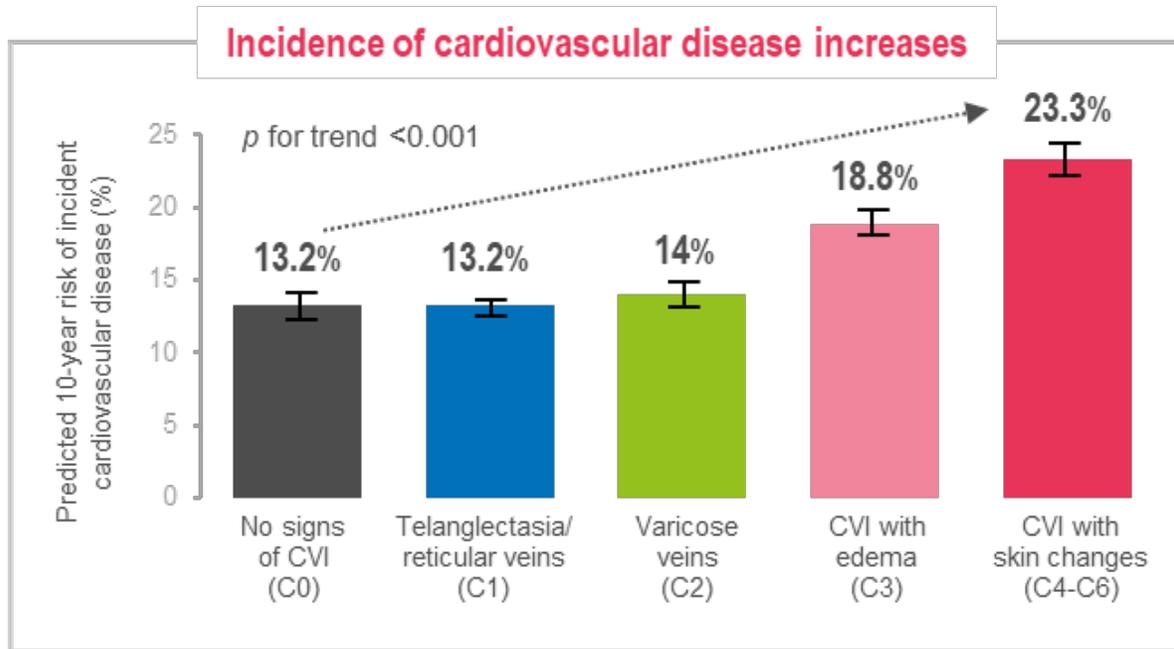
# CVD affects Quality of Life >>> than we Think

- Venous Insufficiency is not a cosmetic problem – it is a disease
- Quality of life is affected similarly to other chronic diseases (diabetes, cancer, COPD)



# Chronic Venous Disease and Cardiovascular Mortality

\* Data 12.423 CVD Patients (2012-2017) Gutenberg Health Study



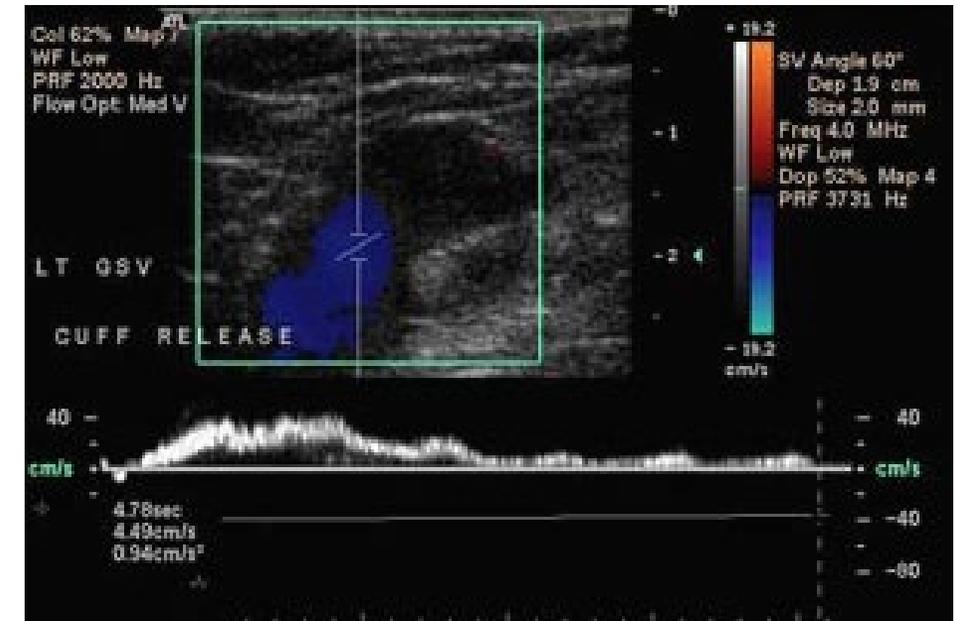
# Risk Factors

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- Genetics
- Disease of Gravity
  - Long standing
  - Tall
- Obesity
- Sedentary lifestyle
- Pregnancy
- Thrombosis



# Diagnosis with Duplex Ultrasound in Standing Position



# Chronic Venous Disease Treatments



Lifestyle



Compression



Venoactive Drugs

Skin Care



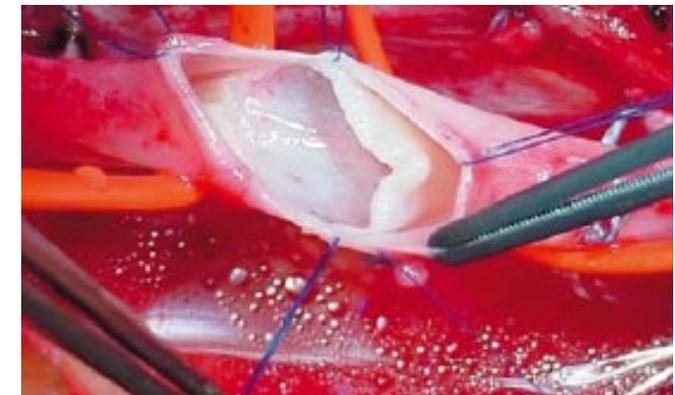
Ablation



Venoplasty



Valve Reconstruction



# Take Away Messages

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- Chronic Venous disease is the most prevalent vascular disease
- It is the result of venous reflux or venous obstruction leading to venous hypertension
- Chronic venous disease affects patient's quality of life
- Advanced stages are associated with cardiovascular mortality
- Clinical diagnosis and venous duplex
- Treatment: lifestyle changes, compression, minimally invasive treatments

# Acute DVT Epidemia

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DVT and PE affect 900,000 people in the U.S. every year

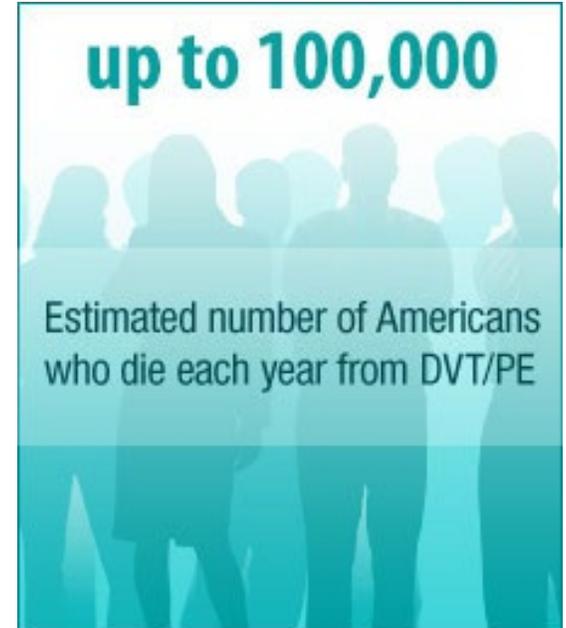
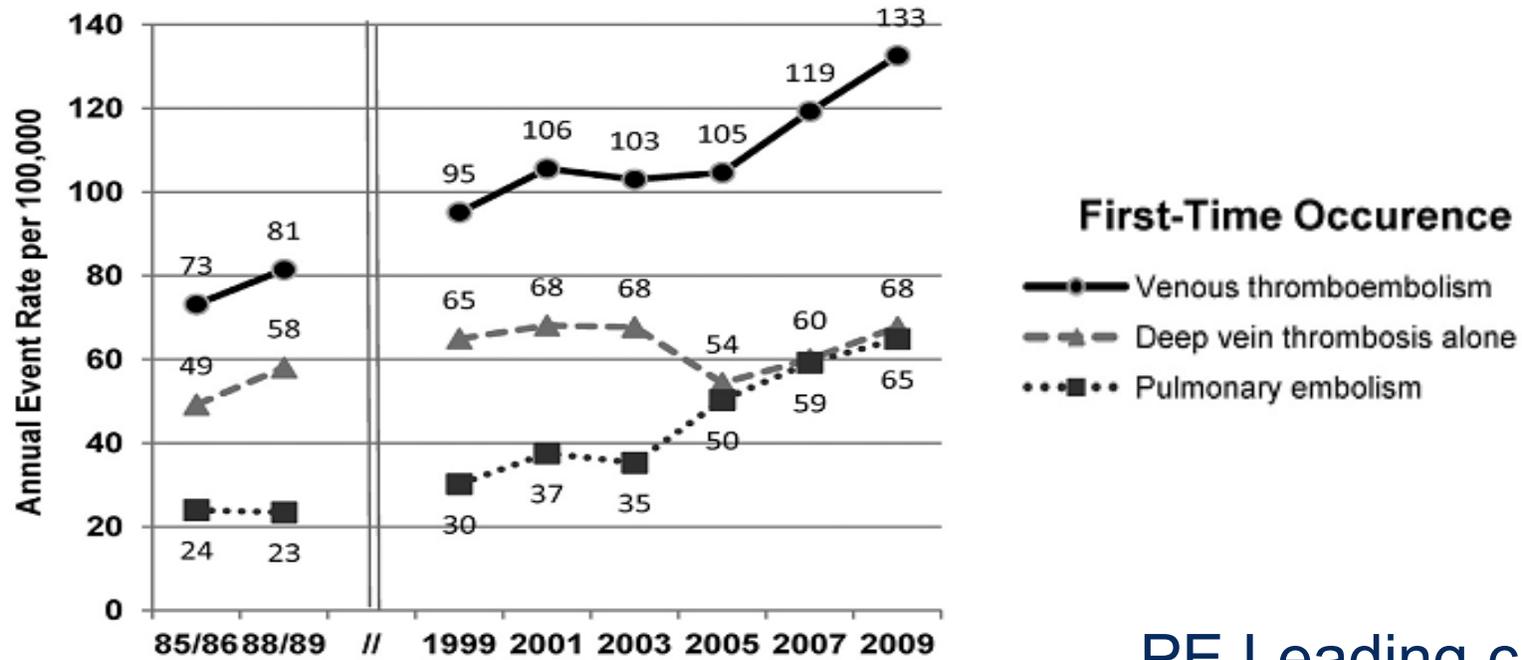


**UP TO 1/3 OF DVT  
PATIENTS DEVELOP A  
PULMONARY  
EMBOLISM (PE)**

**50%+ CAN DEVELOP  
POST THROMBOTIC  
SYNDROME**

Source: [sirweb.org](http://sirweb.org)

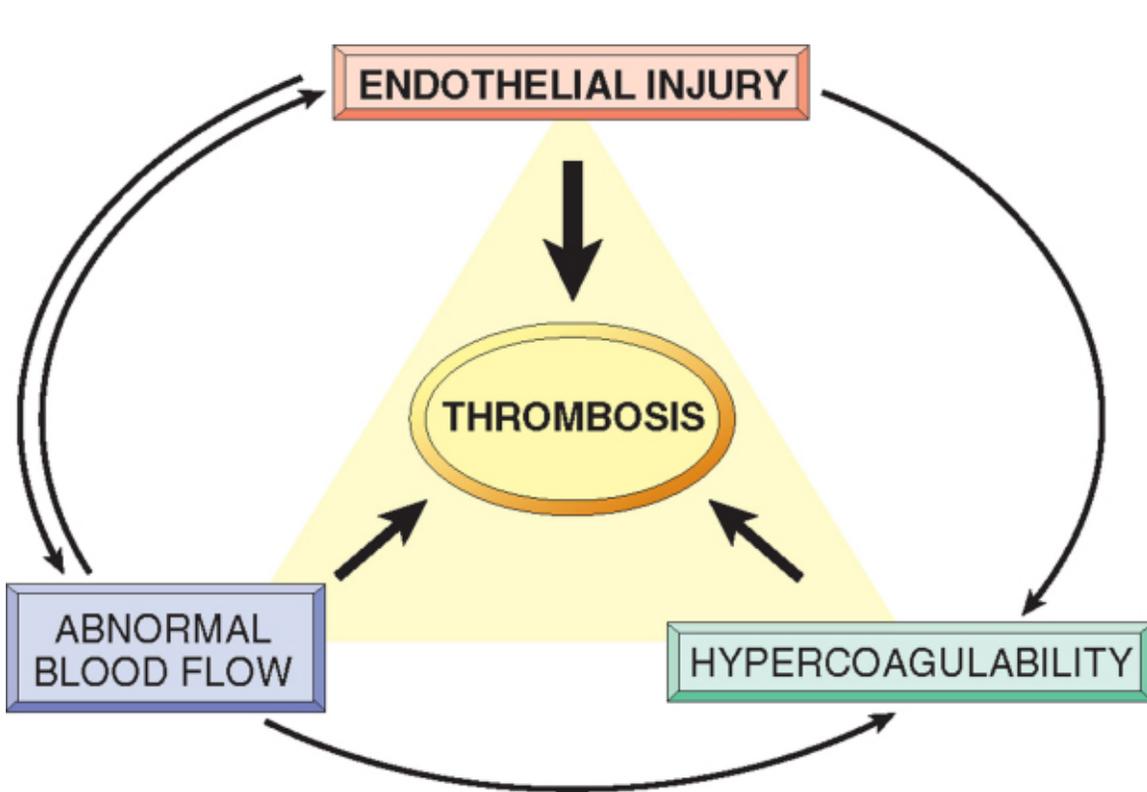
# Acute DVT Epidemia



PE Leading cause of preventable in-hospital mortality

*Huang et al - Am J Med 2014*

# Acute DVT Risk Factors

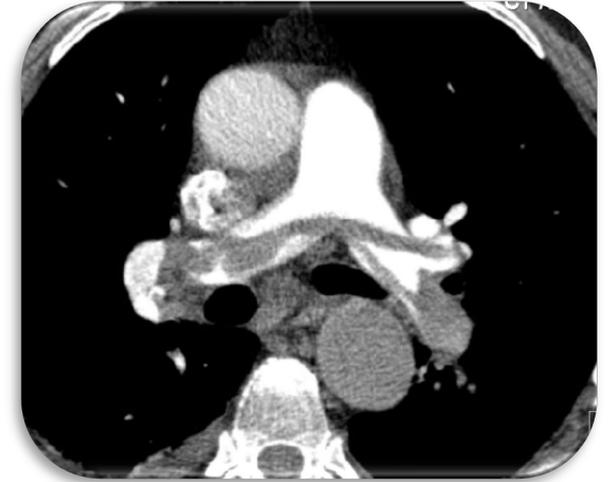


Acute DVT most often occurs in hospitalized patients, particularly those with cancer or following surgical procedures, but also occurs in the general public...



# DVT Treatment Goals

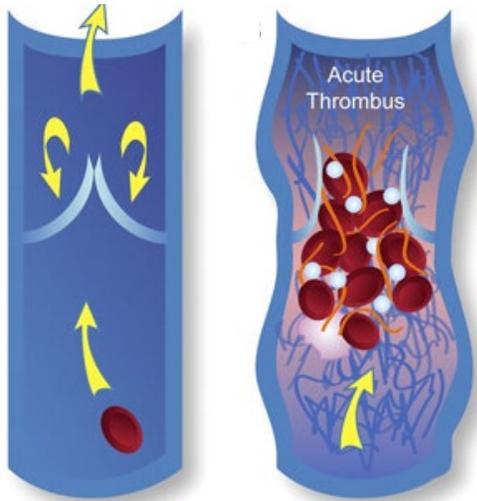
- Prevent pulmonary embolus & associated mortality
- Prevent limb loss (venous gangrene)
- Alleviate acute symptoms
- Prevent post-thrombotic syndrome



# From acute DVT to PTS (Post-thrombotic Syndrome)

**35-50% of IF DVTs will progress to PTS**  
**15% Severe PTS**

**Chronic Deep Vein Changes**



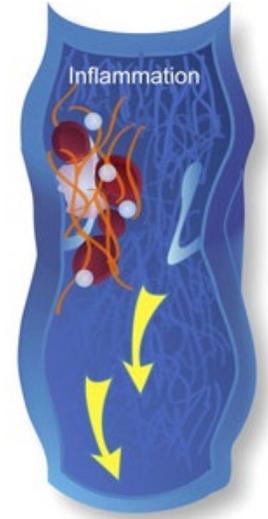
**3 months**



**1 year**

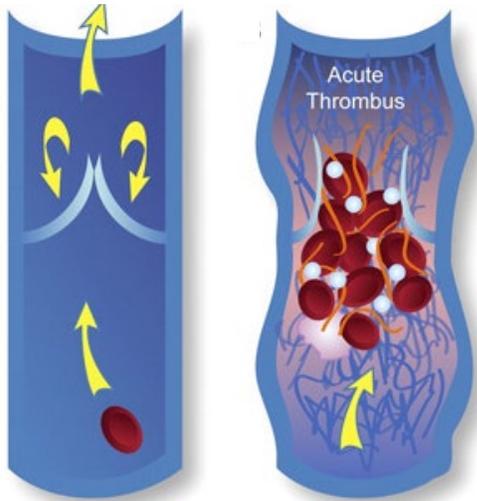


**2 years**



# From acute DVT to PTS

**35-50% of IF DVTs will progress to PTS**  
**15% Severe PTS**



**Pain**  
**Swelling**  
**Claudication**  
**Pigmentation**  
**Ulceration**

**3 months**



**1 year**



**2 years**

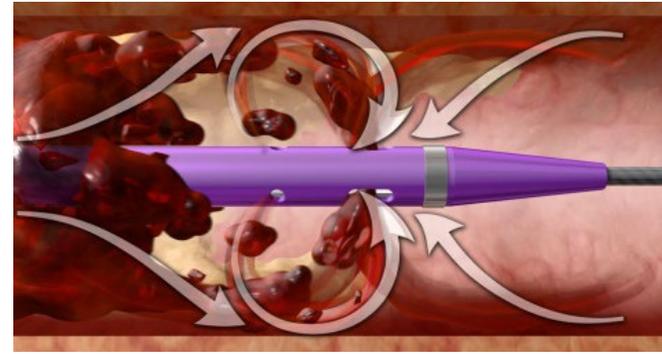
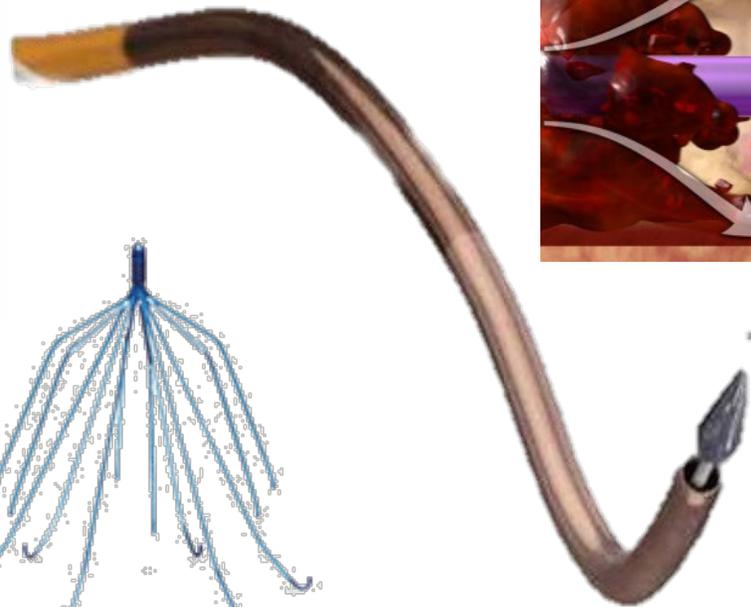


# DVT Treatment Options

OBSERVATION

Anticoagulation

INTERVENTION



# Anticoagulation is the Standard of Care

**Critical to obtain  
therapeutic level in 24hrs**

## ***Advantages:***

- Prevents Clot propagation
- Reduces occurrence of a PE
- Can decrease symptoms / recurrence

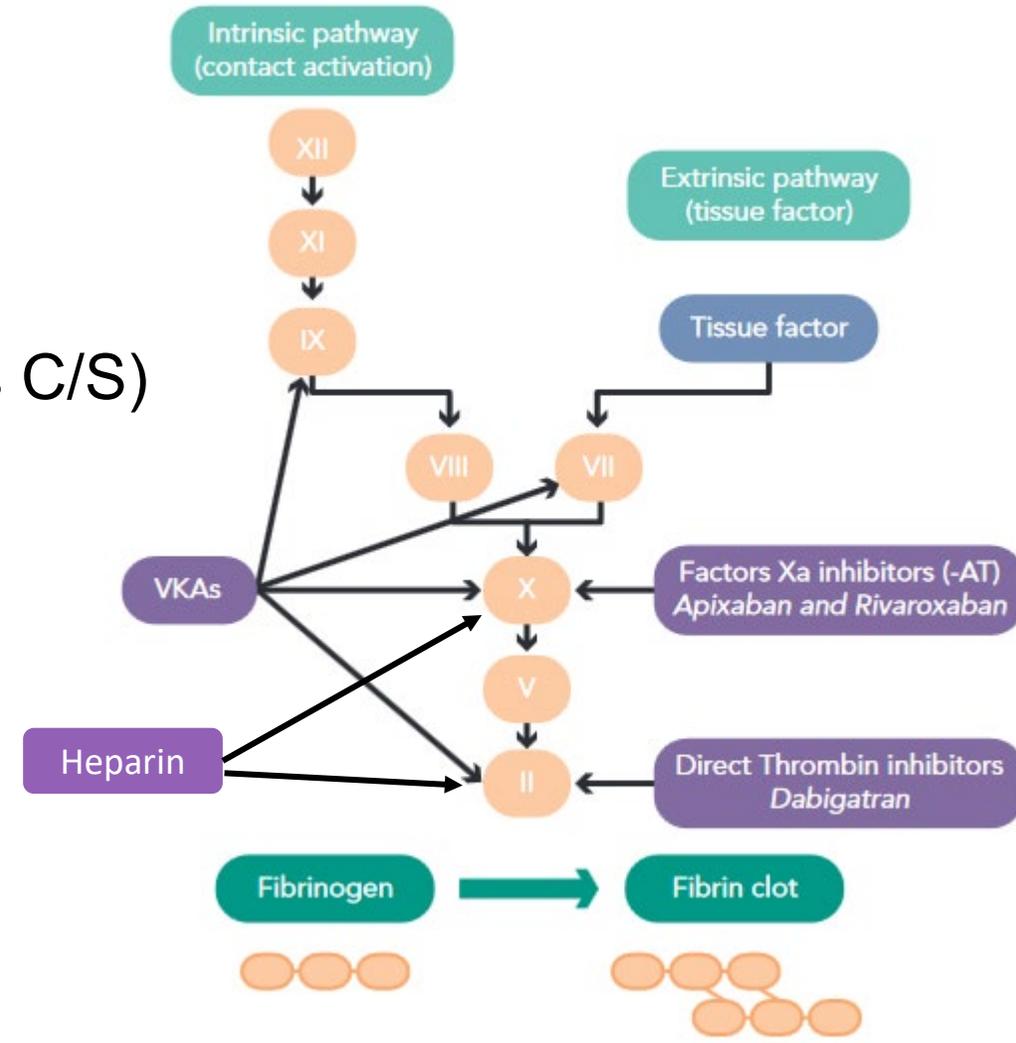
## ***Disadvantages / Side effects:***

- <4% will have complete thrombus resolution
- Has not been shown to reduce incidence of valve damage
- Bleeding – HIT (heparins) - Osteoporosis (Vit. K ant)



# Anticoagulation Decision Making – Type and Duration

- **Heparin / LMWH / Fondaparinux**
  - Binds to Antithrombin (blocks Xa & IIa)
  - Initiate immediately
- **Coumadin**
  - Vit K antagonist (inhibits II, VII, IX, X & proteins C/S)
  - Start on first day (always overlap with heparin)
  - Target INR 2-3 (need for repeat blood draws)
- **Direct Oral Anticoagulants (DOACs)**
  - Factor Xa or IIa (Thrombin) inhibitors
  - No need for monitoring



# Anticoagulation Decision Making – Type and Duration

## Decision making is largely guided by VTE subgroup

- **Provoked** vs Unprovoked
- **Cancer-associated** vs No cancer
- Lower extremity
  - **Proximal** vs Distal DVT – 5x recurrence
- Upper extremity
  - Catheter vs non-catheter associated

# Compression – European Guideline

Recommendation 31		
For patients with proximal deep vein thrombosis, early compression at 30 – 40 mmHg with either multilayer bandaging or compression hosiery, applied within 24 hours, is recommended to reduce pain, oedema, and residual venous obstruction.		
Class	Level	References
I	A	Partsch & Blattler (2000), <sup>181</sup> Rousselle et al. (2004), <sup>182</sup> Argente et al. (2004), <sup>183</sup> et al. (2004), <sup>184</sup>

Recommendation 32		
For patients with proximal deep vein thrombosis, use of below knee compression stockings should be considered in order to reduce the risk of post-thrombotic syndrome.		
Class	Level	References
IIa	A	Kahn et al. (2014), <sup>173</sup> Prandoni et al. (2004), <sup>174</sup> Partsch et al. (2004), <sup>176</sup> Brandjes et al. (1997), <sup>202</sup> Aschwanden et al. (2008), <sup>208</sup> Ginsberg et al. (2001) <sup>212</sup>



# Some patients need more than AC & Compression ...



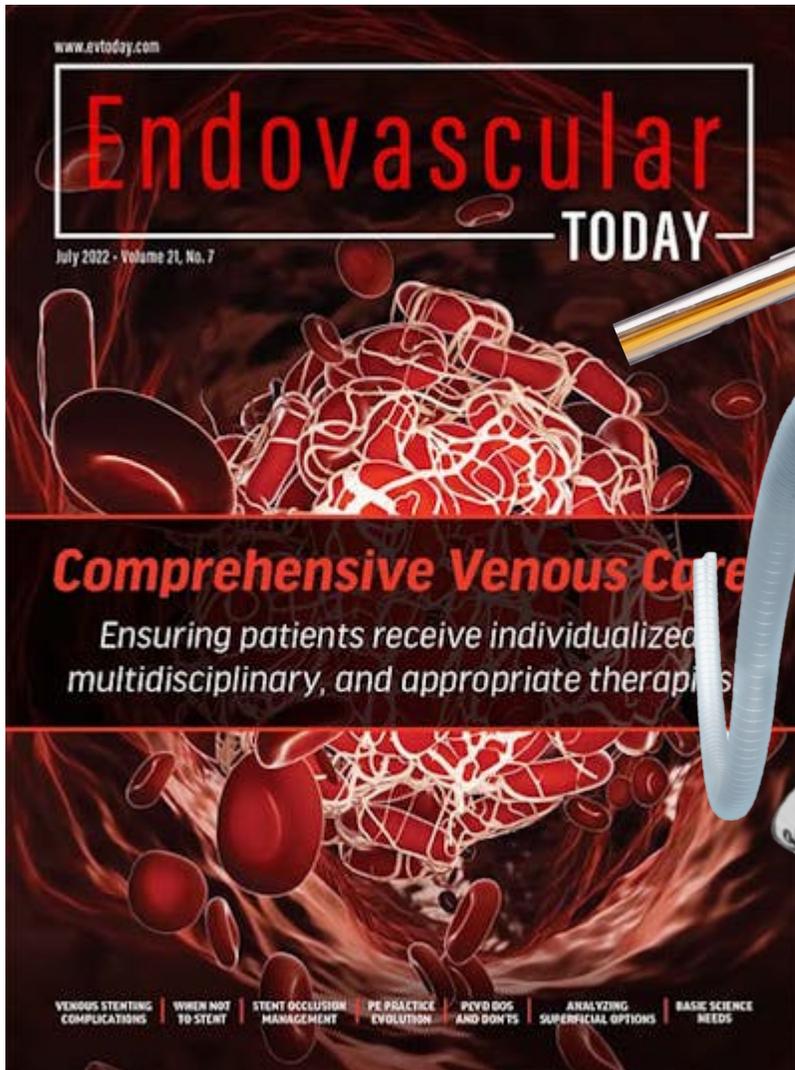
# Choose the ideal candidate and intervene early

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- **Symptomatic Iliofemoral/Caval DVT**
  - **Active – Good Risk Patient**
- **<14 days**
  - **Thrombus damages valve**
  - **Thrombus turns to collagen**

# Know your tools' strengths and weaknesses...

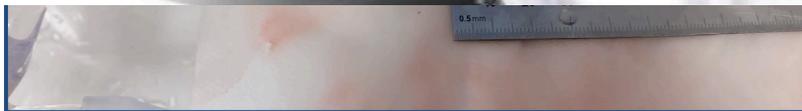


# Indigo CAT 12 Lightning - Penumbra

**Intelligent Aspiration**

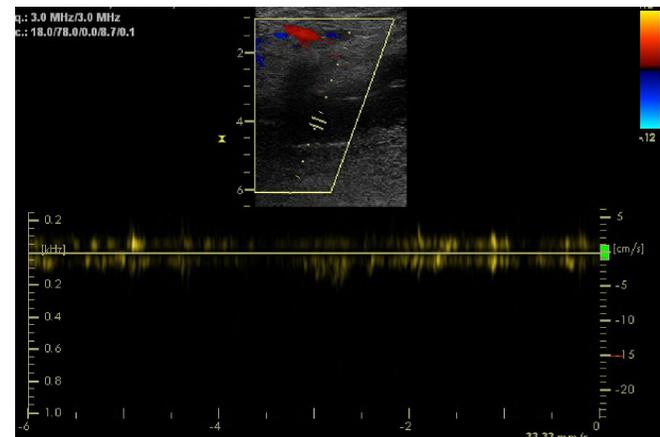
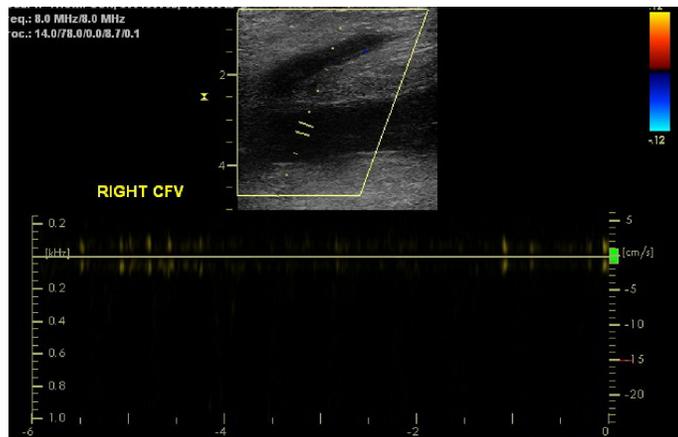


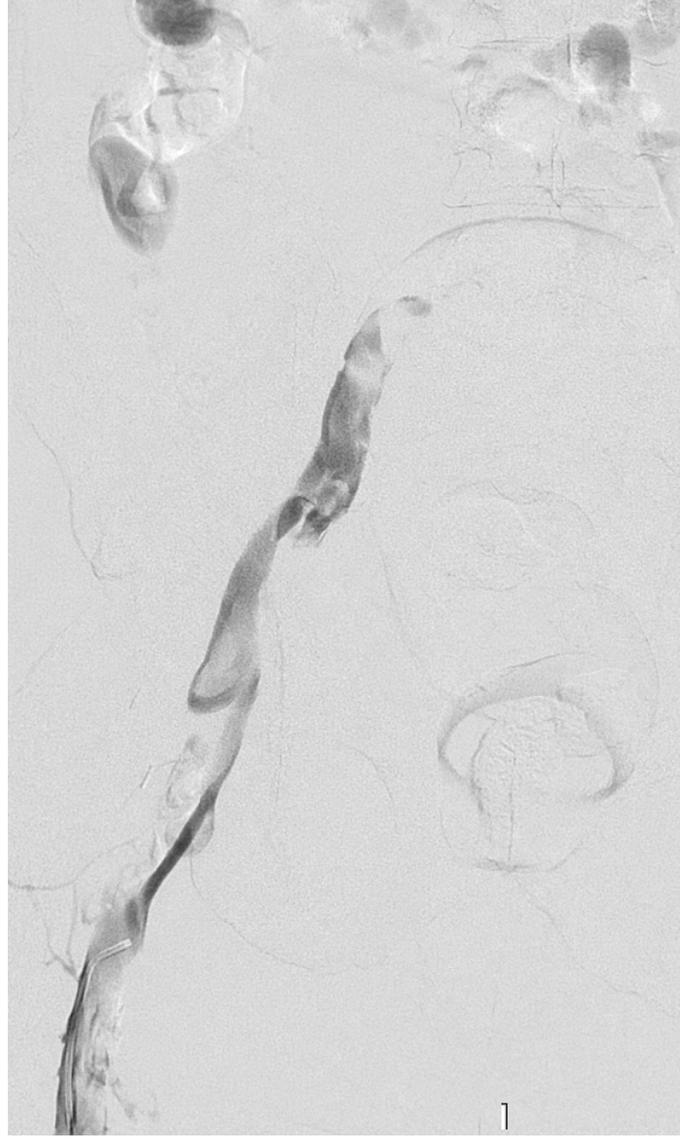
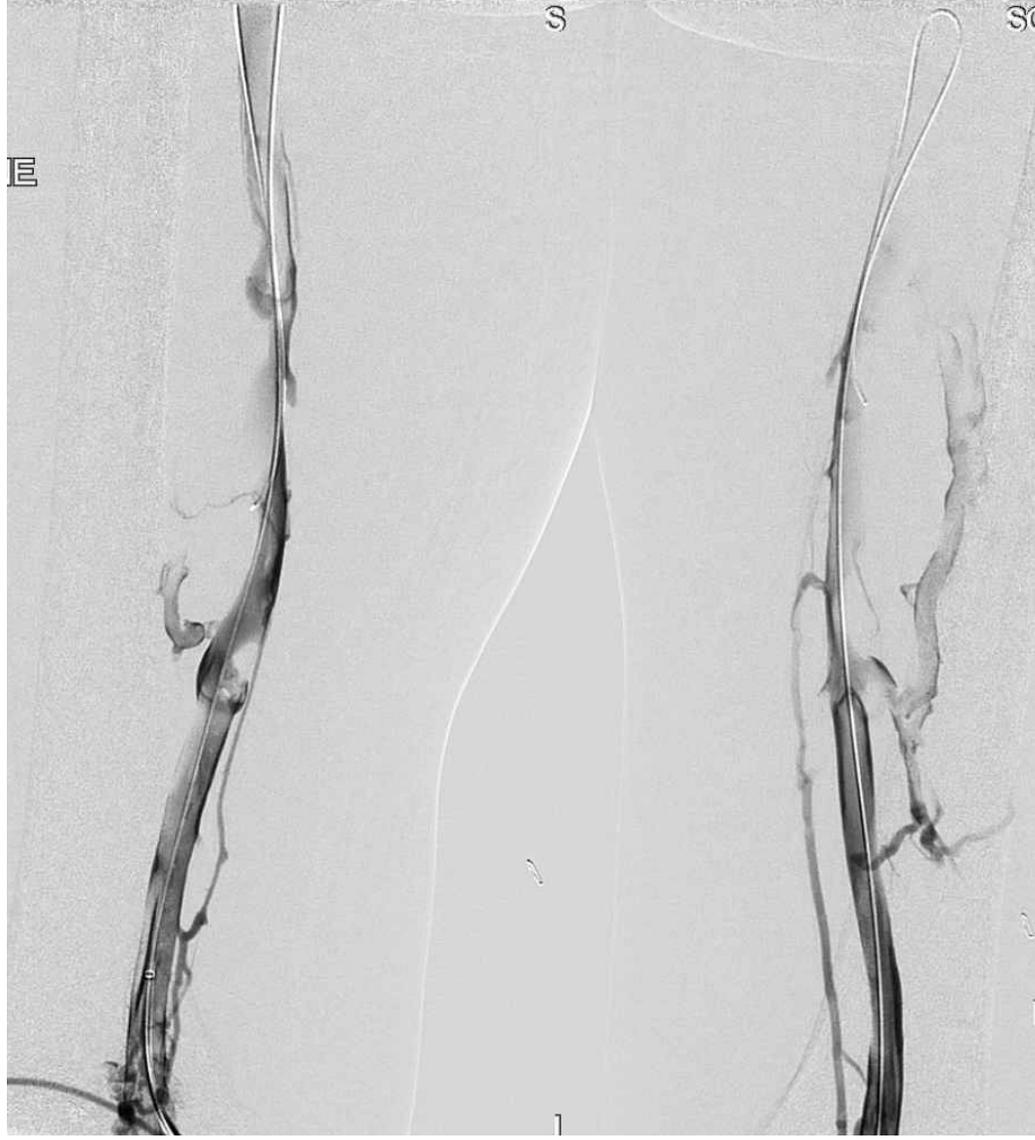
**Lightning Flash  
16Fr**

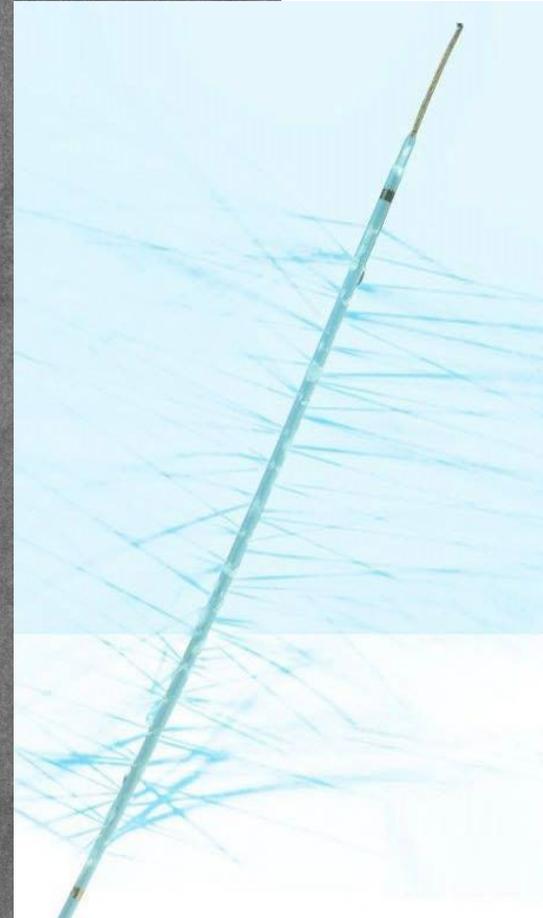
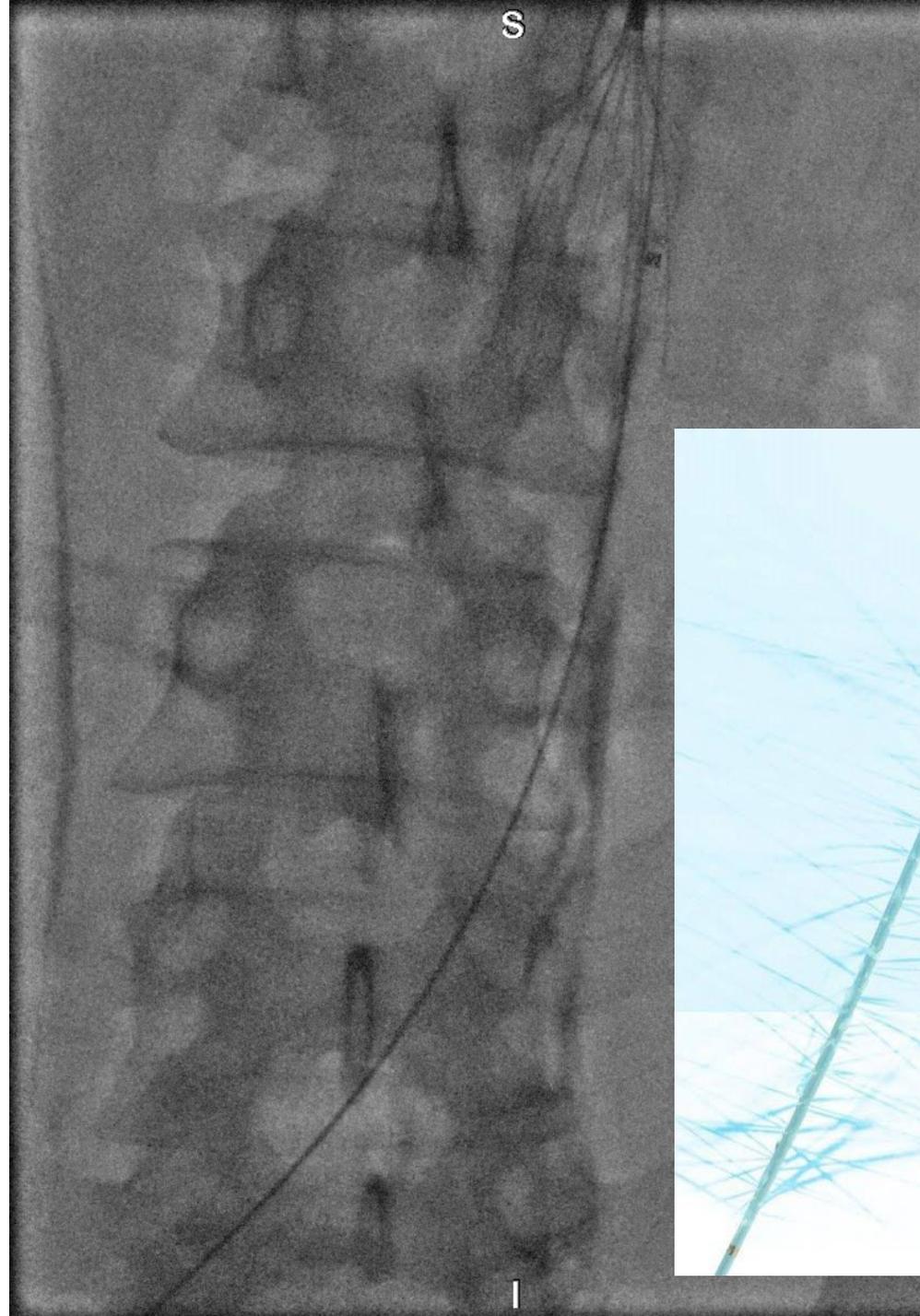
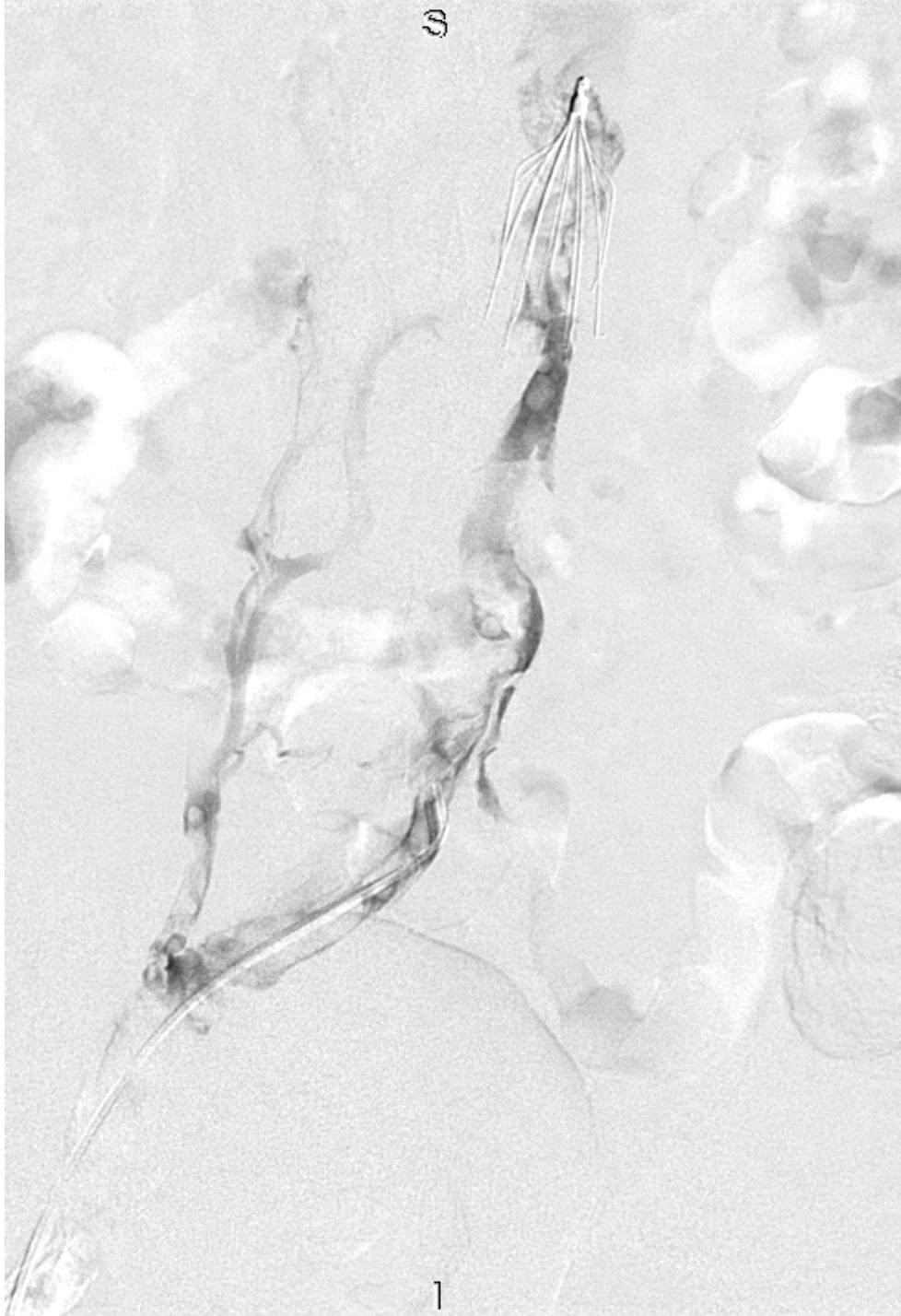


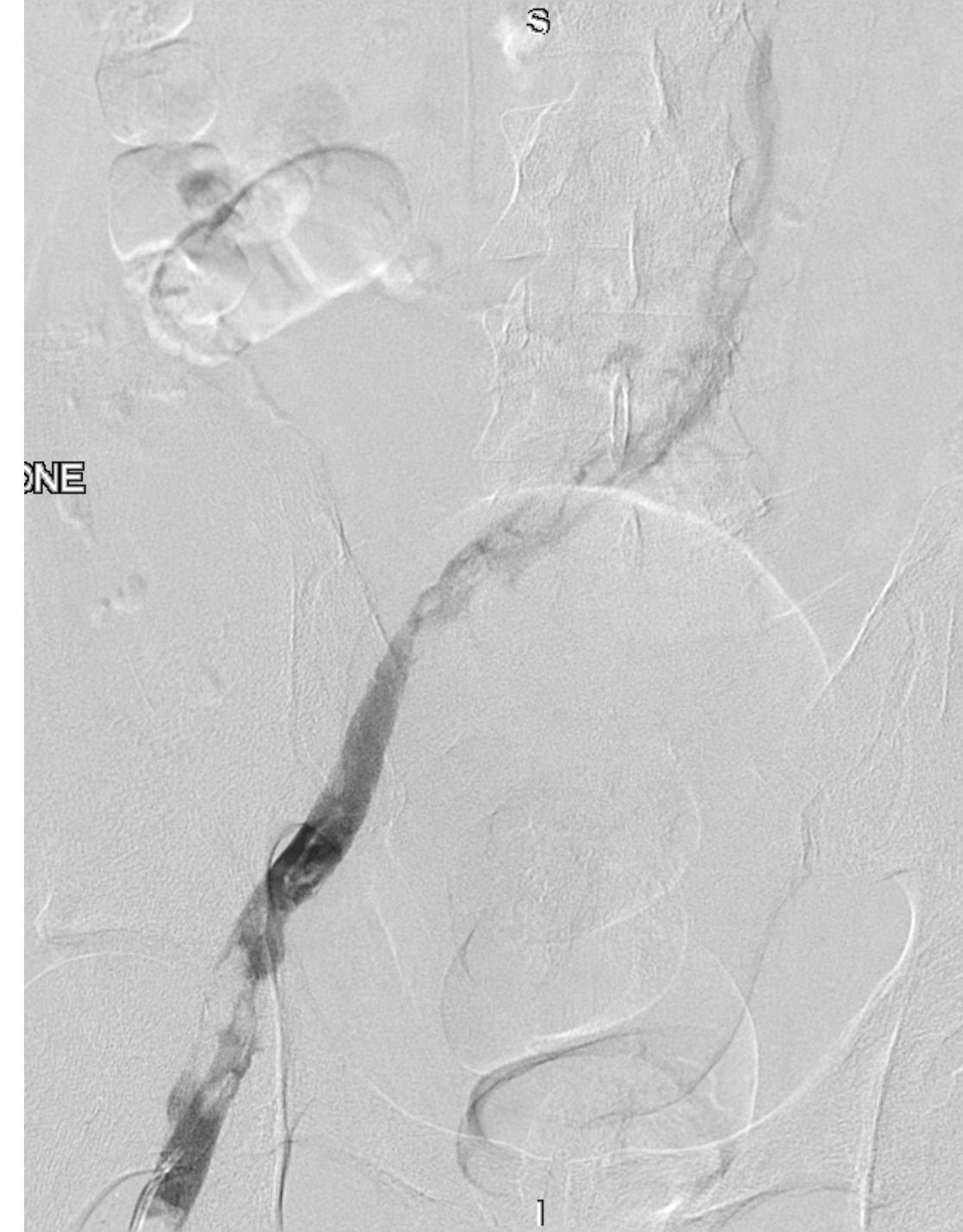
# 2021: 43 y.o. Male with Bilateral Swelling and Pain

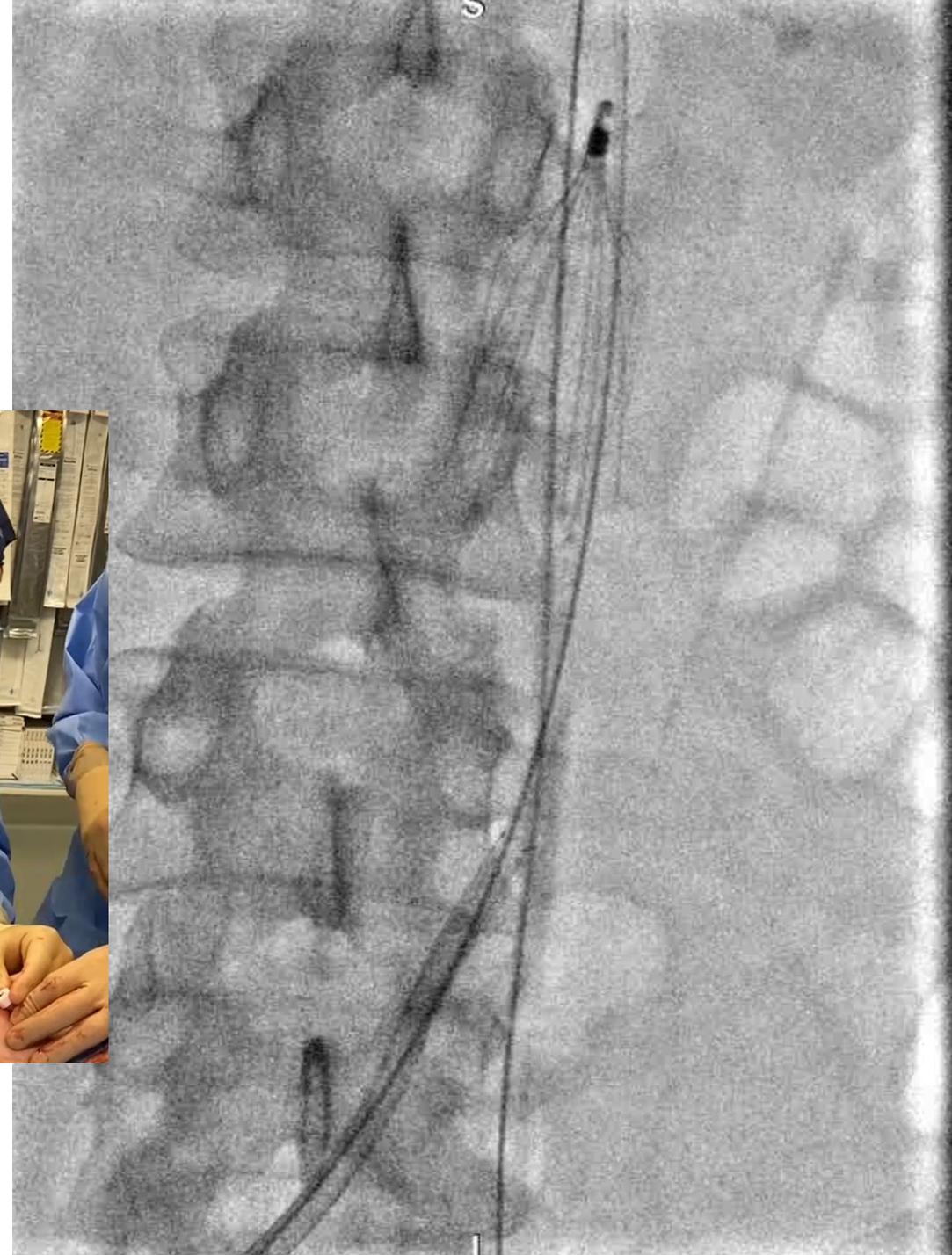
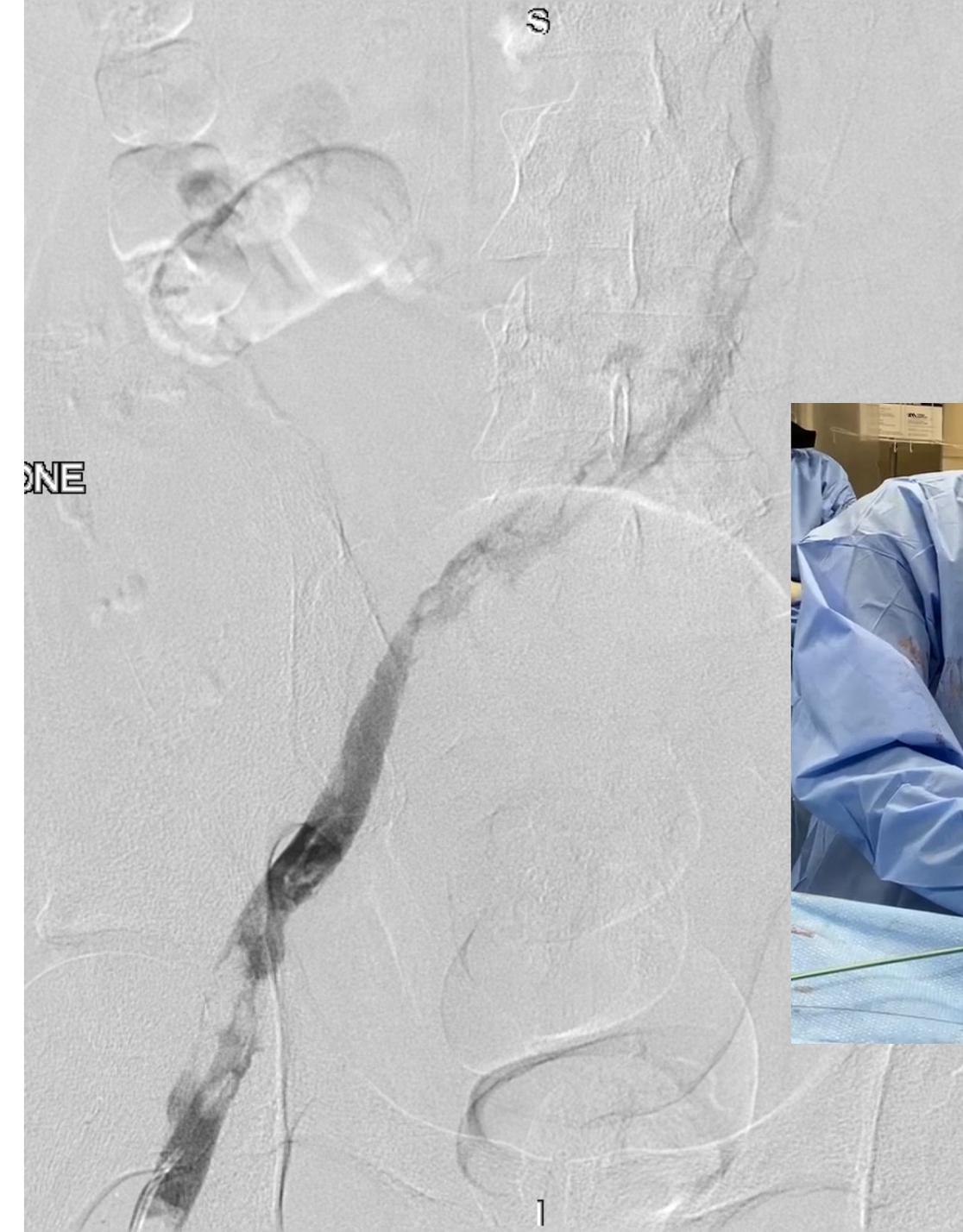
- **Bilateral leg swelling**
- **Severe Back/Leg/Groin pain**
- **Hx of DVT/PE and surgical thrombectomy**
- **IVC filter was placed**
- **48 hour heparin non improvement**

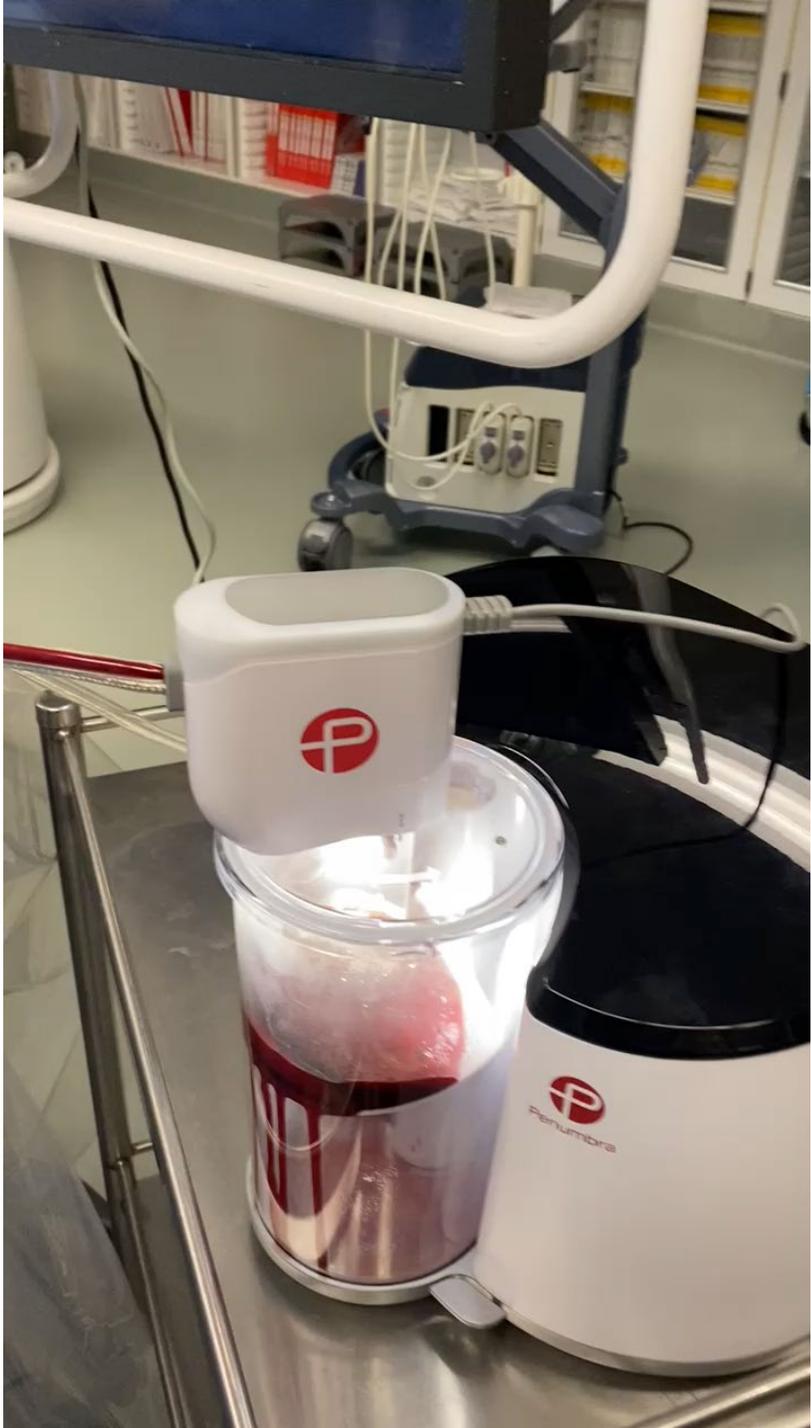
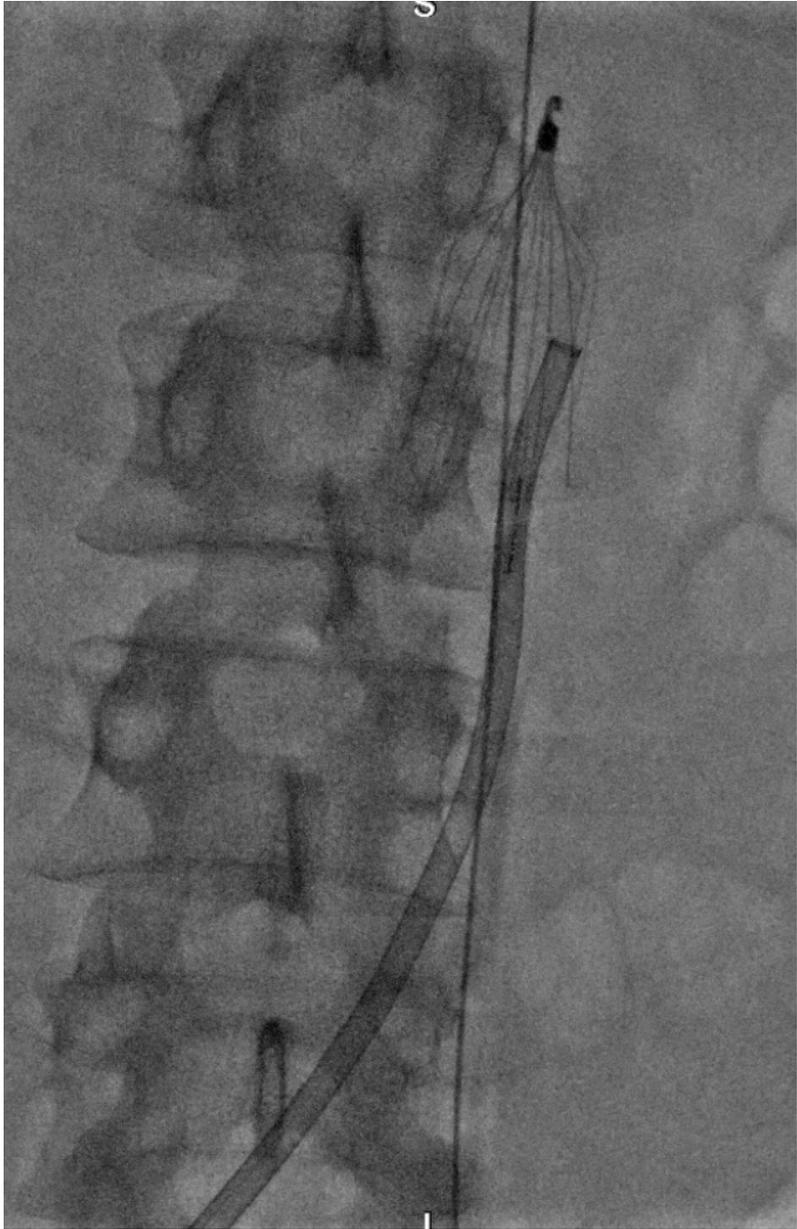


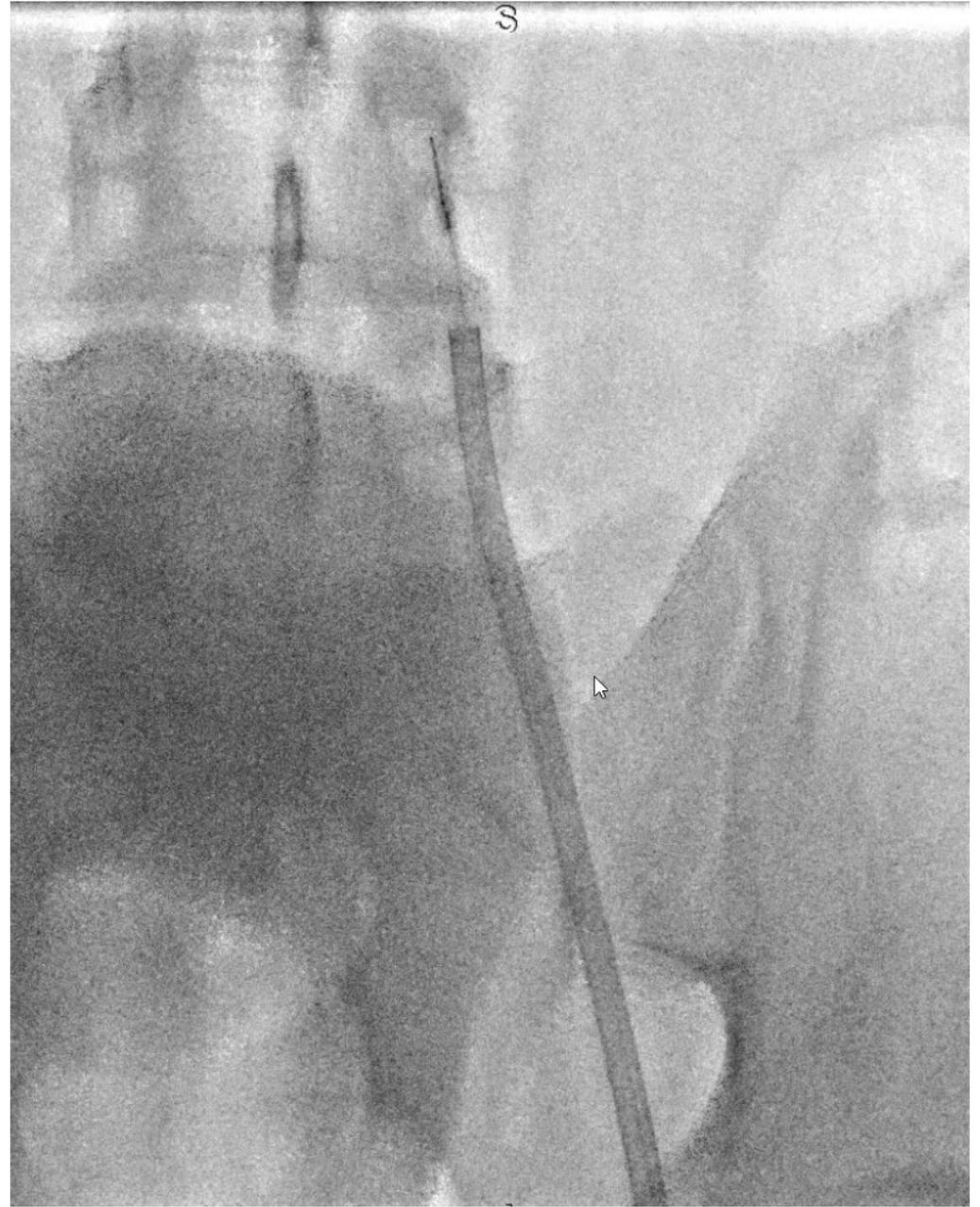
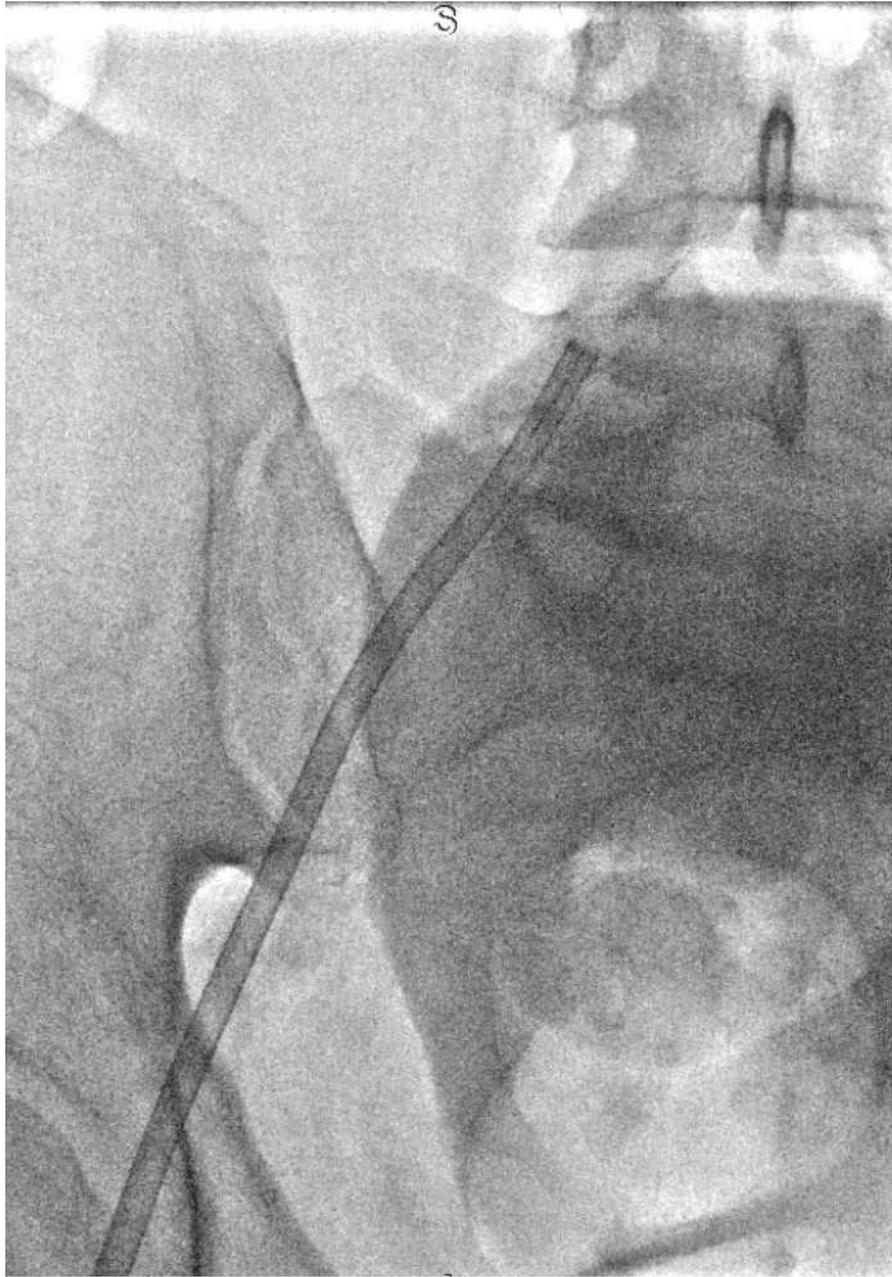




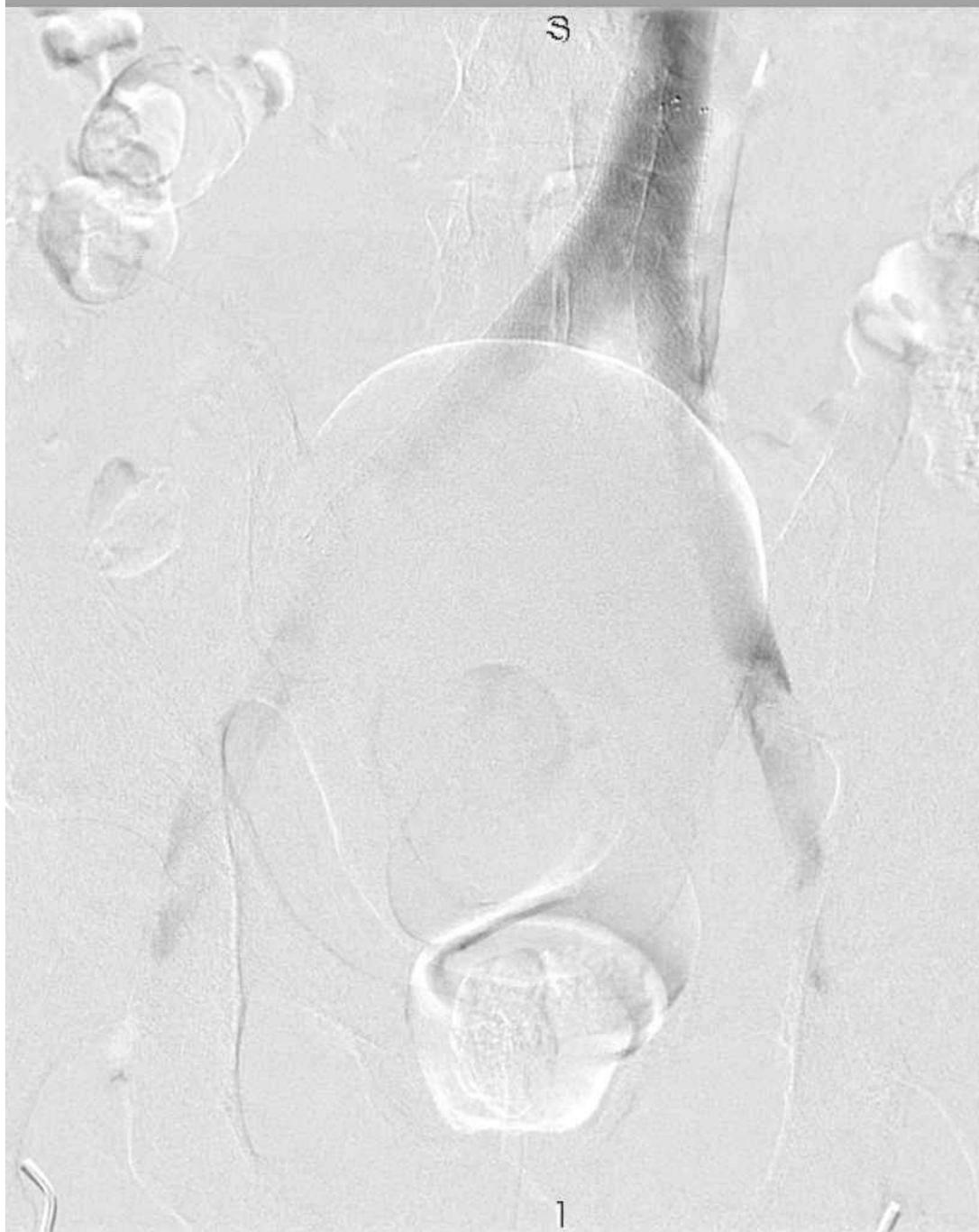


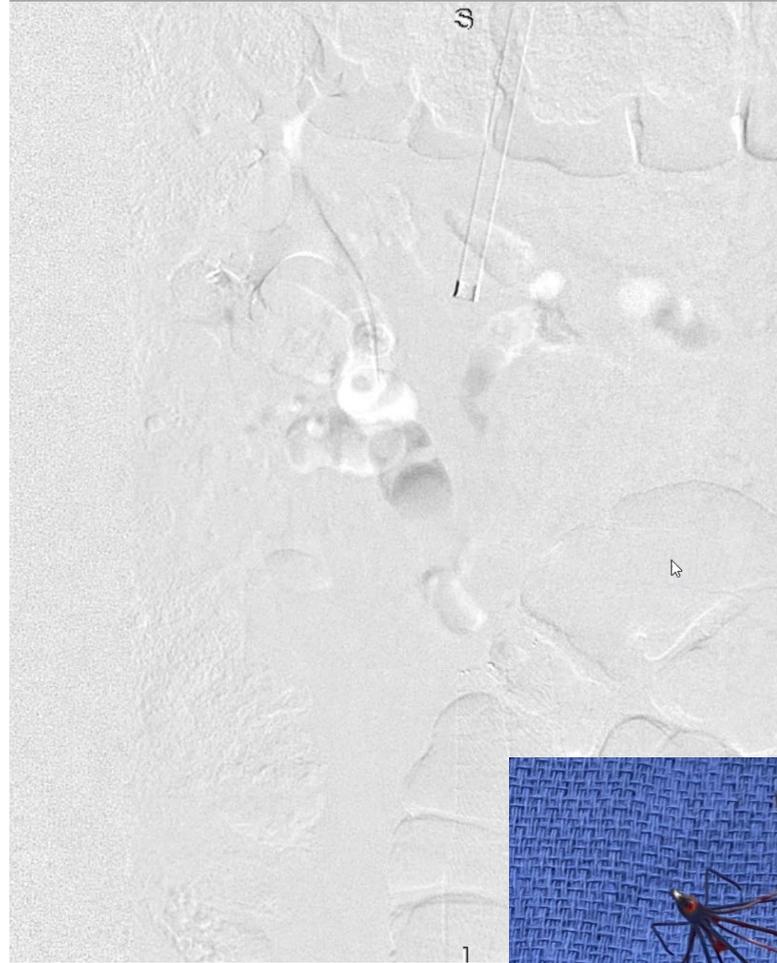
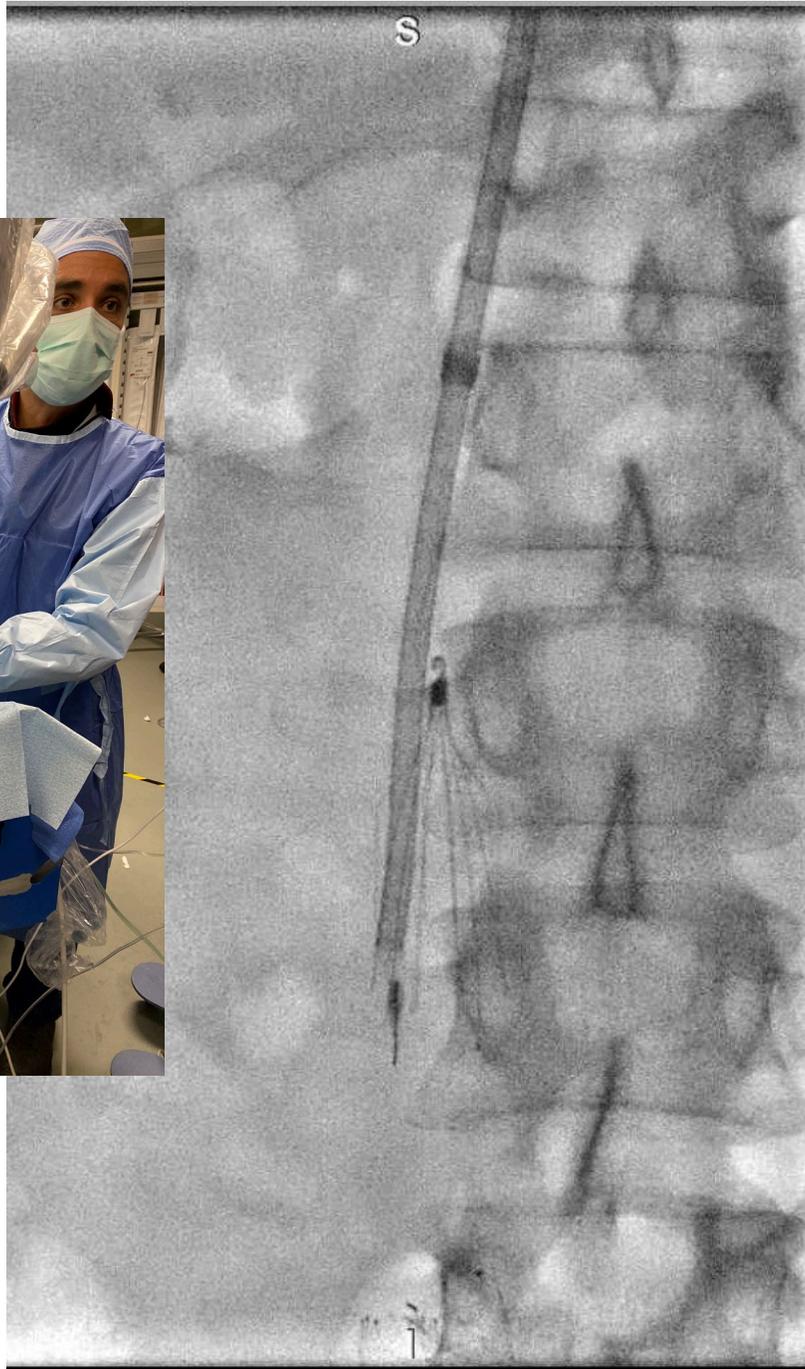












# ClotTrievers- Inari

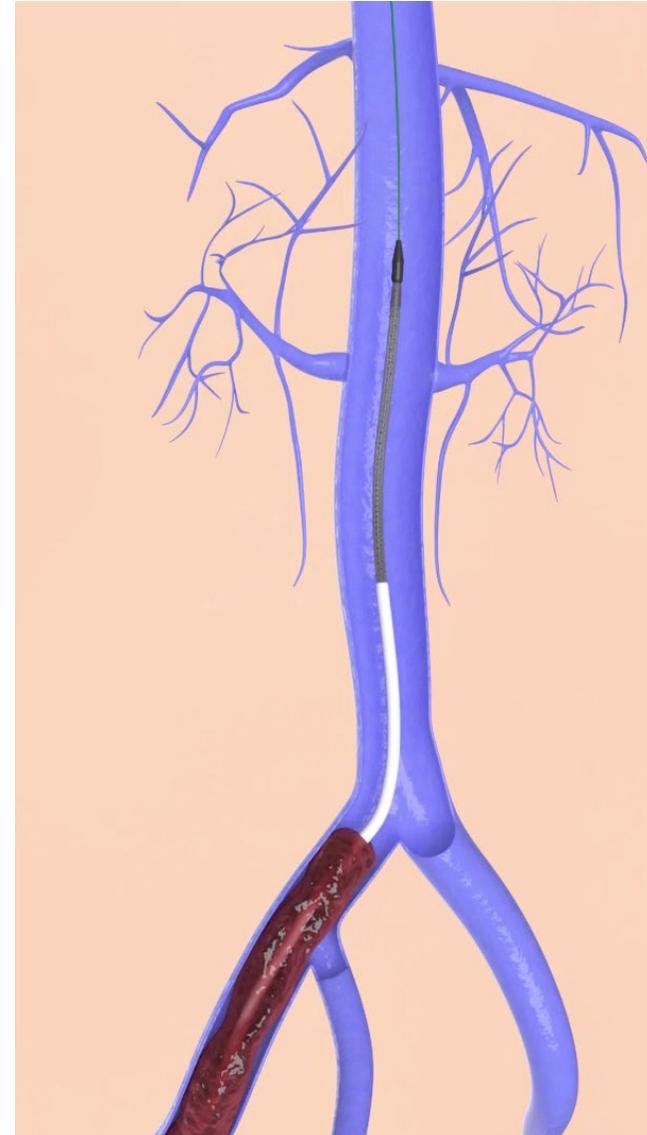
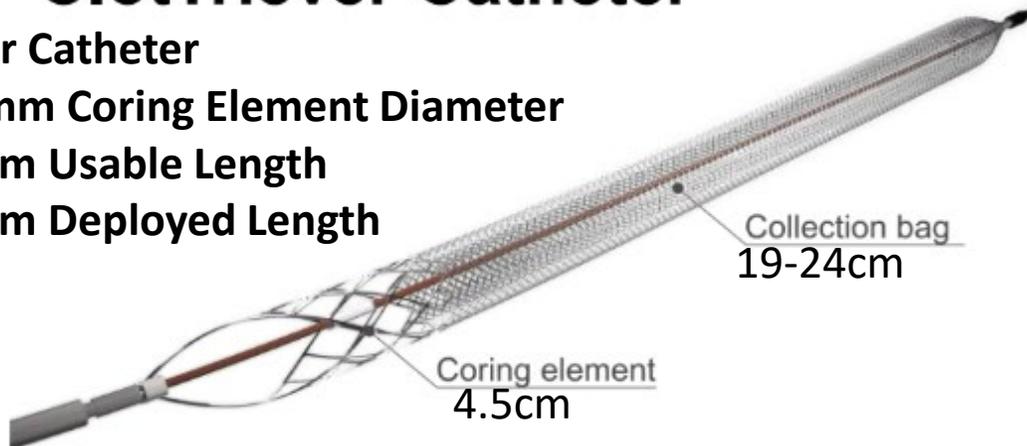
## ClotTrievers Sheath

13 or 16Fr Sheath  
15cm Length  
14mm Funnel Diameter

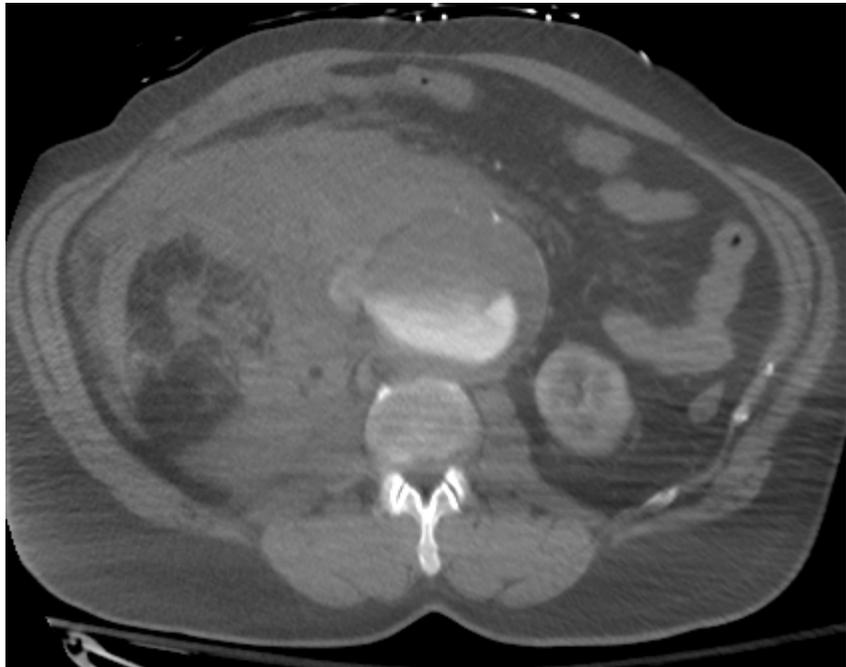


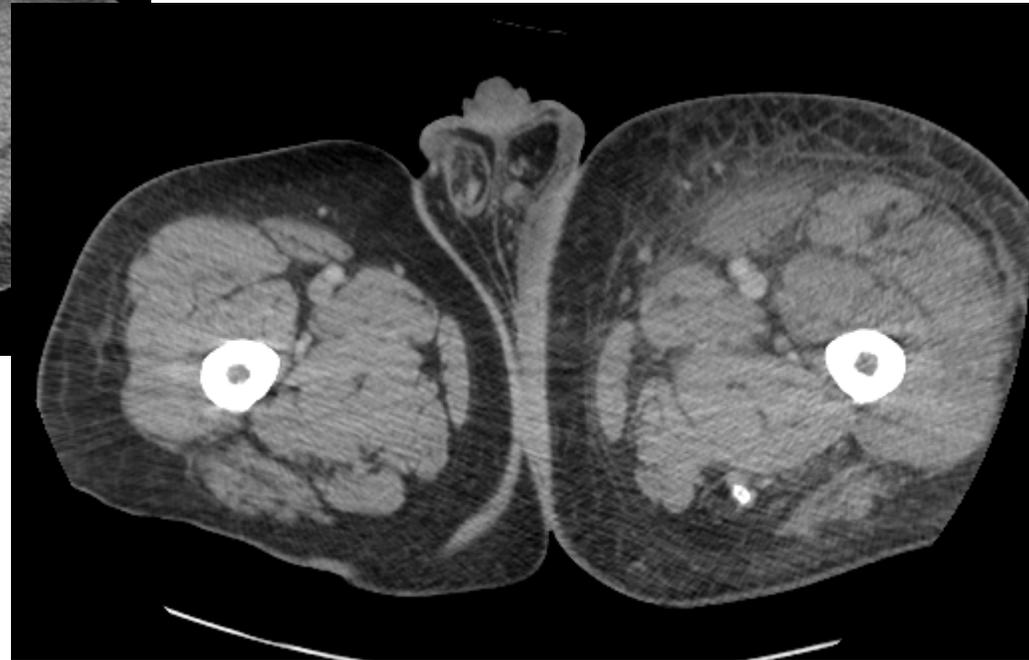
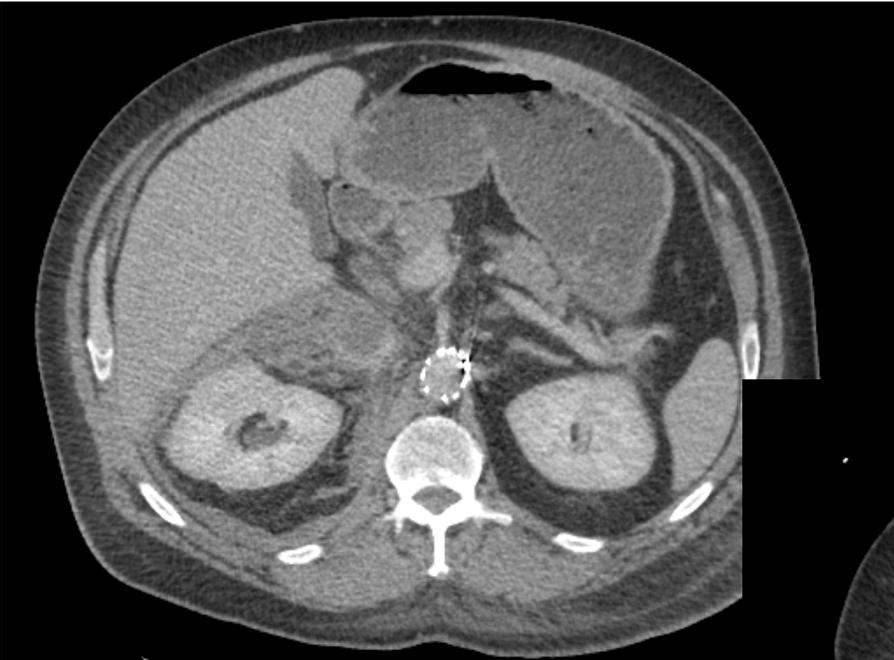
## ClotTrievers Catheter

11Fr Catheter  
16mm Coring Element Diameter  
74cm Usable Length  
31cm Deployed Length

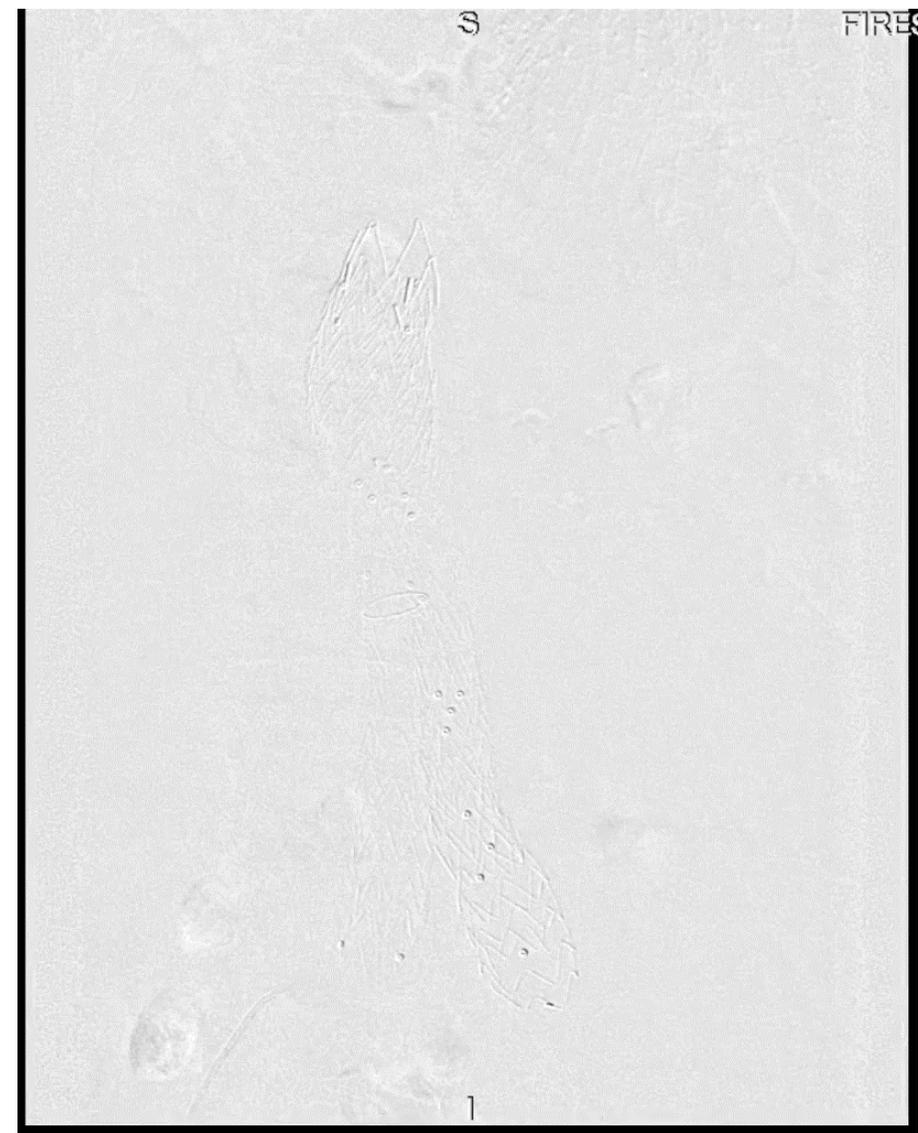
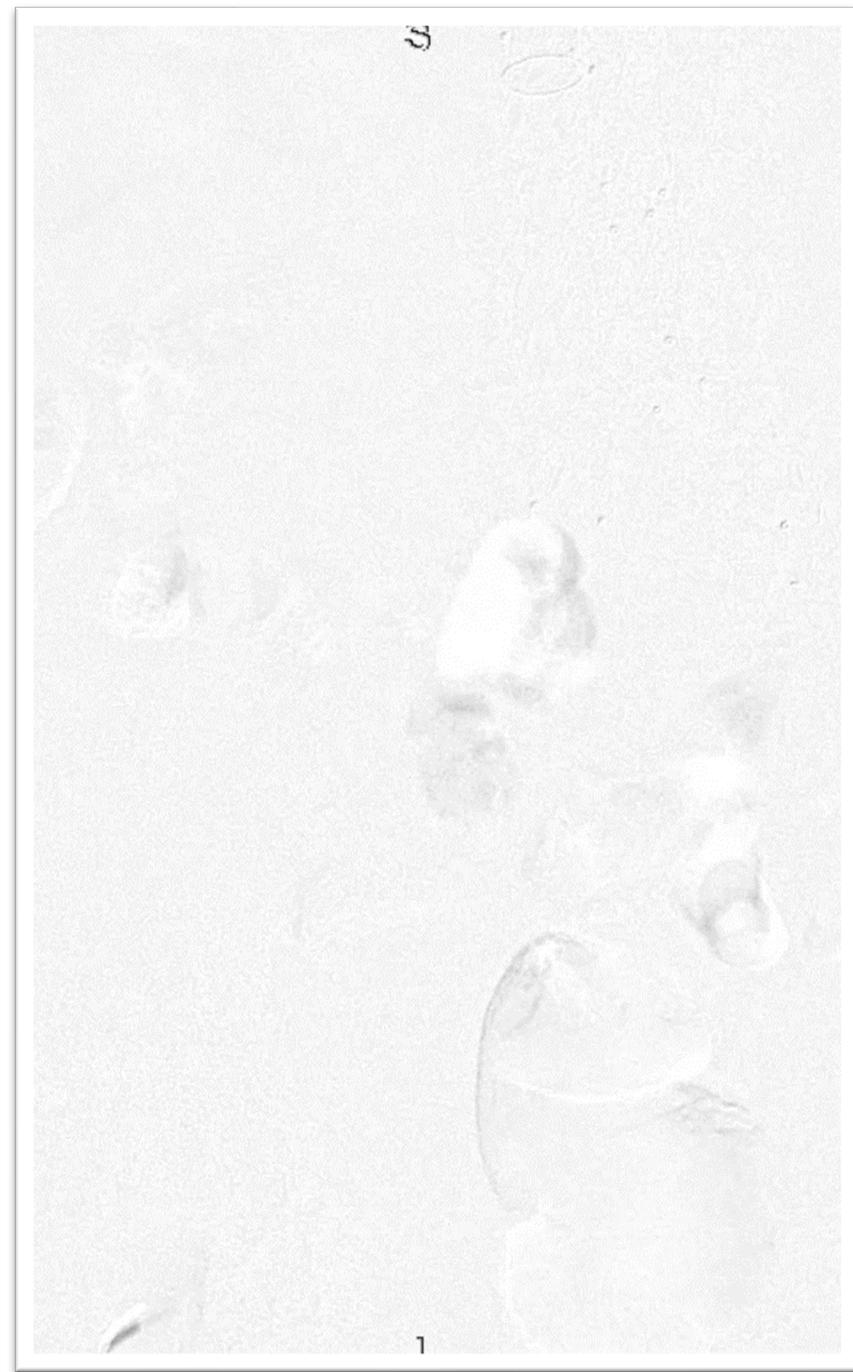


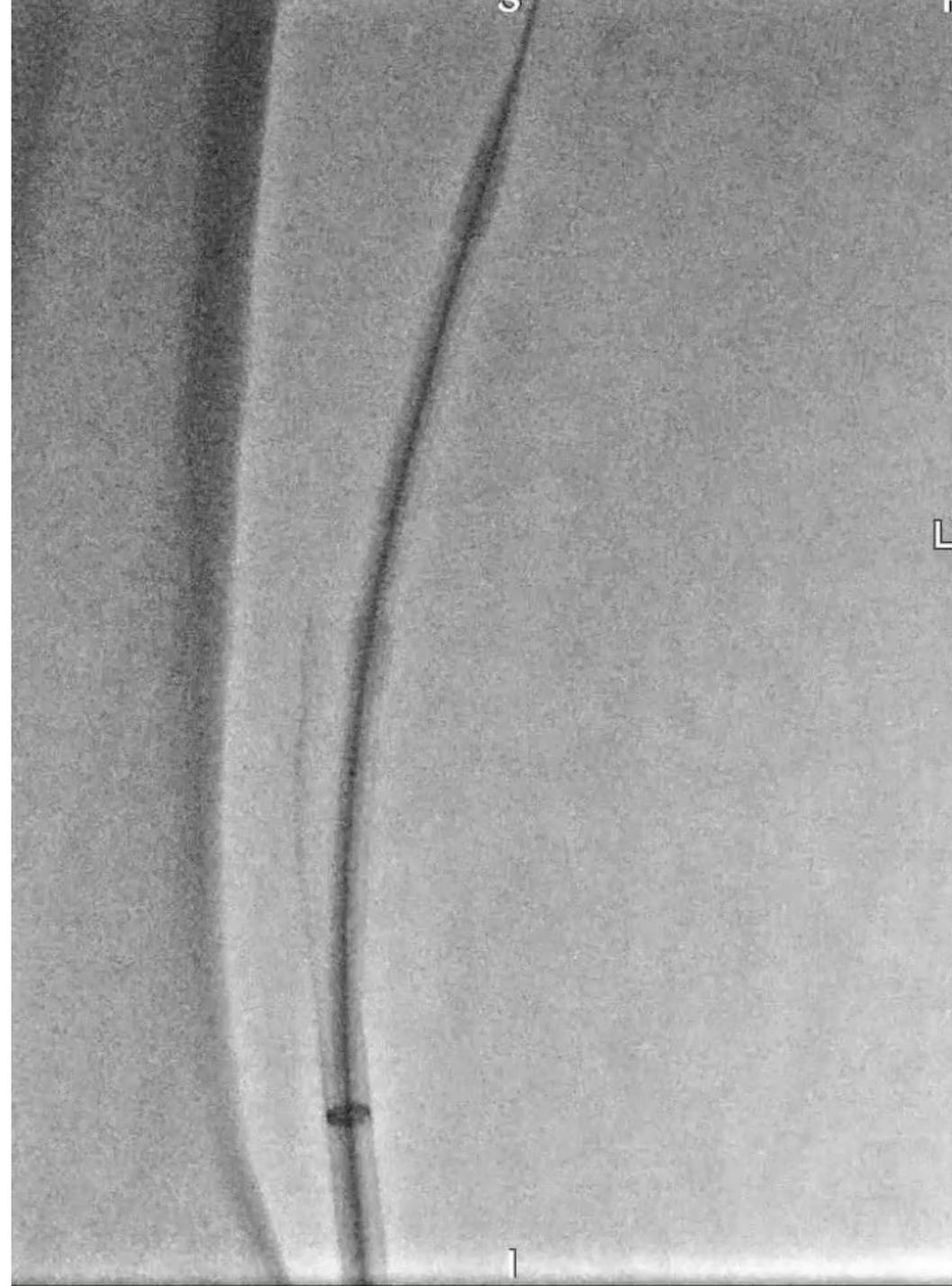
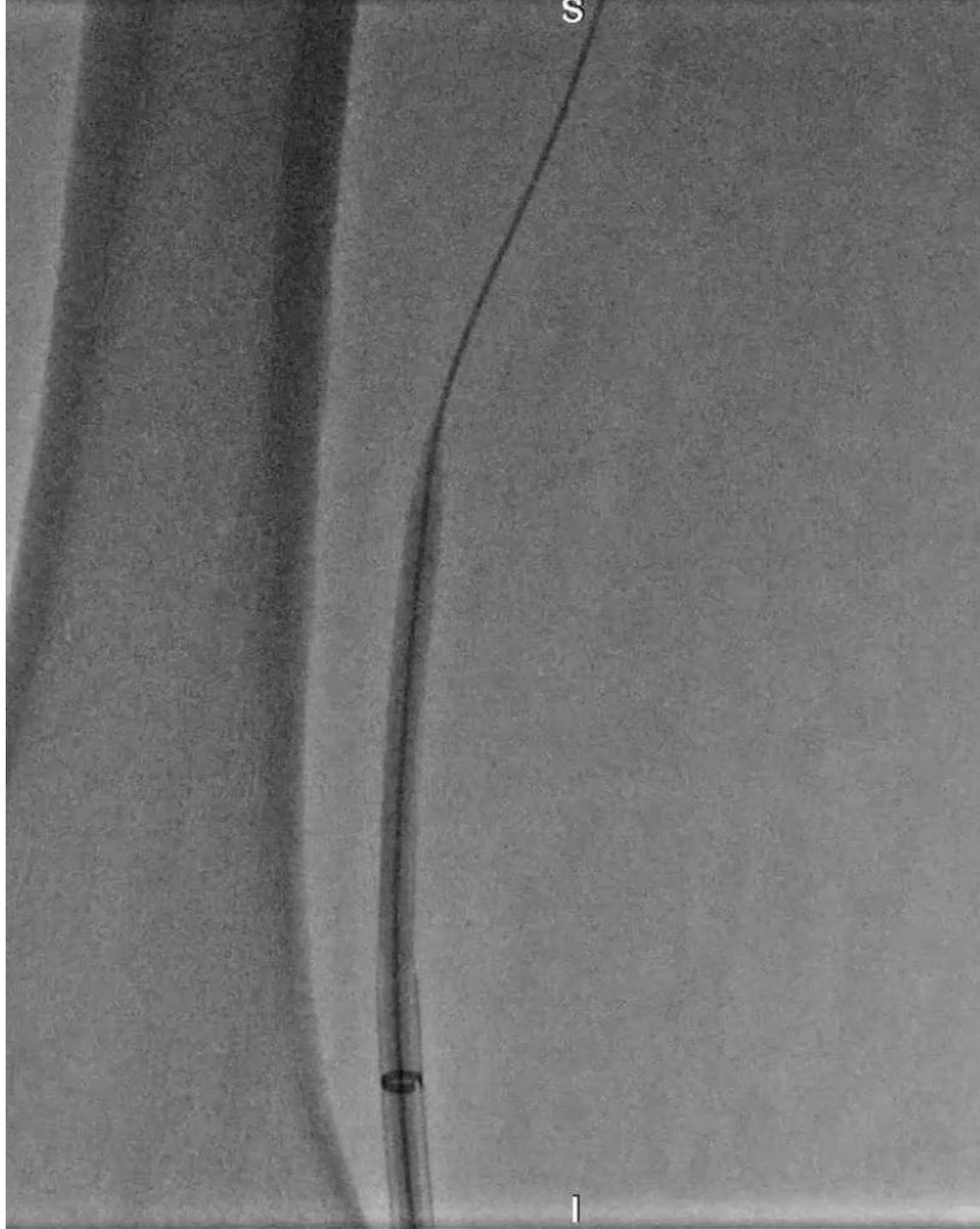
- 54 y.o. male rAAA – EVAR
- POD # 2 Thrombocytopenia – HIT
- POD # 3 Left Iliocaval DVT
- Swelling / pain and numbness for >48h

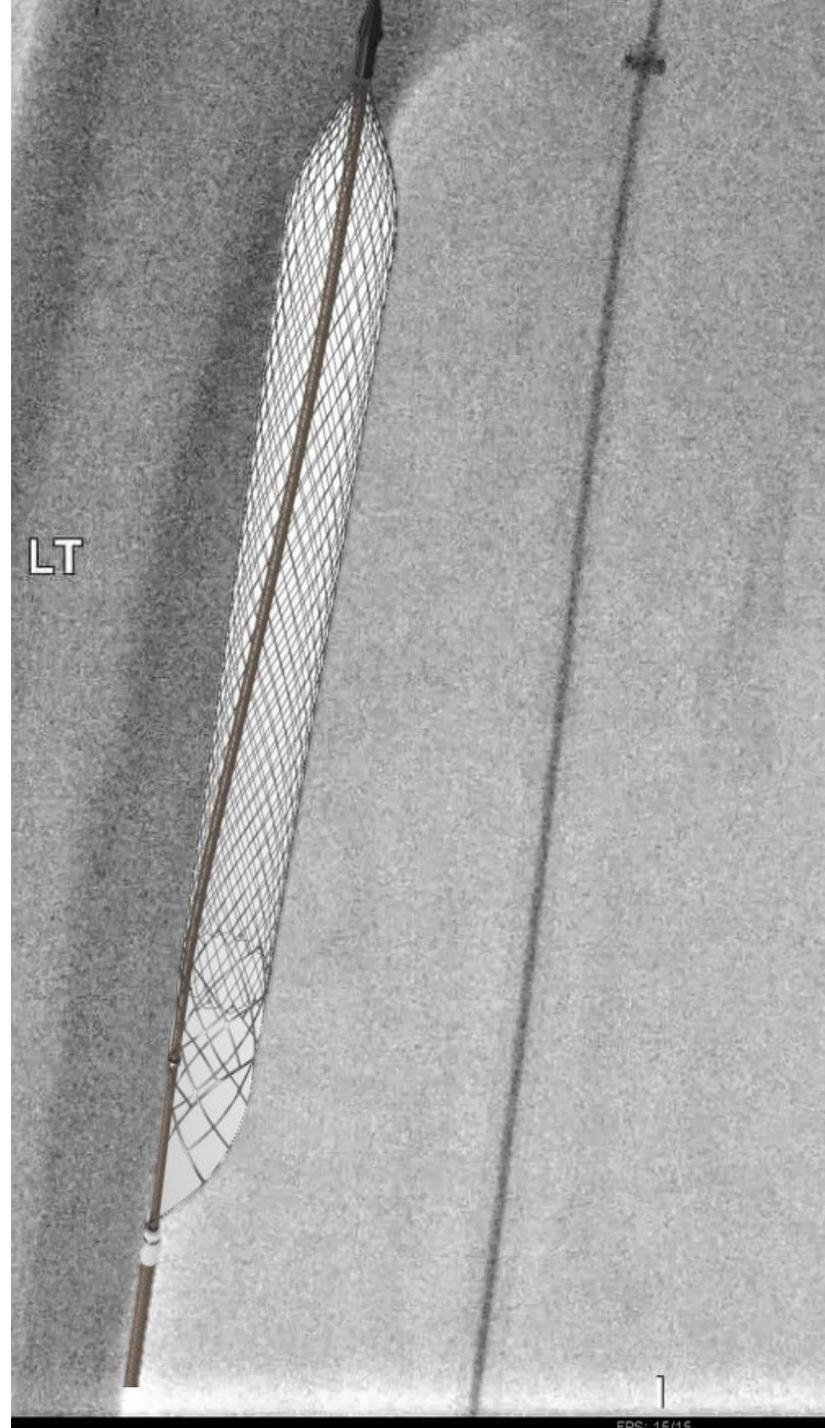
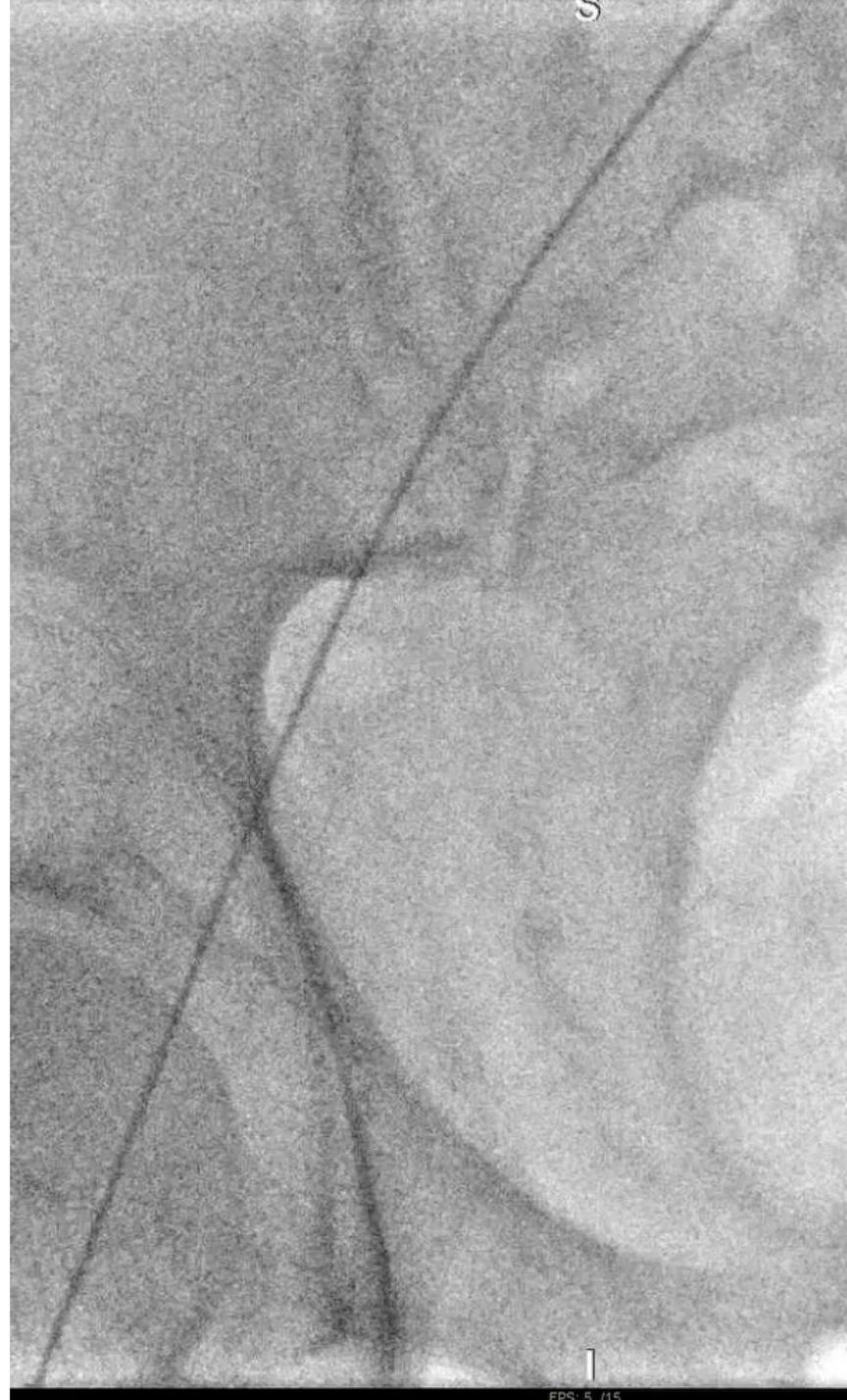
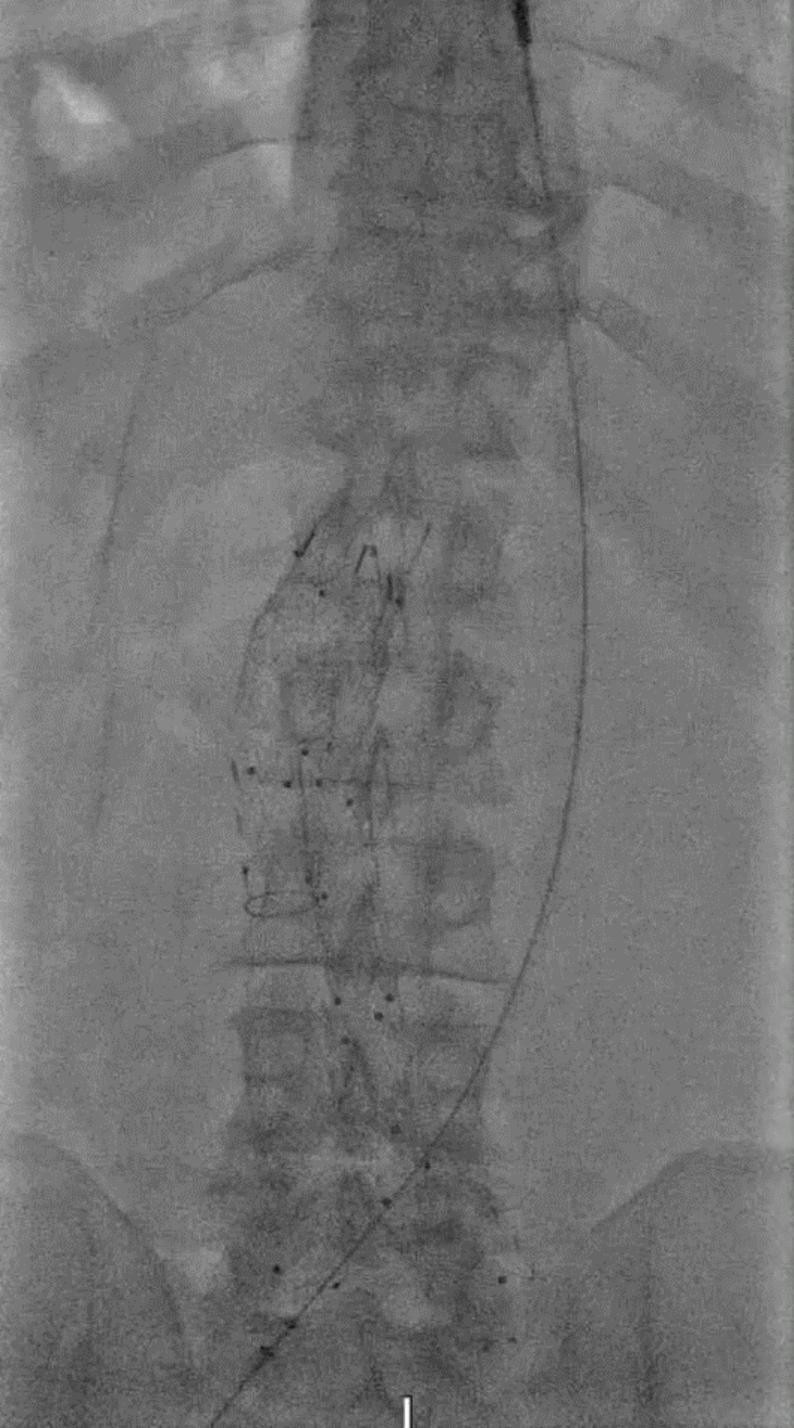


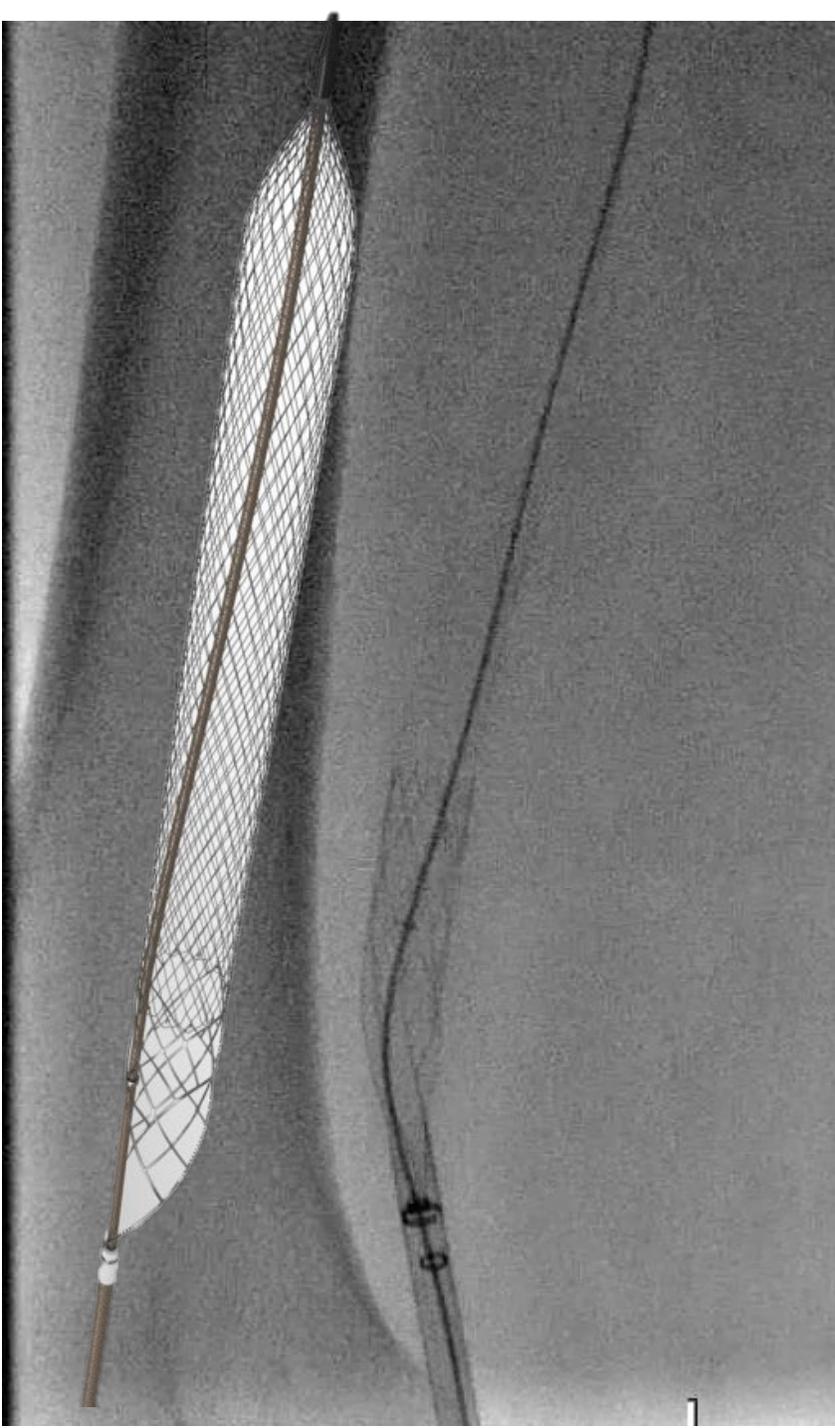


Left external iliac  
vein thrombus











# Take Away Messages

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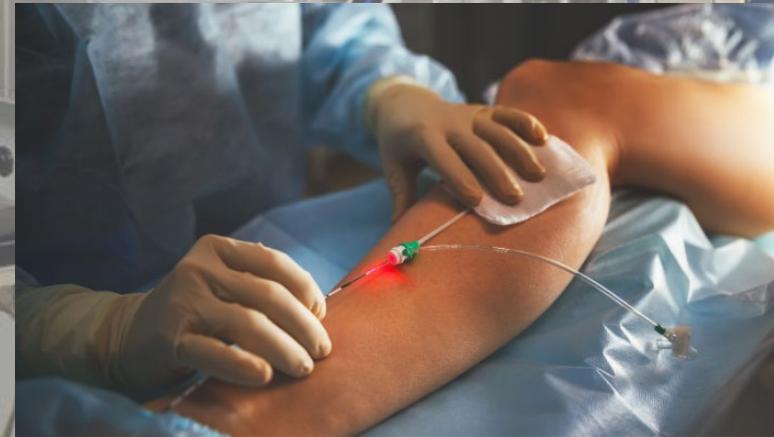
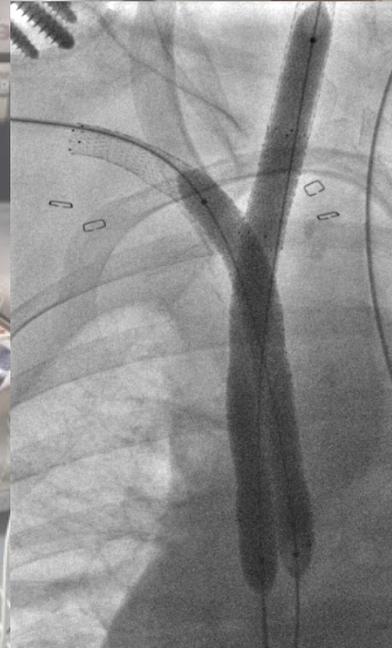
- Acute DVT is on the rise
- Most frequently seen in hospital patients and malignancies
- Don't forget anticoagulation prophylaxis for inpatients
- Treatment is anticoagulation for the vast majority of patients
- Lifestyle changes and compression will alleviate symptoms
- Invasive treatments of thromboaspiration are meaningful for **symptomatic** iliofemoral DVTs and in patients with good life expectancy (PTS prevention)

Thank you for your attention!

[efavgerinos@gmail.com](mailto:efavgerinos@gmail.com)



@makisavgerinos



Interested in Vascular Surgery?