

Venous Forum Section Council RSM VENOUS FORUM NEWS - SUMMER 2020



2020 - The Year of Coronavirus

This year has been beset with issues due to the COVID-19 strain of Coronavirus. We hope that everyone is keeping safe and well. This is a slightly different newsletter to previously due to the cancellation of our summer meeting as well as all of the usual congresses each year.

Instead we have lots of information on upcoming events.

Mon 19 Oct 2020
from 5:00pm

Free Webinar CPD

Leg ulceration

This Venous Forum 2020 webinar series will provide insightful updates and discussions on important aspects of venous diseases. This fourth

Mon 2 Nov 2020
from 5:00pm

Free Webinar CPD

Pelvic venous disorders

This Venous Forum 2020 webinar series will provide insightful updates and discussions on important aspects of venous diseases. In this sixth

Mon 9 Nov 2020
from 5:00pm

Free Webinar CPD

SVN RSMVF joint session: Nurse led practice and the role in dealing with the COVID-19 backlog

This Venous Forum 2020 webinar series will provide insightful updates and discussions on important aspects of venous diseases. In this seventh and

Mon 28 Sep 2020
from 5:00pm

Free Webinar CPD

Anti DVT prophylaxis for varicose vein procedures

This Venous Forum 2020 webinar series will provide insightful updates and discussions on important aspects of venous diseases. In this first webinar, special speakers will introduce common venous issu...

Mon 12 Oct 2020
from 5:00pm

Free Webinar CPD

John Hobbs sclerotherapy session

More from this series: Anti DVT prophylaxis for varicose vein procedures This Venous Forum 2020 webinar series of symposia will provide insightful updates and discussions on important aspects of venous diseases.

Mon 26 Oct 2020
from 5:00pm

Free Webinar CPD

Venous techniques, tips and tricks

This Venous Forum 2020 webinar series will provide insightful updates and discussions on important aspects of venous diseases. This fifth webinar will give delegates the opportunity to learn little kn...

Mon 5 Oct 2020
from 5:00pm

Free Webinar CPD

Dermatology for venous specialists

This Venous Forum 2020 webinar series will provide insightful updates and discussions on important aspects of venous diseases. In this webinar we will be joined by two skin specialists who will discuss...

Coming soon - RSM Venous Forum Webinar Series - Free!

[See our section pages for booking details](#)

Starting from the 28 September 2020 we have some amazing webinars running with excellent speakers. These sessions run for 1 hour from 5pm. Booking is via the RSM website and they are all free! Click the link above or go to <https://www.rsm.ac.uk/sections/venous-forum/> Join in the discussion with **#rsmvf20** and **@forumrsm**

Independent Sector, the NHS and Venous Disease in 2020

During the COVID-19 crisis, colleagues across the NHS and the Independent Healthcare sector have banded together to provide care to all who need it. This has meant that all independent sector capacity has been reserved for NHS care on a contractual basis. This has obviously significantly affected venous disease, which is treated electively in the majority of cases.

Since August 7th, as the need for capacity has fallen, NHS England has begun to release independent sector hospitals from this contract and allow the gradual re-starting of standard private practice.

There has been significant movement in the way data is captured to produce alignment with the NHS with a move from private medical insurance codes to NHS OPCS coding.

NICE Clinical Knowledge Summary on Leg Ulceration - February 2020

In conjunction with the National Wound Care Strategy Programme, the RSM Venous Forum have been lobbying the NICE Clinical Knowledge Summary (CKS) team to improve the guidance to primary care to include our advice as seen in our guidance available from the section website. Unfortunately COVID-19 has hindered progress on this, with the February 2020 update CKS making no comments on early assessment by a vascular service to allow early venous hypertension treatment. However the committee are working hard on changing this primary care advice.

We will keep you updated!

Management of Patients with Leg Ulcers

Summary

- Leg ulcers cause great distress to patients and cost the NHS >£1 billion each year.
- The prevalence of leg ulcers is increasing.
- Most patients have an underlying vascular cause for their leg ulcers.
- All patients require specialist assessment and most would benefit from compression and treatment of their veins.
- Despite evidence-based guidelines for referral and treatment, current service provision remains poor.

Urgent action is needed to ensure that all patients with leg ulceration are offered current best practice

The Challenge

- Leg ulcers are non-healing wounds on the lower leg, usually due to a problem with veins (and sometimes arteries).
- Most leg ulcers are caused by chronic venous hypertension.
- Leg ulcers usually take many months to heal.
- Without appropriate care, up to two-thirds of healed ulcers will recur within a year.
- Most patients with leg ulcers are managed in community healthcare settings.
- Primary care data suggest that >50% of patients are not referred and do not receive the care they need.
- Chronic wound care costs between £4.5 - £5.1 billion per year; a third of these wounds are leg ulcers.

Management Recommendations

1. Every patient with a leg ulcer should have an ankle brachial pressure index (ABPI) assessment ("Doppler") on initial presentation to assess the arterial circulation.

Rationale: Doppler assessment of ABPI is a valid and reliable way to detect arterial impairment in the lower limb.

2. All patients with an adequate arterial supply (ABPI>0.9) should be offered effective compression therapy.

Rationale: Appropriate compression significantly increases healing of venous ulcers

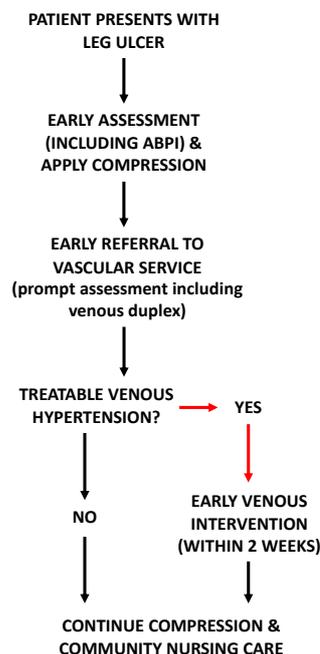
3. All patients should be referred and have early assessment of their veins using colour duplex ultrasound.

Rationale: Duplex examination is the gold-standard method for identifying treatable venous problems.

4. All patients with treatable venous hypertension should be offered minimally invasive endovenous interventions (such as endothermal ablation or foam sclerotherapy).

Rationale: Early superficial venous treatment (within 2 weeks) speeds up ulcer healing and halves the risk of ulcer recurrence

Suggested Patient Pathway



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Venous Thromboembolism Prevention after varicose vein procedures

The RSM Venous Forum has developed the advice captured below and available from the section website. This was prompted by the lack of evidence in this area. Below is the excellent guidance.

Advice on VTE prophylaxis for varicose vein procedures

Summary

- Varicose vein procedures are usually short, day-case interventions with low risk and low morbidity
- A range of techniques are available, and it is common for a combination of treatments to be used
- Venous thromboembolism, although rare, can occur, usually as DVT, but pulmonary embolism and death have been reported
- There are few clinical trials, so strategies to prevent VTE after varicose vein procedures are variable and inconsistent
- Patients with asymptomatic, undiagnosed or recent COVID-19 may be at significant risk of VTE after varicose vein procedures

Managing VTE risk after varicose vein procedures requires an individualised patient approach

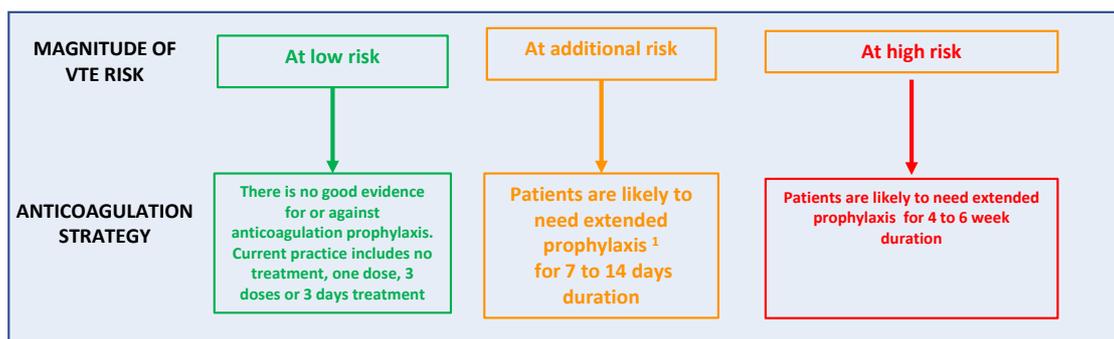
Management Recommendations

- Assess all patients for VTE risk (and bleeding risk) using targeted VTE risk factors (see box) or using NHS DoH or another scoring system (e.g. IMPROVEDD, Caprini)
- Offer pharmacoprophylaxis when VTE risk exceeds bleeding risk (in addition to usual compression regime)
- Use low molecular weight heparin (LMWH), fondaparinux or direct oral anticoagulants (DOAC), adjusted for weight and renal function
- Manage patients according to UK NHS protocols for planned elective operations during the COVID-19 pandemic
- * Avoid elective varicose vein procedures in those with proven COVID-19 or symptoms within 90 days

VTE risk factors to consider for varicose vein procedures

- Personal or strong family history of VTE**
- Known thrombophilia**
- Reduced mobility**
- Obesity (BMI >30)
- Hormone therapy
- Active Cancer
- Chronic prothrombotic medical conditions
- Superficial vein thrombosis
- COVID-19 symptoms or positive test*

Suggested algorithm (individualised approach recommended)



¹ Standard prophylaxis: LMWH e.g. enoxaparin 40mg OD; or DOAC e.g. apixaban 2.5mg BID or rivaroxaban 10mg od.

Anticoagulant dose can also be adjusted for individual patient’s perceived risk.

* Avoid intervention within 90 days of COVID-19 illness if possible

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COVID-19, Venous Disease and Re-starting the NHS

Initial data has started to come through to help guide colleagues both in risk management, treatment planning and of course patient information. A first hand report from Italy published in Phlebology by Baccellieri et al describes how hospitals had to pivot to provide emergency care. This demonstrates the way that teams have pulled together all over the world to manage the current pandemic.

Since this report was published in May 2020, much has changed and continues to change each day. Data has emerged to suggest significant coagulation problems in the severely unwell. This nascent evidence has helped Chest to generate to prevent venous thromboembolism, and NICE to help guide management.

Guidance from the Royal College of Surgeons of England has now been crafted to help with re-starting services.

Vascular Society - Aspire Digital Webinars

The Vascular Society is covering venous disease in their Aspire Digital webinar series which has been running with excellent reviews.

Vascular Society - Annual Scientific Meeting 2020

Running from 24th to 27th November, the meeting is fully virtual for 2020 with a reduced meeting fee of £100 for consultants.

Register here - https://www.vascularsociety.org.uk/asm/vsasm_2020.aspx



Venous abstracts will be marked by the Venous forum and are on 17th November 1800-2100. The excellent venous session will run on Thursday 26th November.

RSM Venous Forum Council Update

Mr Ian Franklin continues as President, Mr Manj Gohel continues as Honorary Secretary and Mr Abdusalam Abu-Own continues as Honorary Treasurer.

Expert Venous Management - Europe

In October this unusual and interesting US based meeting is running virtually and has free registration. More information here - <https://www.expertvenousmanagement.com>

VIVA and the Veins

This year VIVA and the Veins has gone digital and is completely free to International Physicians - running in November 2020. More information here - <https://vivaphysicians.org/viva-programming>

