

**EUROPEAN VENOUS FORUM
FIRST HANDS-ON WORKSHOP ON VENOUS DISEASE
4-6 November 2010, Larnaca, Cyprus,**

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The first course and hands-on workshop on venous disease instituted by the European Venous Forum was held in Larnaca, Cyprus, November 4th-6th 2010. The organizing committee comprised the leaders in venous disease from Europe and the United States, namely Bo Eklöf, Athanasios Giannoukas, Peter Neglen, Andrew Nicolaides and Stylianos Papas with a faculty of 30 members representing 12 countries. The program consisted of lectures and case reports in the morning followed by hands-on workshops in the afternoon

Lectures

The lectures covered the following topics: Basic principles, treatment of varicose veins (conservative and operative), diagnosis and treatment of chronic venous insufficiency (C3-C6), management of acute deep vein thrombosis (Conservative: anticoagulation, compression. Operative: thrombus removal, inferior vena cava filters). Comments by the chairmen and discussion from the floor followed each presentation and generated sometimes passionate debates. In addition to the 28 lectures a special session on future education in venous disease with emphasis on the value of simulators was organized.

Case Reports

There were 14 case reports in total (15 minutes each) were presented at the beginning of the afternoon. They were a stimulating mental exercise after the gorgeous lunch served on the terrace in front of the sunny beach.

Hands-on Workshops

The hands-on workshops were the most original part of the meeting. Every attendee was given a place in a group of four people. The group visited all 24 workshop stations spending half an hour at the site. After a demonstration by the faculty member and/or industry expert in charge, the group had the opportunity to practice under expert supervision, allowing each member to have dedicated and personalized advice on the procedure. (Figures. 1, 2, 3, 4)

The hands-on workshops covered many key venous disease topics including Duplex investigations, inferior vena cava (IVC) filter placement/thrombectomy, saphenous ablation, compression techniques, IVUS/stenting and stockings.

Duplex investigations

- *General objectives.* By the end of the session, the participants were able to identify the anatomy of the veins and the surrounding tissues, recognize the ultrasonographic criteria for diagnosis of acute and chronic venous disease and be acquainted with non-venous pathology that may mimic venous disease.

- *Lower limbs – normal findings.* The participants were able to identify superficial, deep and perforating veins, use different testing manoeuvres for detecting reflux or/and obstruction, recognize important anatomic landmarks that are necessary for understanding alternative diagnostic findings according to the differential diagnosis.

- *Lower limb with superficial incompetence.* The participants were able to detect reflux in the great saphenous vein (GSV), small saphenous vein (SSV) and their tributaries; also, recognise the connections between the GSV and SSV and understand their significance in relation to patient management.

- *Lower limb with deep incompetence.* The participants were able to detect reflux in the deep veins, obstruction in the deep veins and separate acute from chronic obstruction; also, recognize the impact of the superficial reflux on the deep vein function.

- *Lower limb with perforator incompetence.* The participants were able to detect reflux in perforating veins and recognize impact on the superficial vein function.

- *Abdominal and pelvic veins investigations.* The participants were able to identify the main deep veins from the diaphragm to the inguinal ligament, detect the compression of the veins such as found in cases of nutcracker and iliac vein compression syndromes, identify ovarian veins and internal iliac veins and use different testing manoeuvres to detect reflux.

Inferior vena cava (IVC) filter placement/ thrombectomy

- *ALN Optional filter.* By the end of the session the participants were able to perform ALN IVC filter placement in a model, acquire the specific techniques of filter placement including tips and tricks to assure an efficient position, and learn the techniques of filter extraction including tips and tricks to achieve filter retrieval and avoid complications.

- *Cook - IVC filter.* By the end of the session the participants were able to develop an IVC retrieval programme, know the steps for placement of Cook filter via jugular and femoral

approach including their respective advantages and disadvantages, complete a placement of IVC filter in a model and perform an IVC retrieval.

- *Medrad - Angiojet device*. By the end of the session the participants were able to assemble and dismantle the Angiojet device and correctly handle the catheter, know the correct indications for the use of Angiojet device, appropriately use adjuvant infusion of thrombolytic agents (Power Pulse), successfully perform thrombectomy by using the Angiojet thrombectomy device in a simulator and understand the advantages and possible side effects of using the Angiojet device.

- *Covidien-Trellis*. By the end of the session the participants were able to identify the patients suitable for treatment, satisfactorily prepare, insert and use the Trellis device and learn ancillary tips and tricks that can improve thrombus extraction.

Saphenous ablation

- *AngioDynamics- laser ablation*. By the end of the session the participants were able to plan treatment, decide dosage of energy, adjust the generators accordingly, handle the equipment adequately in collaboration with the nurse, access the vein using micro puncture under ultrasound guidance, accurately place the tip of the fibre at the saphenofemoral junction under ultrasound guidance, inject tumescent anaesthesia and perform the ablation using VenaCureEVLV.

- *KLS Martin Group-laser ablation*. By the end of the session the participants were able to plan treatment by the KLM laser generator, calculate dosage, and set the correct parameters on the generator; also to access the saphenous vein and place an intra-luminal fiber under ultrasound guidance in collaboration with a nurse and ablate the saphenous vein using the correct dosage.

- *Covidien-Radiofrequency ablation*. By the end of the session the participants were able to cannulate a vein under ultrasound guidance, appropriately place the ClosureFast catheter at the sapheno femoral confluence using ultrasound, infiltrate adequate tumescent anesthesia and perform saphenous ablation with the ClosureFast catheter.

- *STD- foam sclerotherapy*. By the end of the session the participants were able to correctly mix a sclerosing agent with air to produce foam, make a treatment plan for foam sclerotherapy, perform Duplex ultrasound-guided injection of foam, and apply an appropriate compression bandage following sclerotherapy.

Compression techniques

- *CircAid Medical Products*. By the end of the session the participants were able to understand the principles of inelastic, adjustable compression and the technology behind it, understand the scientific background to measurable therapeutic compression levels of CircAid technology and learn and practice how to apply the Juxta-Fit line of CircAid products.

- *Innothera –Tubulcus* . By the end of the session the participants were able to apply Multilayer compression system with Tubulcus, measure sub-bandage pressure values using Picopress and Kikuhime devices and to determine static stiffness index and achieve different levels of sub-bandage pressure using Multilayer compression system with Tubulcus.

- *Lohman & Rauscher-bandage*. By the end of the session the participants were able to apply a good short stretch bandage which could stay on the leg for one week, register and feel the resting and working pressures on their own leg and understand the mode of action of a haemodynamically effective compression.

- *Mentice - Simulator*. By the end of the session the participants were able to understand the use of a Mentice VIST-C simulator for vascular training, become familiar with the different concepts of IVC filters and were able to perform the steps for placement of an Angiotech IVC filter in the simulator.

IVUS/ stenting

- *Cook- Zilver Vena Stent*. By the end of the session the participants were able to deploy a Zilver Vena stent in a vein, place the Zilver Vena stent adequately in the iliofemoral vein and understand best practices in venous stenting procedures.

- *BCSI-Wall stent*. By the end of the session the participants were able to understand the impact of the special properties of a WALLSTENT on stent placement, choose an appropriate stent length and size, know how to use the IVUS to guide stent placement and adequately place a WALLSTENT in the femoro-illio-caval vein segment.

-*Volcano-IVUS*. By the end of the session the participants were able to understand the functionality of the Volcano s5 IVUS tower, know the multi-array design technology, identify the vessel lumen, locate side branch or collateral vessels, identify stenosis and access completeness of treatment on IVUS images.

Stockings

- *Bauerfeind- stocking*. By the end of the session the participants were able to measure a leg, find the appropriate stocking-size by from tables, apply long and short stretch medical

compression stocking, with and without fitting aid, and differentiate between highly elastic stockings and short stretch stockings with high working pressure.

- *BSN Jobst- stocking*. By the end of the session the participants were able to select the right compression system for the individual patient and learn about different available products, know how to measure a leg and apply the appropriate stocking by hands-on experience, learn about appropriate wound care according to the wound status and understand the benefit of medical skin care.

- *Medi Germany-stocking*. By the end of the session the participants were aware of the various qualities and differences of different products by measuring and trying on stockings on each other; also, they learned the appropriate size and indication of different types of compression stockings.

- *Sigvaris-stocking*. By the end of the session the participants were able to choose the correct compression class for the proper indication, fill out a prescription for stockings and place and remove a stocking using the state of the art technique.

Delegates

The 2010 EVF workshop attracted 114 delegates including angiologists, phlebologists, vascular, general surgeons and vascular technologists from 38 countries. The feed back from participants, faculty and industrial partners was enthusiastic. The interaction between the three parties was stimulating and something new for the industry. A pre- and post MCQ test showed an improvement from 38% to 70% which is significant. The aim of this first EVF hands-on workshop to give the participants a global experience of the new procedures in acute and chronic venous disease was accomplished. The second EVF hands-on workshop will take place in Vienna, Austria October 20-22, 2011. I recommend that you apply early to secure a slot – last year more than 50 applicants were too late.

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