

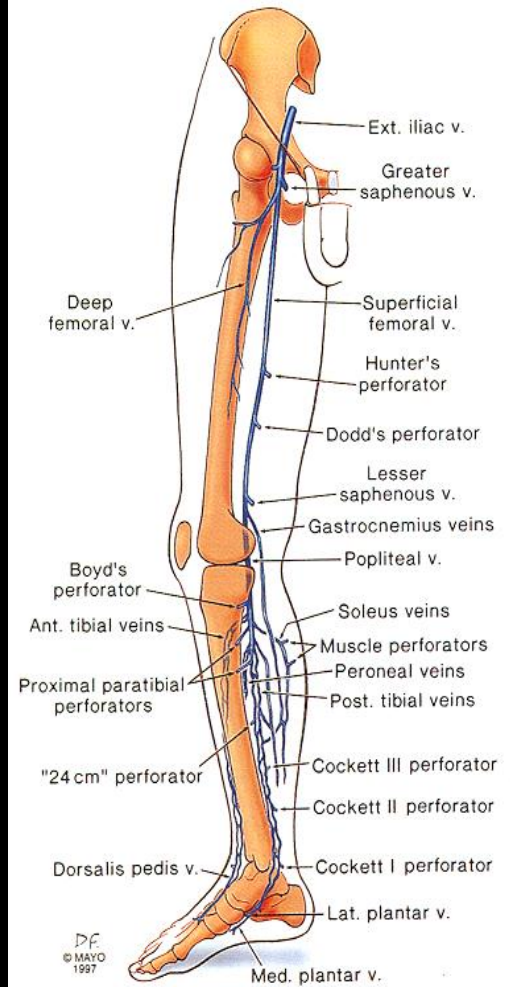
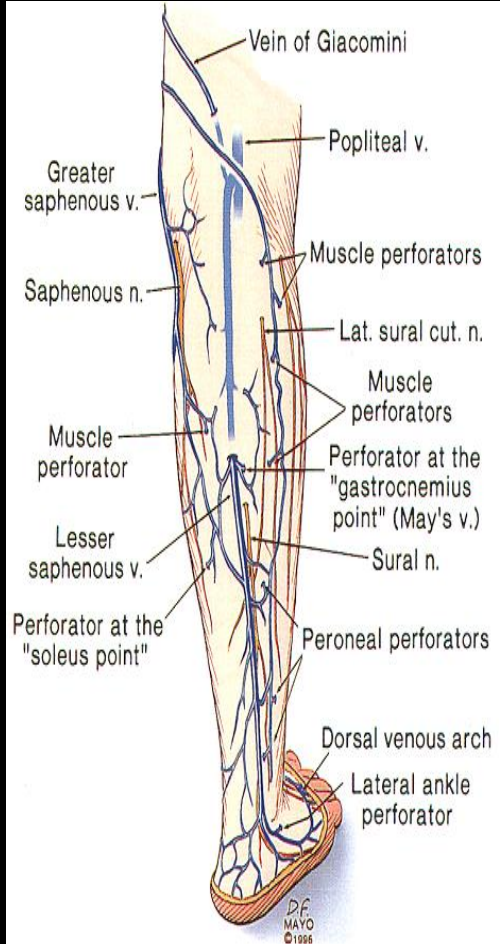
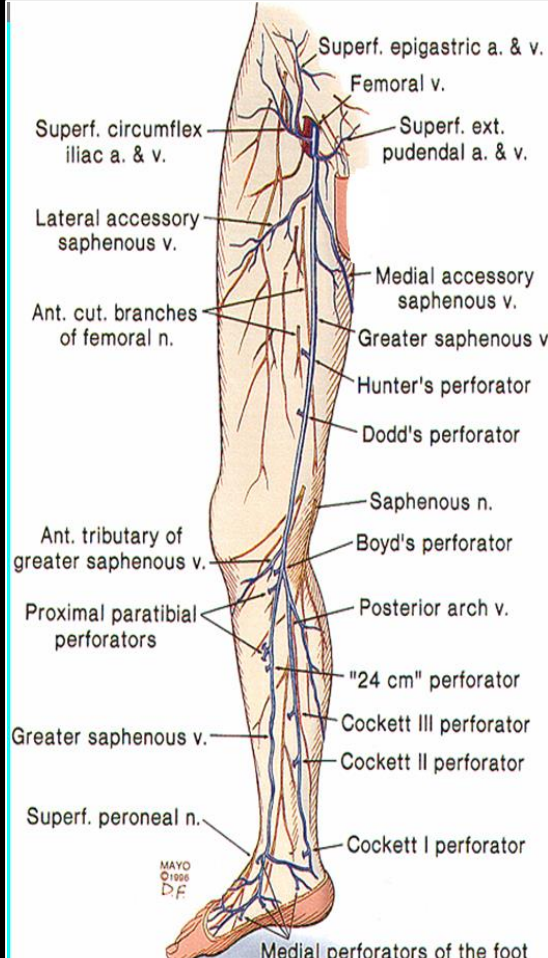
A vertical strip on the left side of the slide shows a microscopic view of a vein. The vein lumen is on the left, and the vessel wall is on the right. A red overlay is applied to the vessel wall, highlighting the internal elastic lamina and the surrounding tissue.

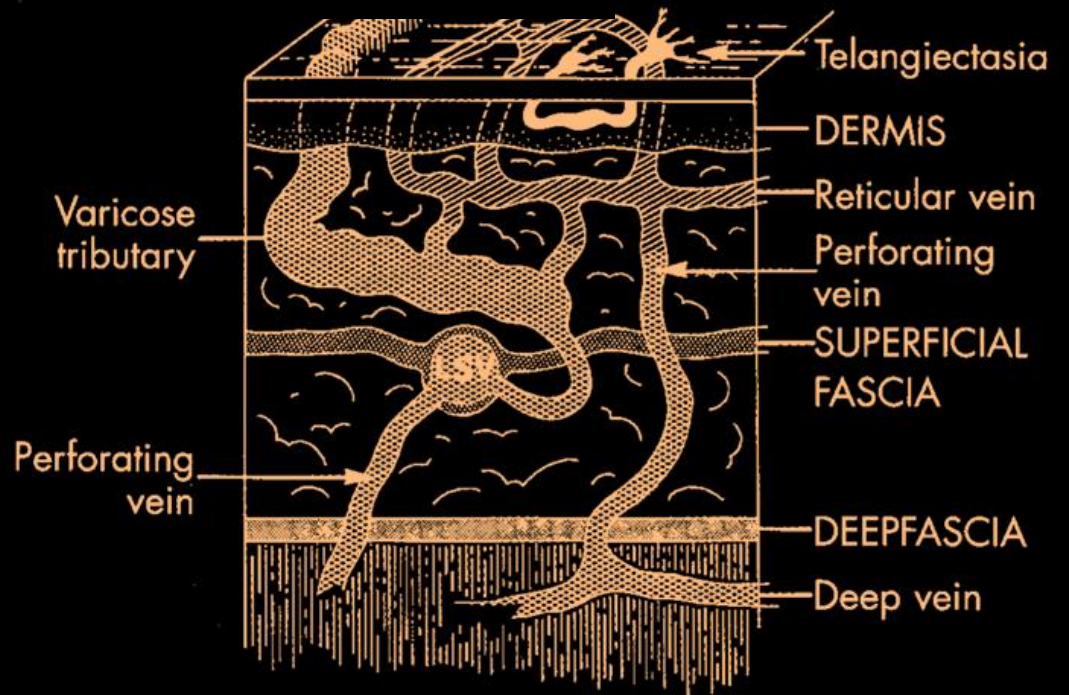
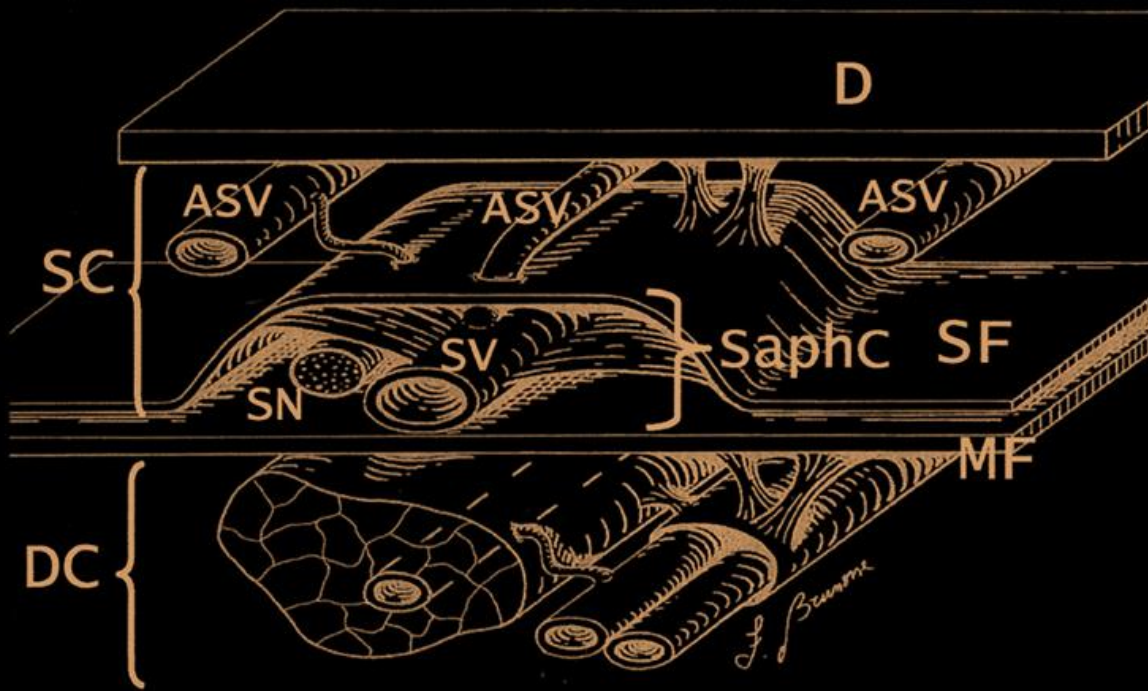
Chronic Venous Insufficiency

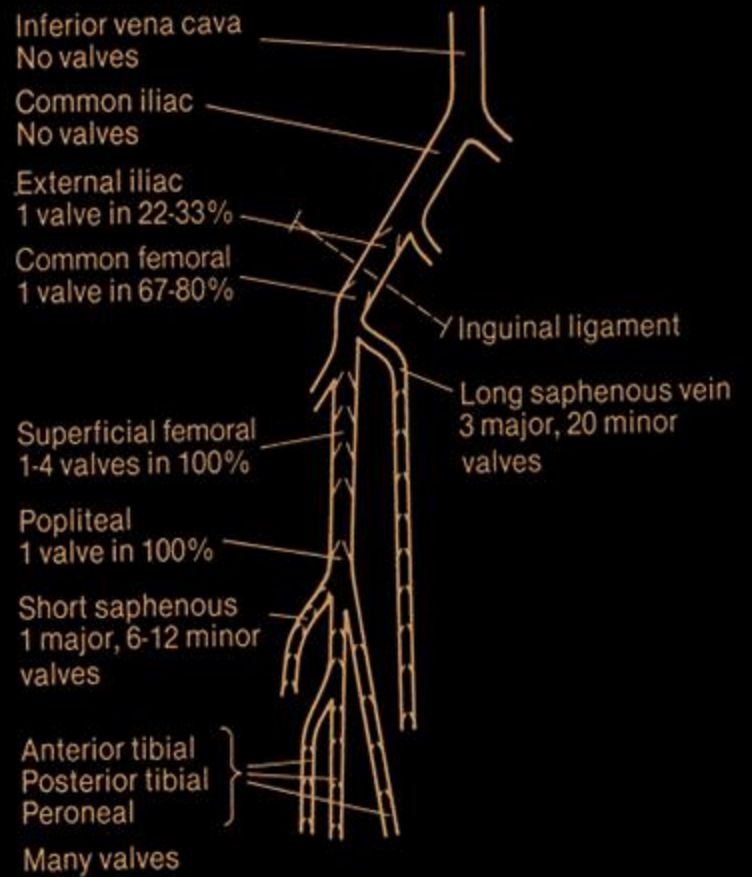
Dr. Talal A. Altuwaijri

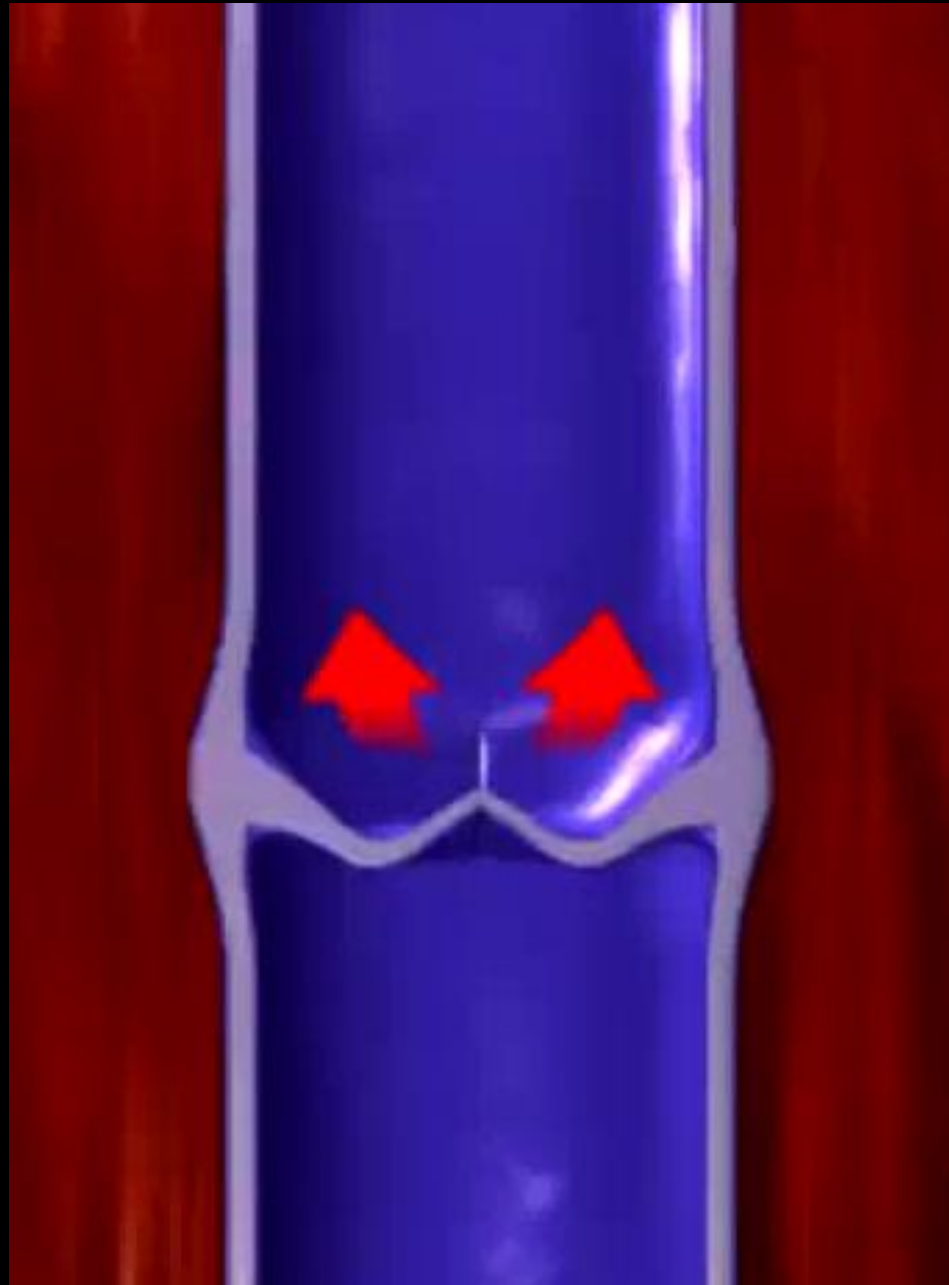
A vertical strip on the left side of the image shows a microscopic view of plant tissue, likely a stem or root, stained with a red dye. The tissue shows distinct cellular structures, including elongated cells and vascular bundles.

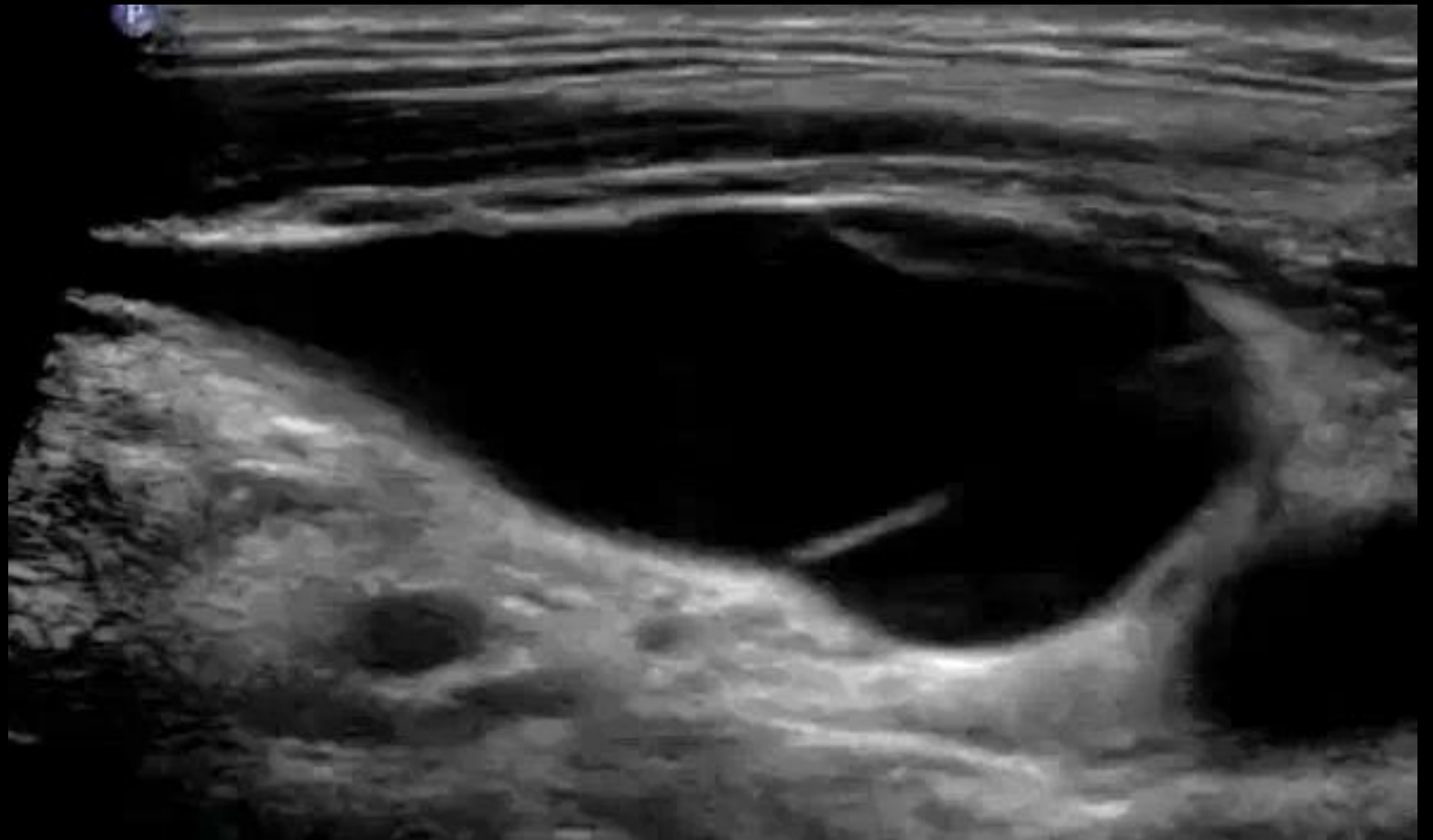
Anatomy





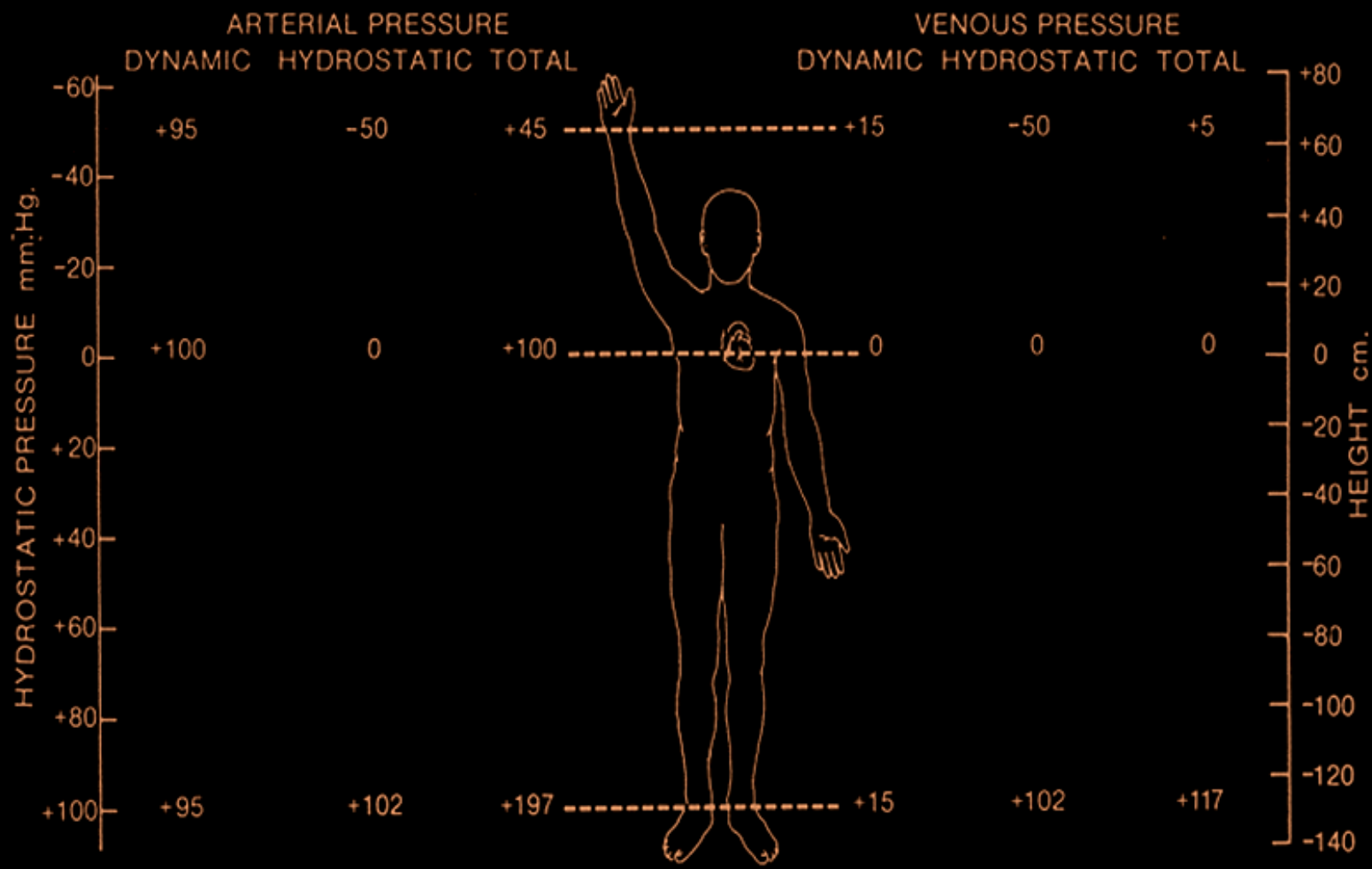


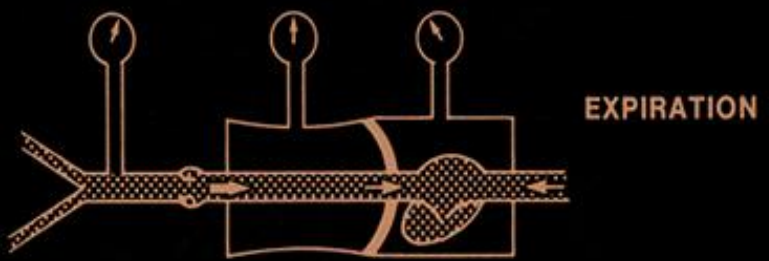
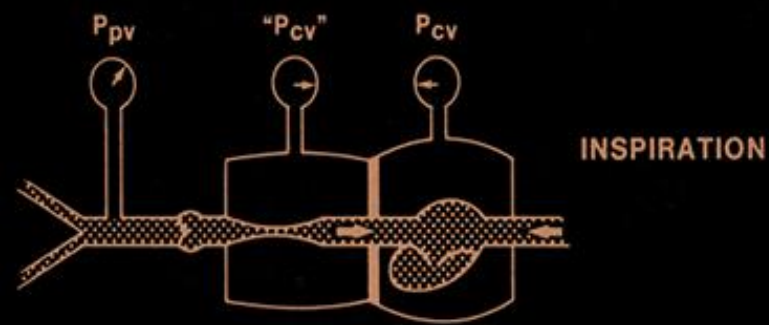




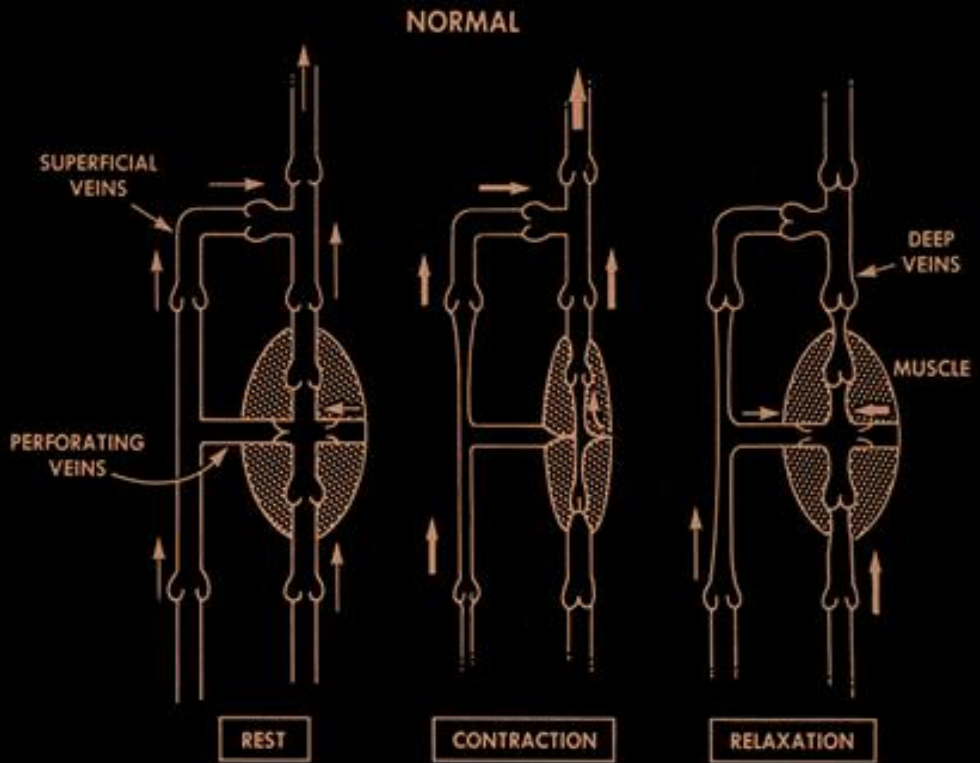
A vertical strip on the left side of the image shows a microscopic view of plant tissue, likely a stem or root, stained with a red dye. The tissue shows distinct cellular structures, including elongated cells and vascular bundles.

Physiology





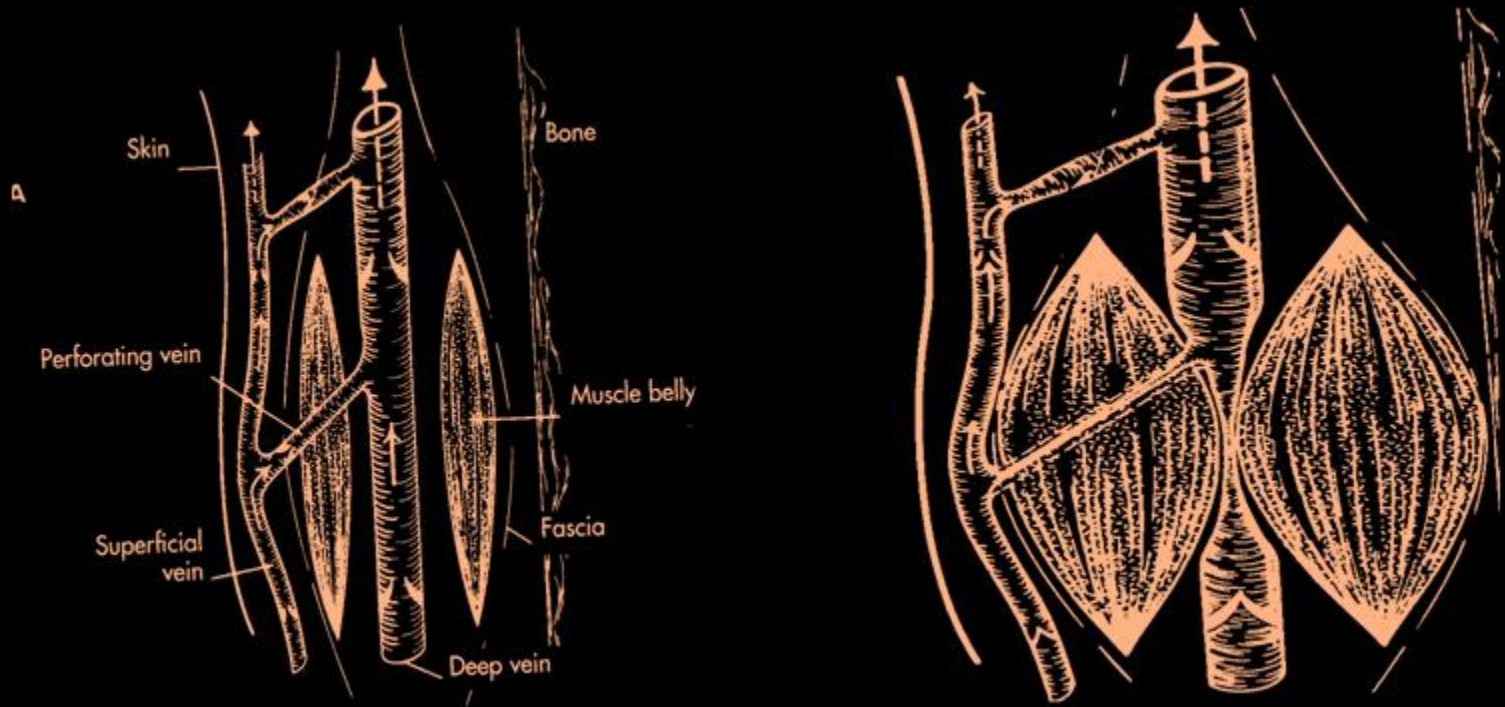
LEGS ABDOMEN THORAX ARMS HEAD



Calf Muscle Pump

Rest


Contraction



Ambulatory Venous Pressure

<u>Position</u>	<u>mm Hg</u>
Supine	10
Standing	90
Walking*	25

* 7 steps = maximum effect

A vertical strip on the left side of the slide shows a microscopic view of a vein. The vein is stained with a bright red or orange dye, highlighting its structure. The lumen is at the top, and the vessel wall is visible below. The overall background of the slide is black.

What is Chronic venous
insufficiency?

A vertical strip on the left side of the slide shows a microscopic view of plant tissue, likely a stem or root, stained with a red dye. The tissue shows distinct cellular structures, including elongated cells and vascular bundles.

Pathophysiology

Reflux (90%)

Obstruction (10%)

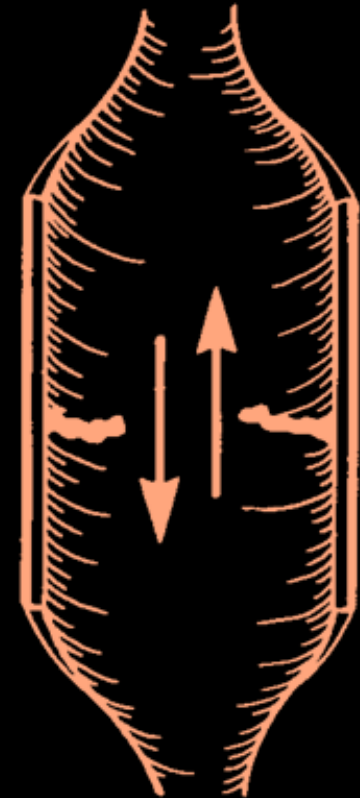
PROXIMAL



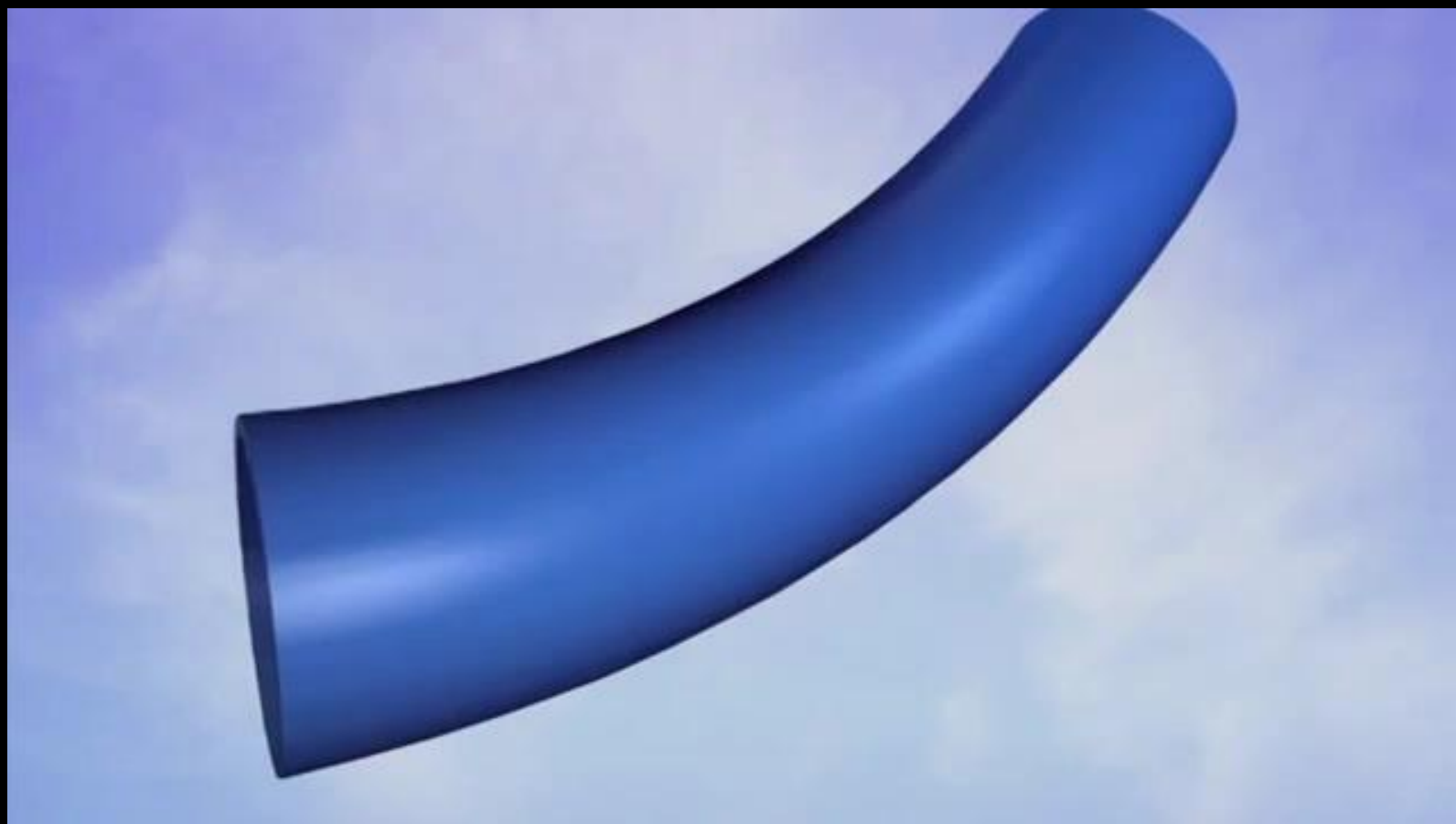
Normal flow
to heart

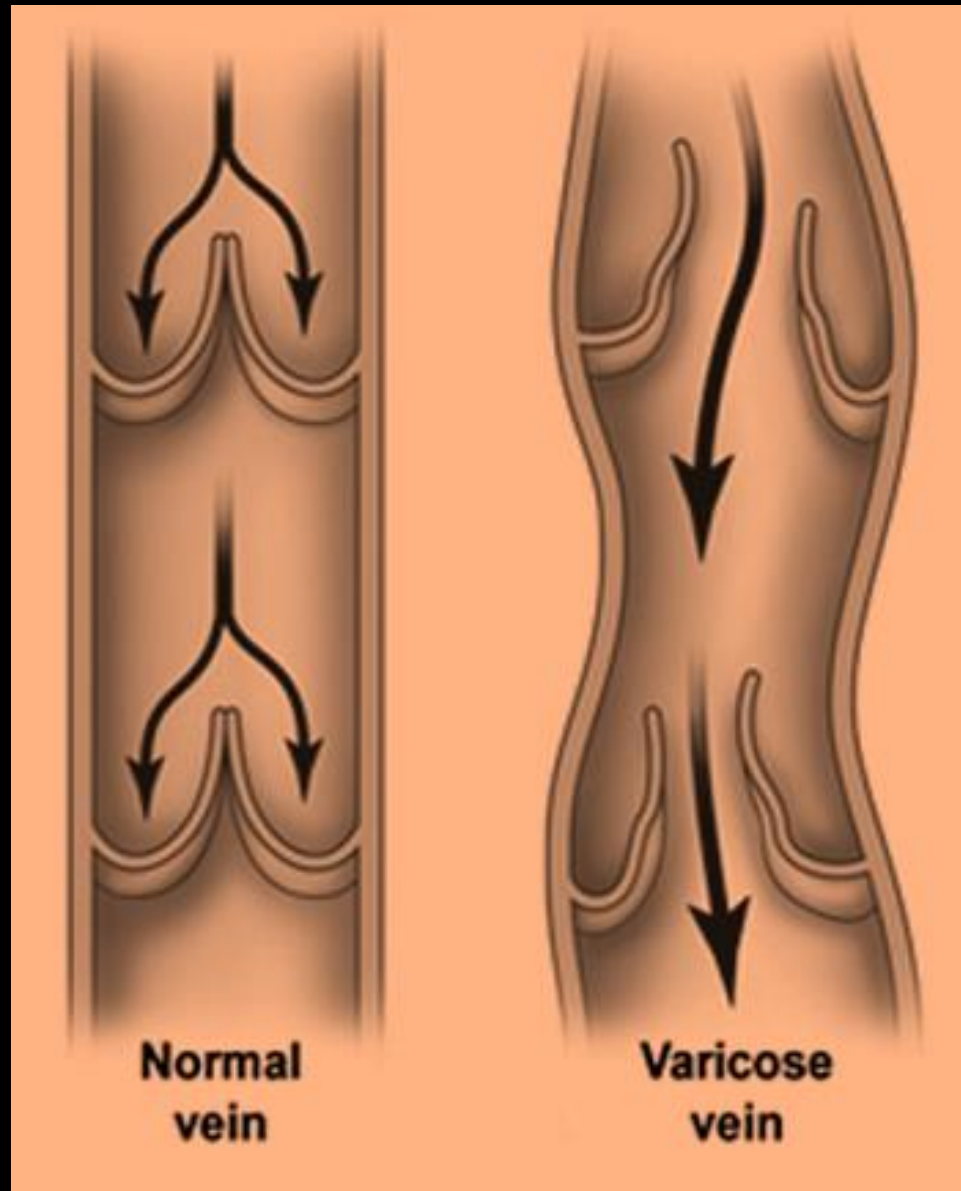


Normal
valve function



Abnormal
valve function

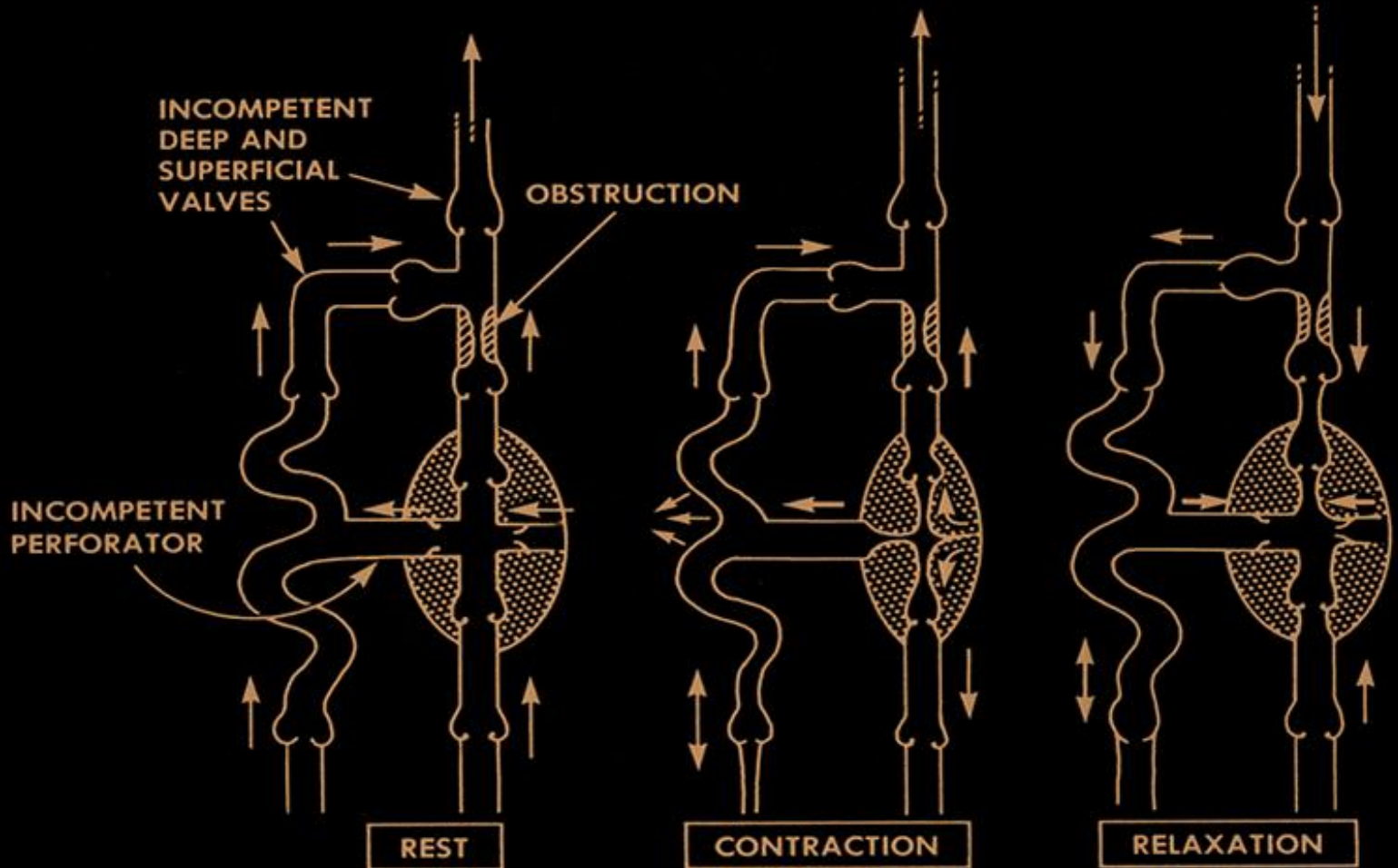




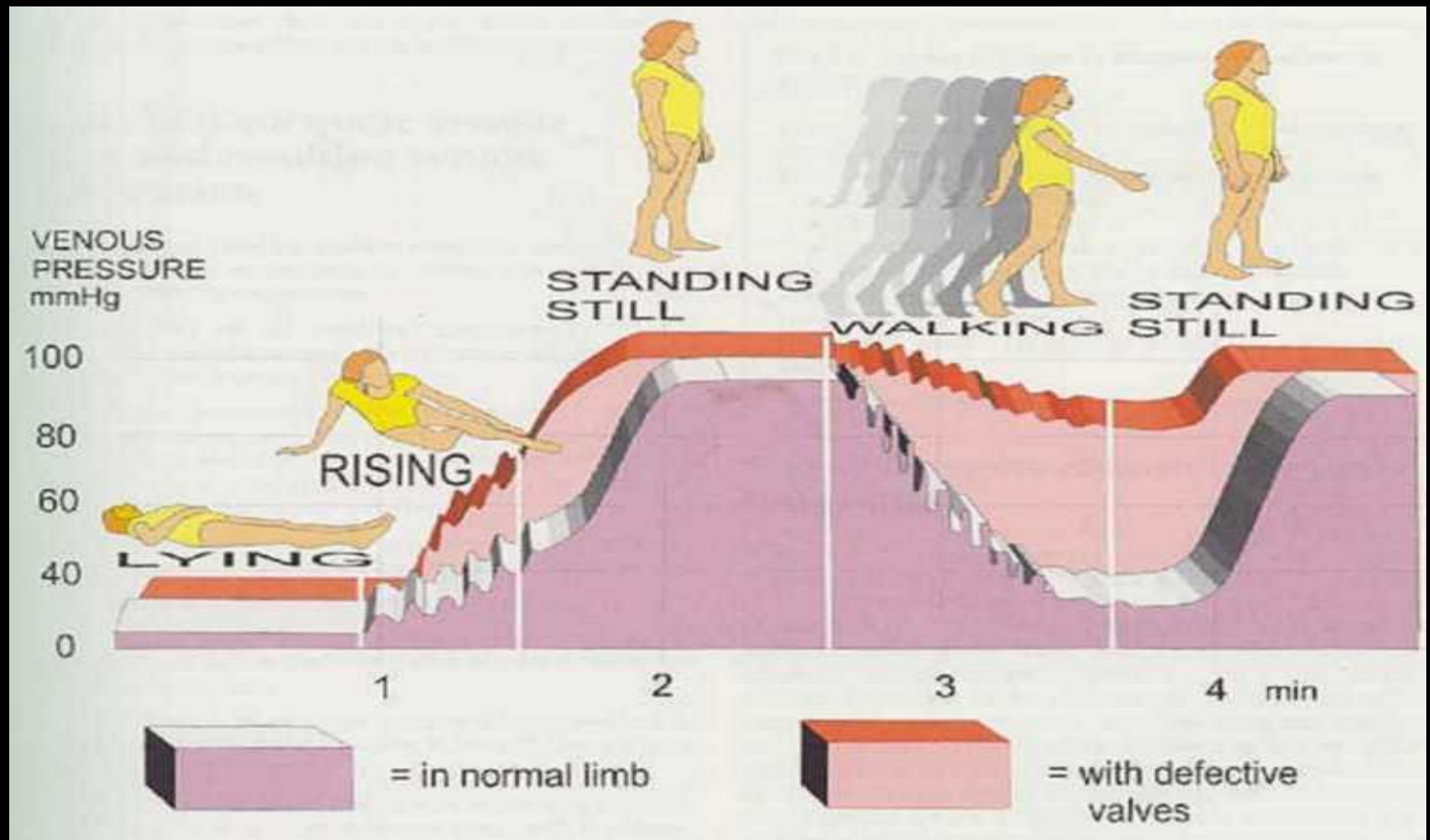
Primary Valvular Incompetence

“ floppy valve ”

Secondary Valvular Incompetence



SO, Waht happens to the Venous Pressure?



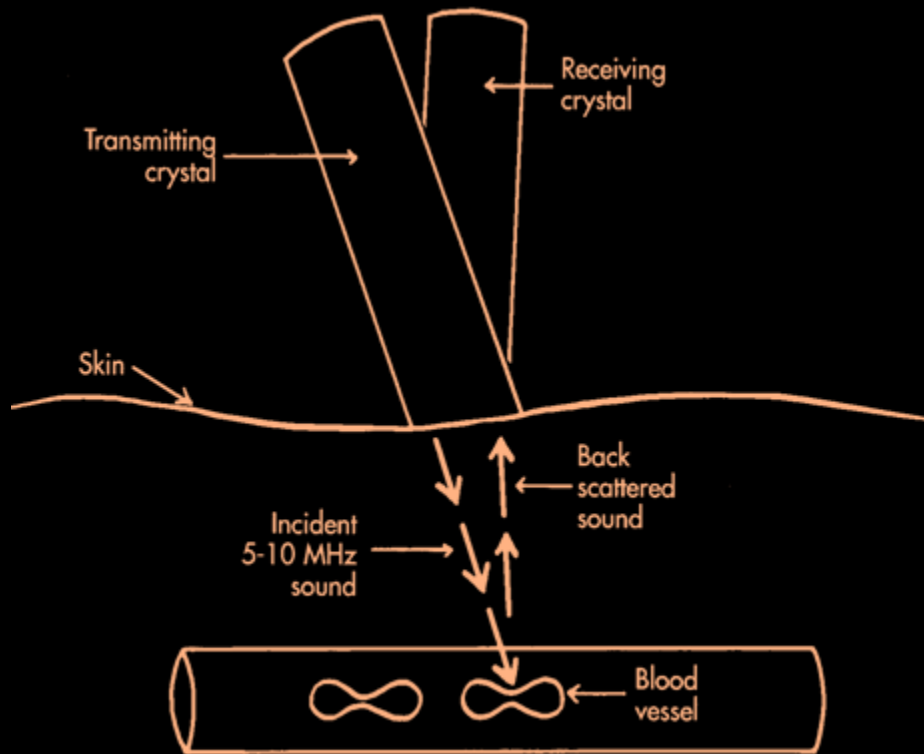
Evaluation

- History
- Physical Examination
- Investigations:
 - Non-invasive (Doppler/Duplex)
 - Invasive (AVP/ Venography)

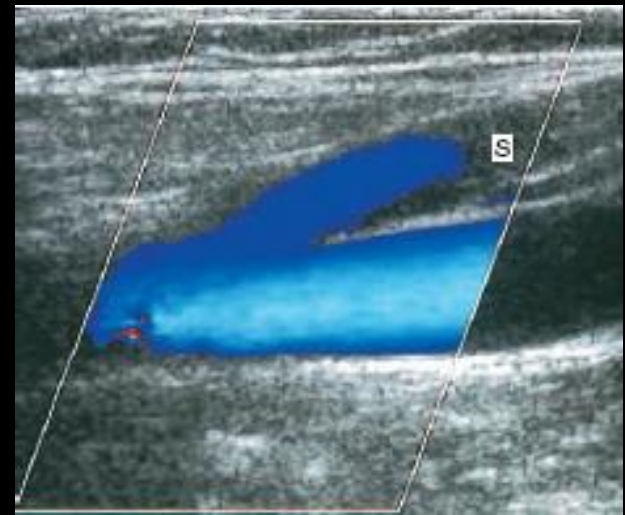
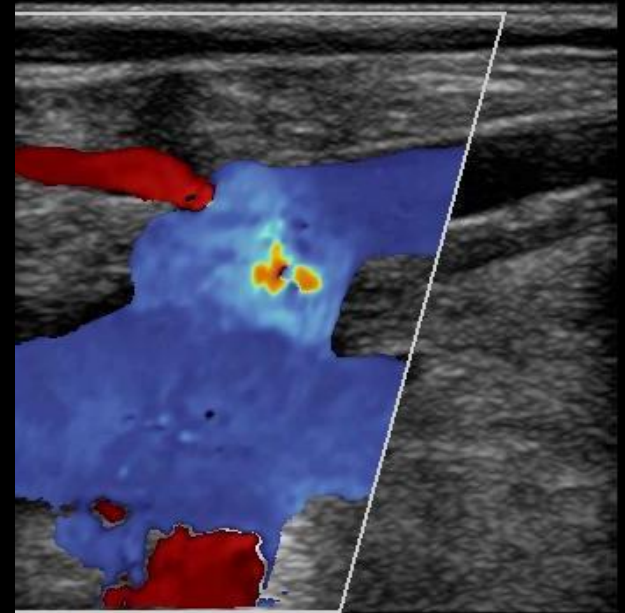
Clinical Presentation



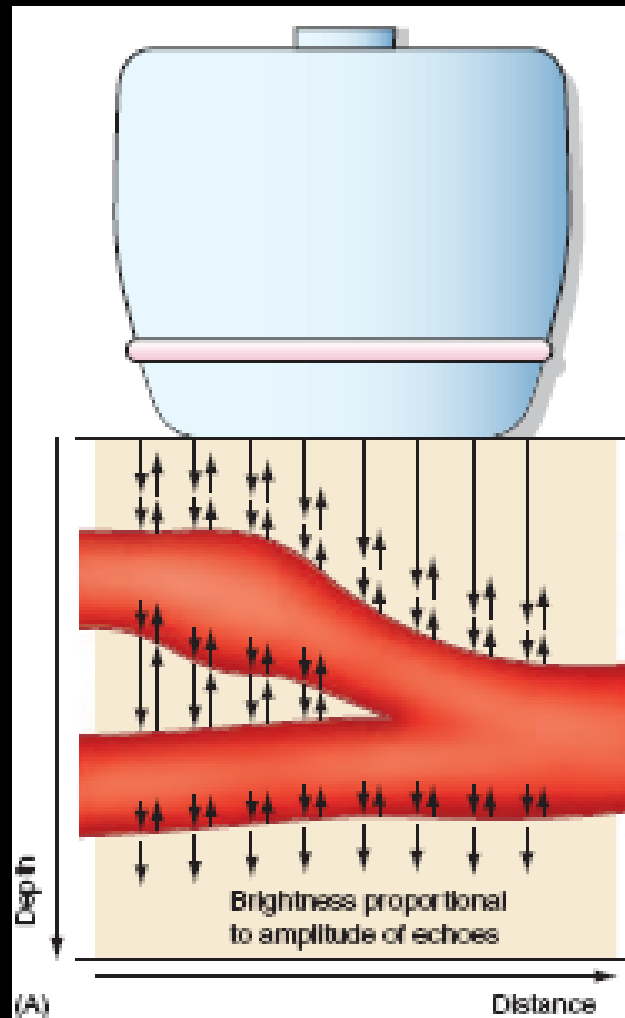
Doppler

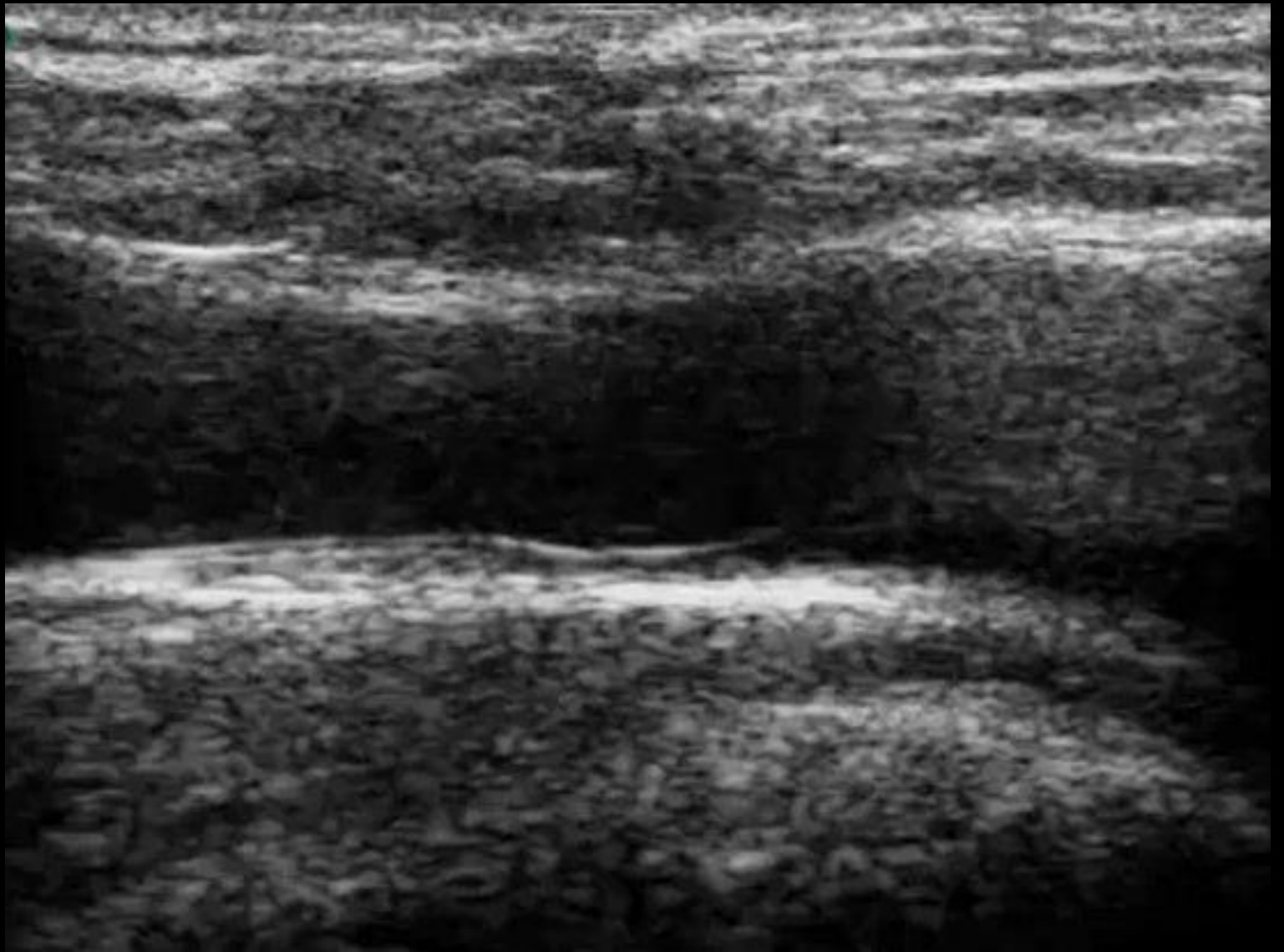


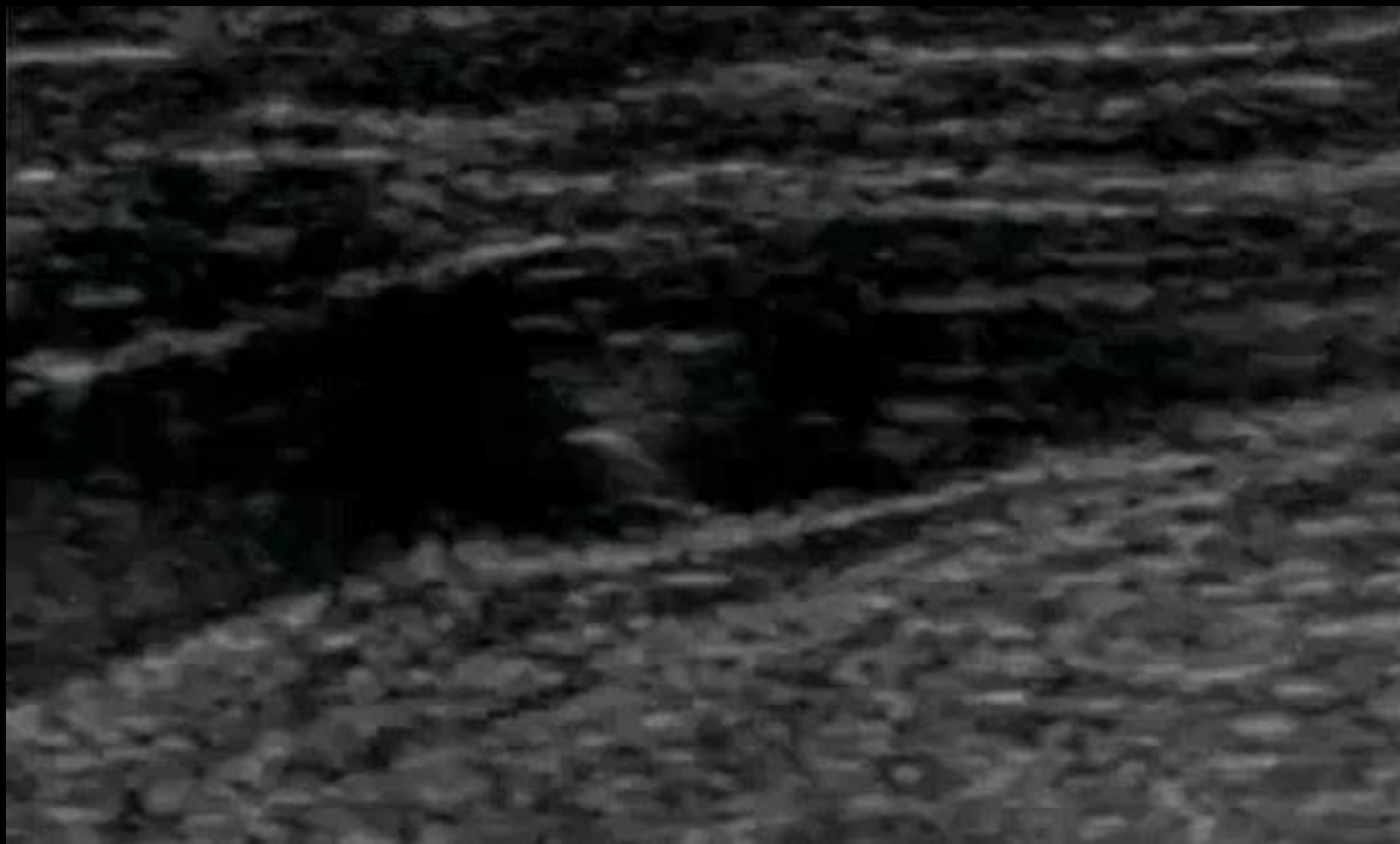
Duplex-Scanning



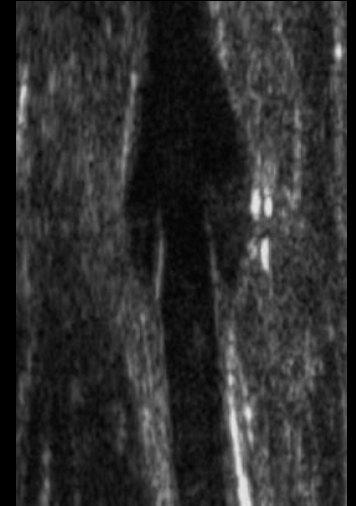
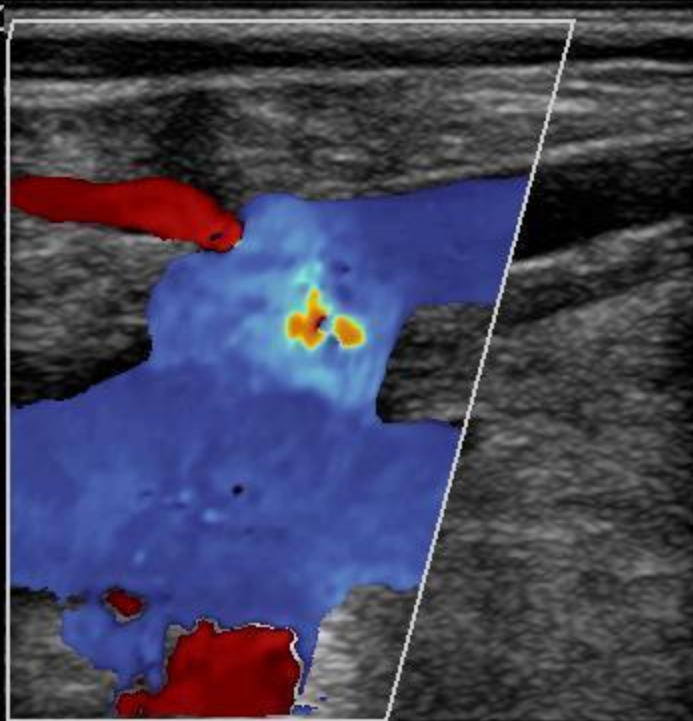
Duplex-Scanning



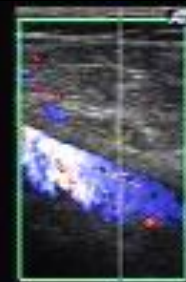




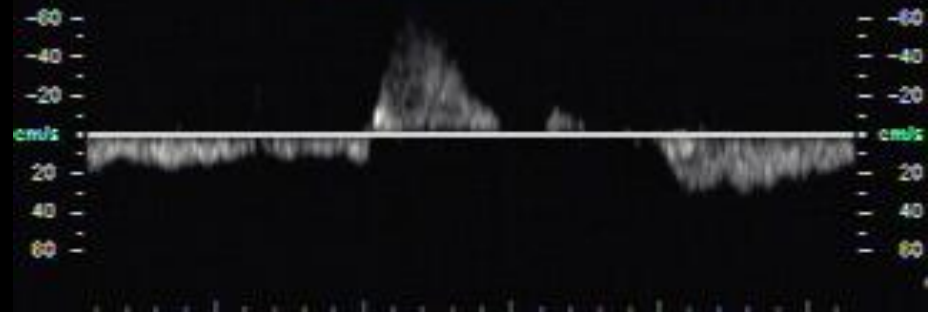
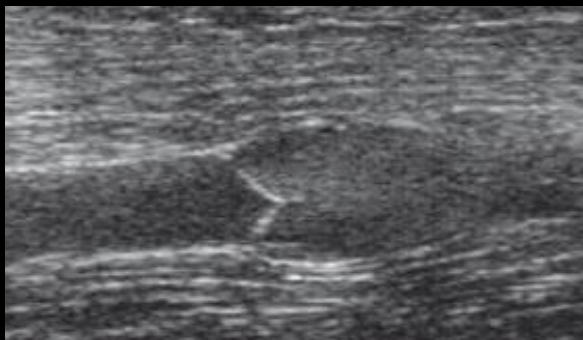
Duplex-Scanning



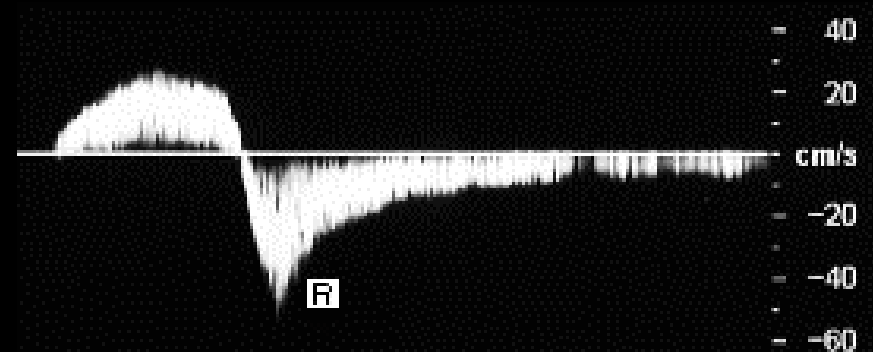
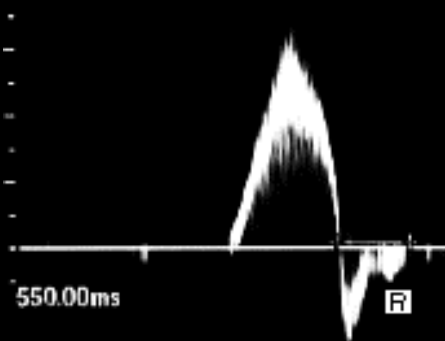
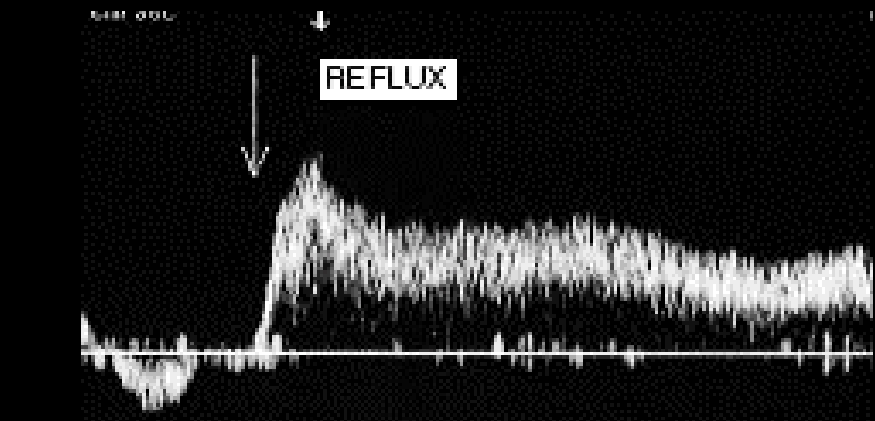
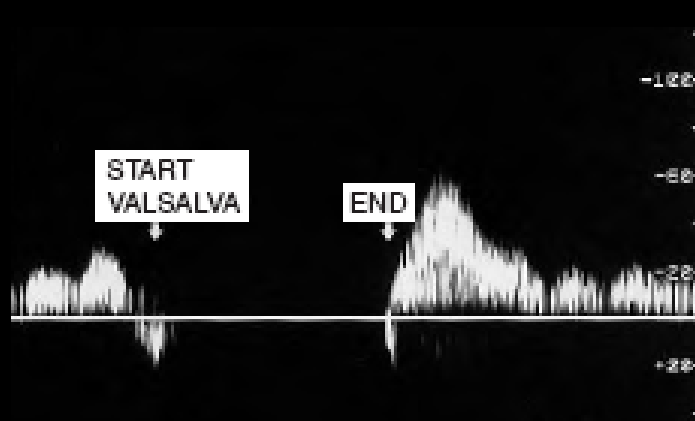
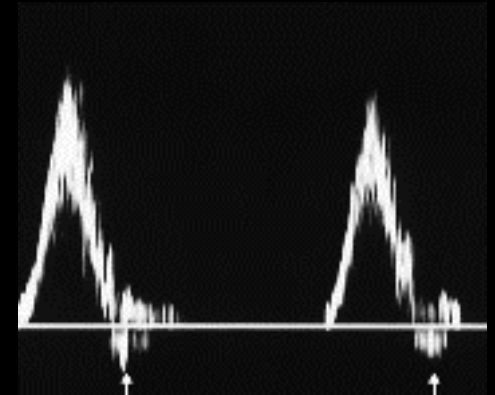
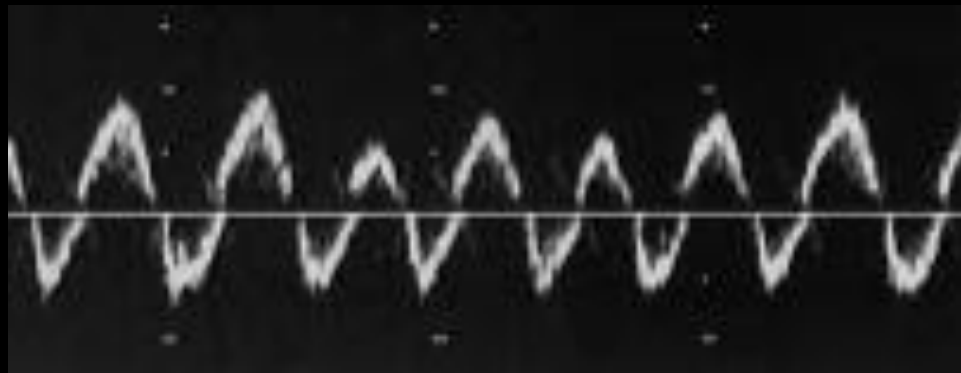
Col 75% Map 3 LEFT
WF Low
PRF 700 Hz
Flow Opt: Med V



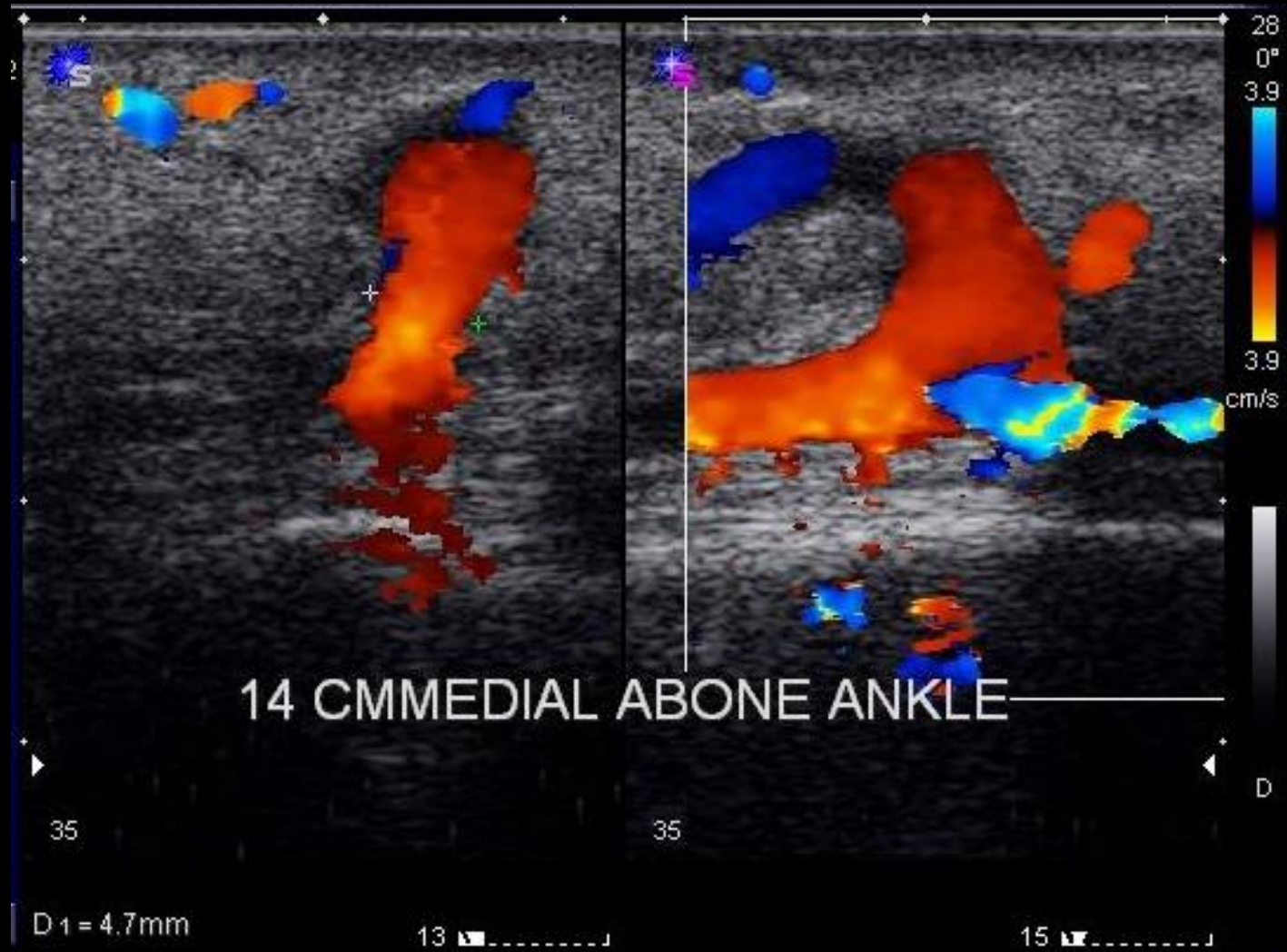
SV Angle 70°
Dep 3.7 cm
Size 2.0 mm
Freq 4.0 MHz
WF Low
Dop 64% Map
PRF 2500 Hz



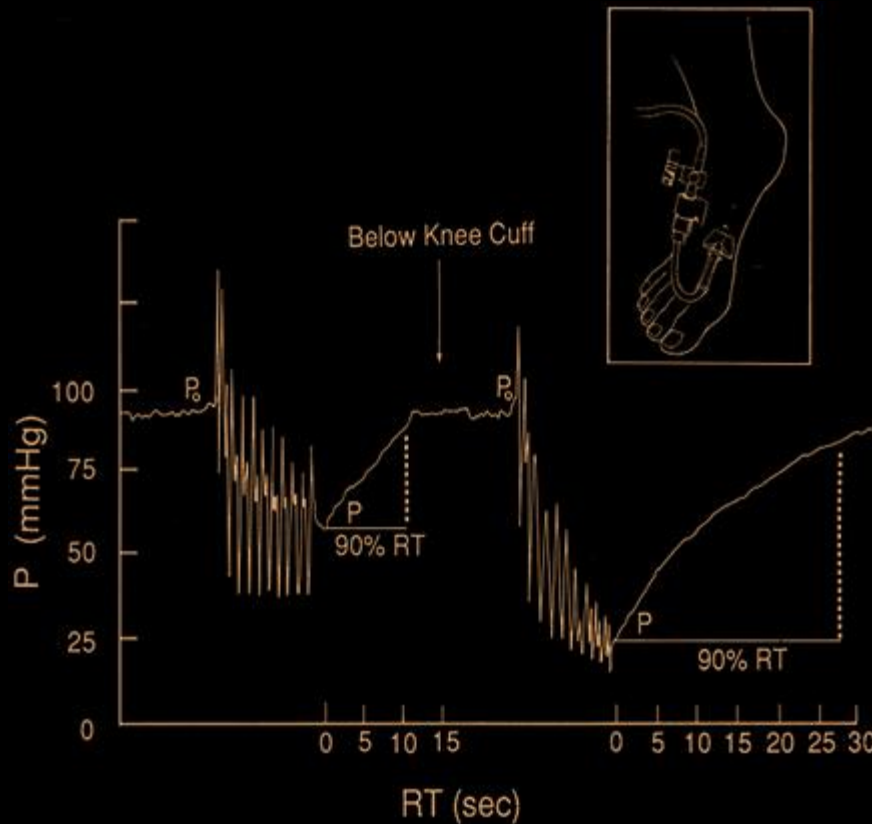
Duplex-Scanning



Incompetent Perforator Vein



Ambulatory Venous Pressure

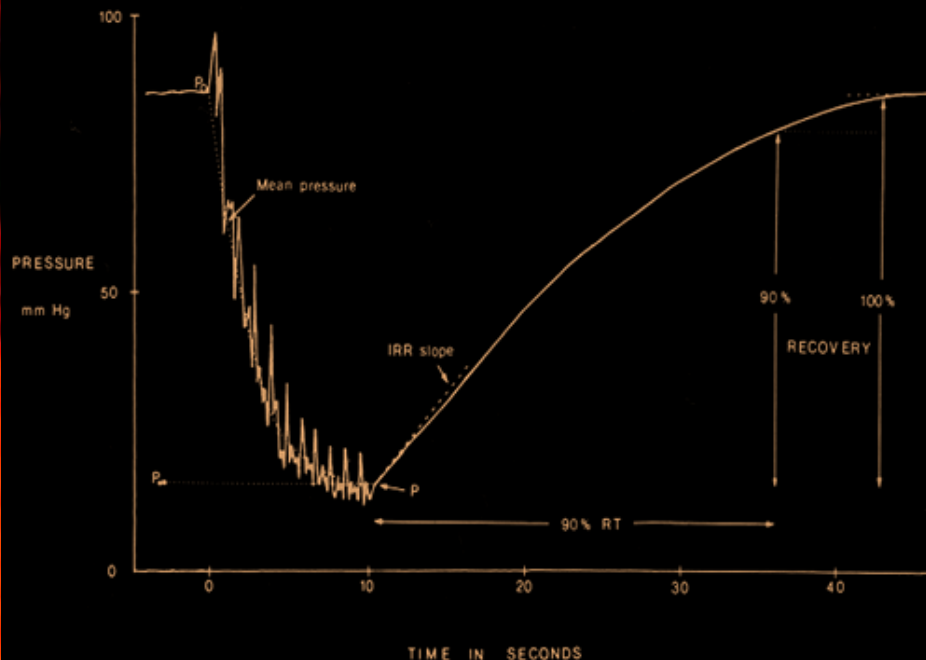


Reflux

20-21gauge Butterfly Needle

- Superficial Dorsal Vein (Foot) or Ankle Vein
- Standing
- Heal Raised
- Measurements

Ambulatory Venous Pressure



Interpretation

Normal :



Pressure 80 - 90mm Hg
to 20-30 mm Hg
or > 50% drop

Venous RF Time: ≥ 20 SEC

Abnormal AVP

I

Lack of sufficient drop
in pressure with
ambulation



P < 50%

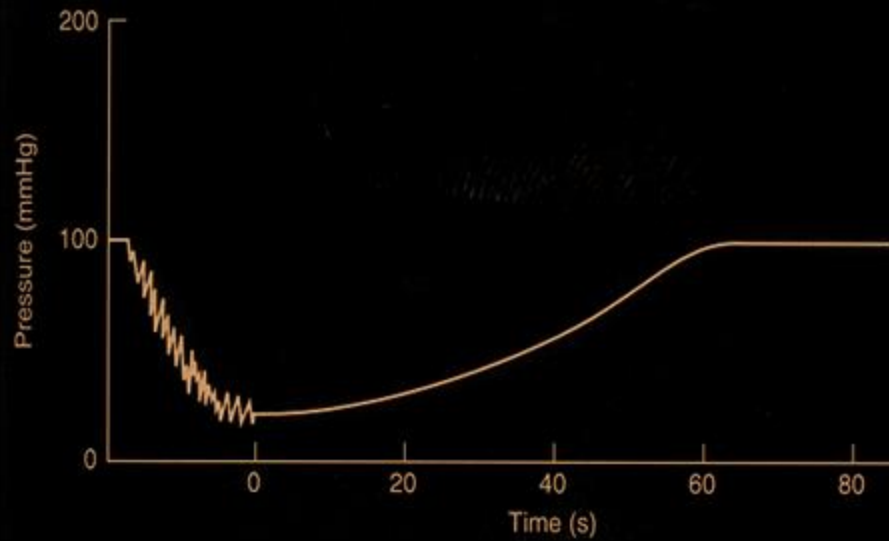
II

Short Venous Refill Time

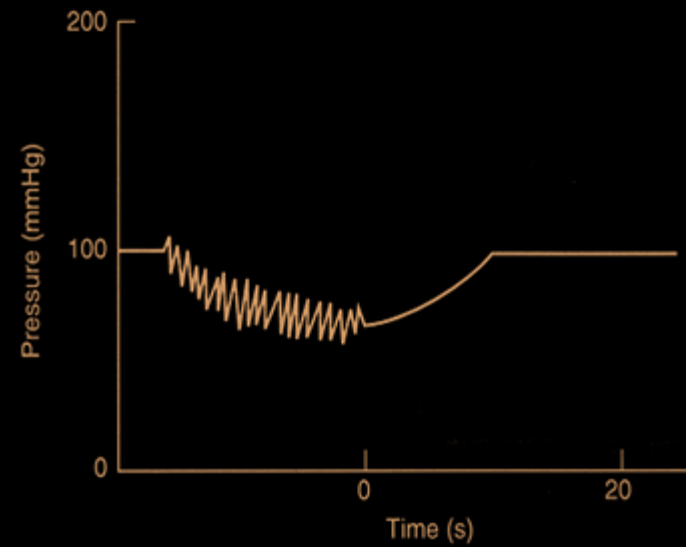
VRT < 20 sec

AVP

Normal



Deep venous
incompetence



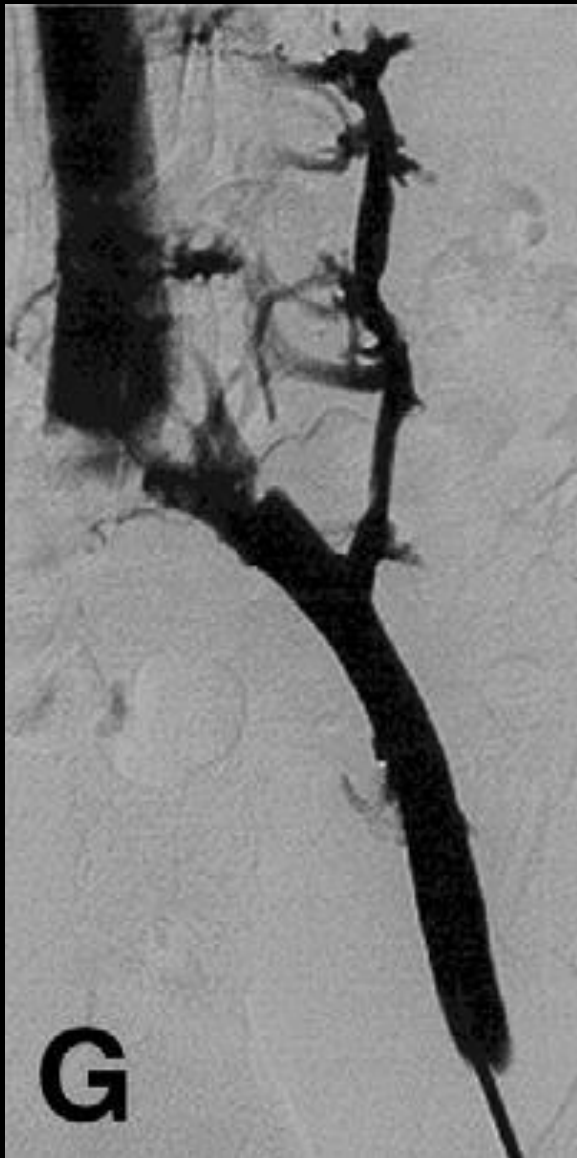
Phlebography



Phlebography



Phlebography





Treatment

Treatment

Telangiectasias
& Reticular veins



Stocking and/or Sclero-Rx



Treatment



Varicose Veins



Stocking
USG-Sclero-Rx
EVLT/Surgery



Edema

Cutaneous Ulcer

Local Wound

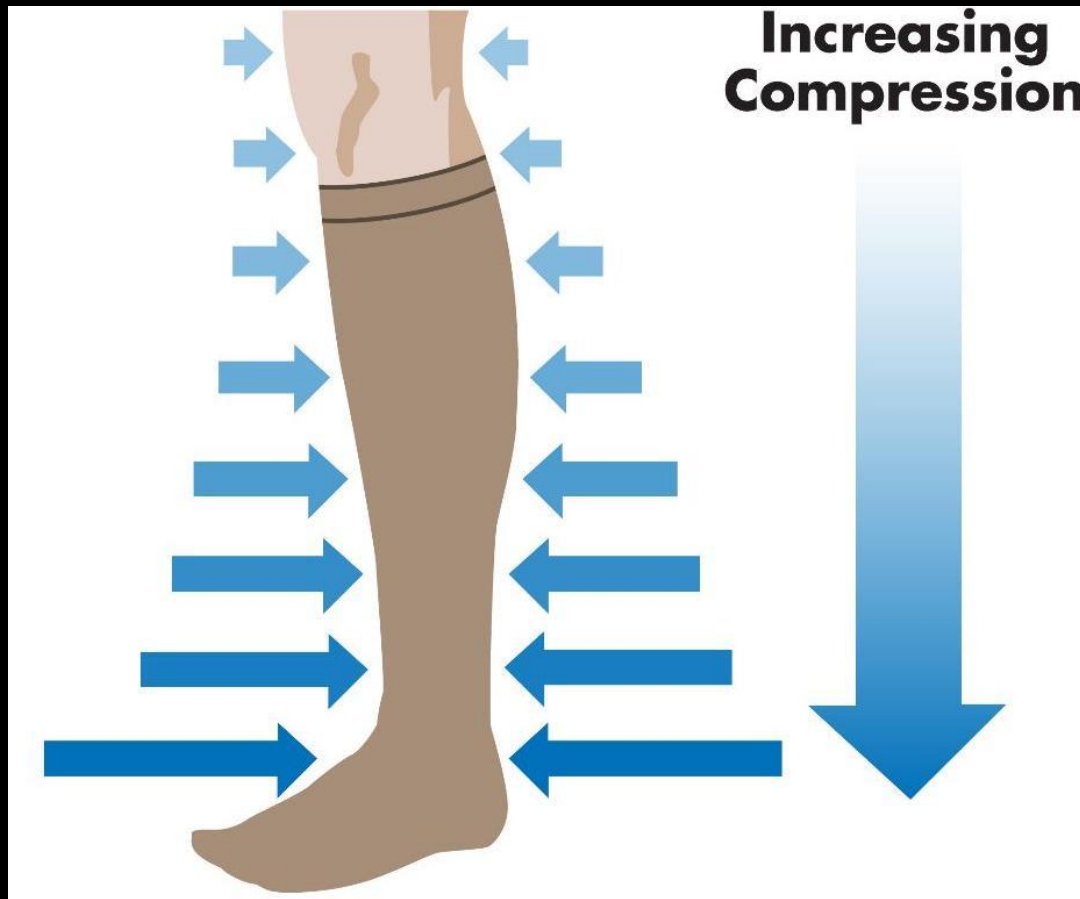


Stocking

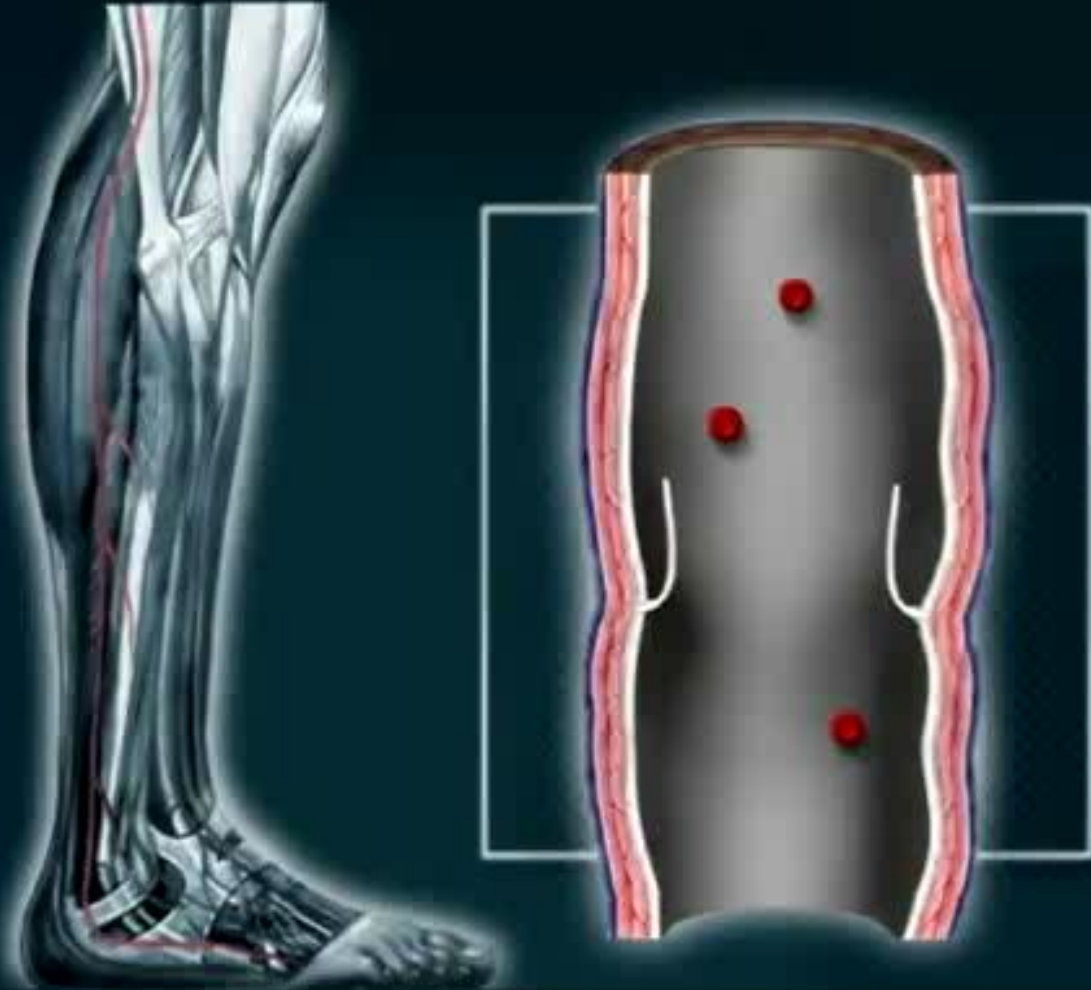
USG-Sclero

ELVT/Surgery

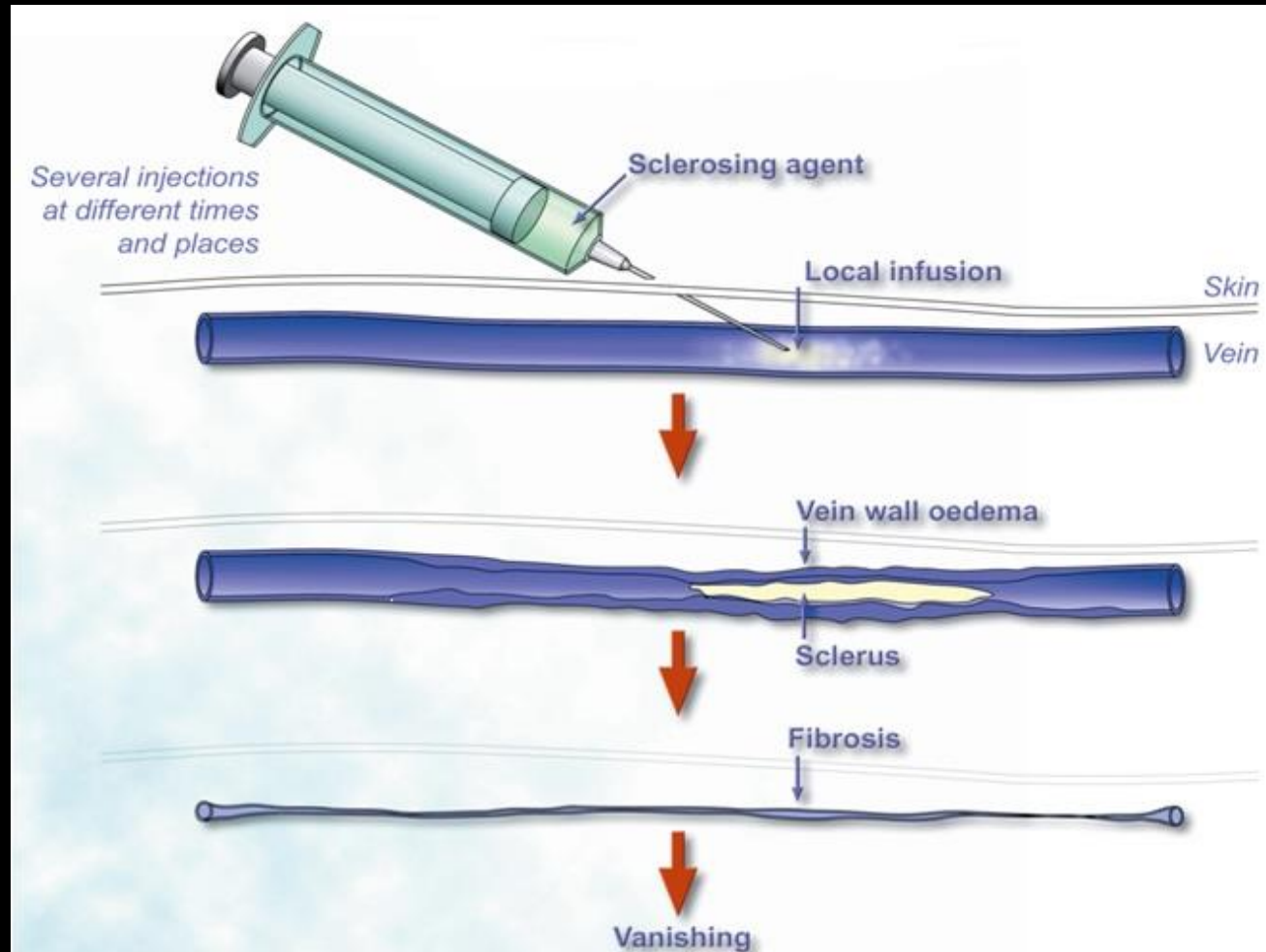
Compression Stockings



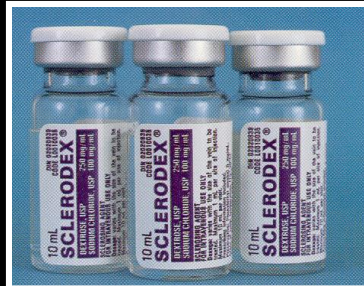
Compression Stockings



Sclerotherapy

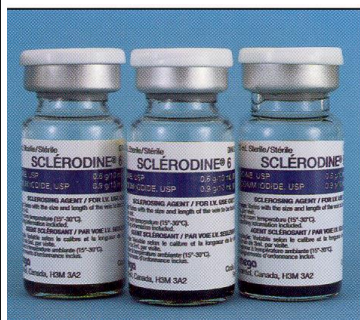


Sclerotherapy



SCLERODEX[®]

5 vials of 10 mL
Dextrose USP 250mg/mL
Sodium Chloride USP
100mg/mL



SCLERODINE[®] 6

Iodine 600mg/10mL (60mg/mL)
Sodium Iodine
900mg/10mL (90mg/mL)



TROMBOJECT[®]

Sodium Tetradecyl Sulfate Omg.Std.
10mg/mL 10 vials of 2mL
30mg/mL 10 vials of 2mL
30mg/mL 10 vials of 5mL



SALIJECT[®]

Sodium Salicylate Omg.Std.
5.7g/10mL (570mg/mL)

Sclero-Rx - Complications

Solution	Pigmentation	Allergic reaction	Necrosis	Pain
Sodium morrhuate	++	++	+++*	+++
Sodium tetradecyl sulfate	++	+	++*	+
Ethanolamine oleate	+	++	++*	++
Polidocanol	+	+	+*	0
Hypertonic saline	+	0	+++*	+++
Sclerodex(10% saline + 5% dextrose)	+	0	+	++
Chromated glycerin	0	+	0	++
Polyiodinated iodine	++	+	+++*	+++

+, Minimal; ++, moderate; +++, significant.

*Concentration dependent.

Endovenous Ablation Techniques

Denaturation of vein wall collagen



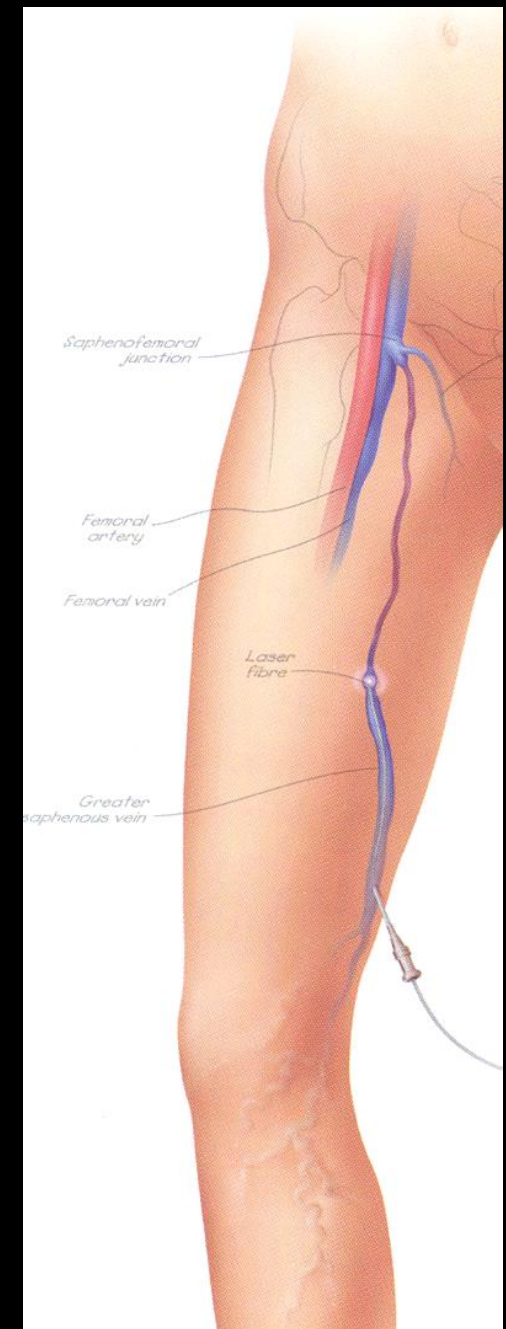
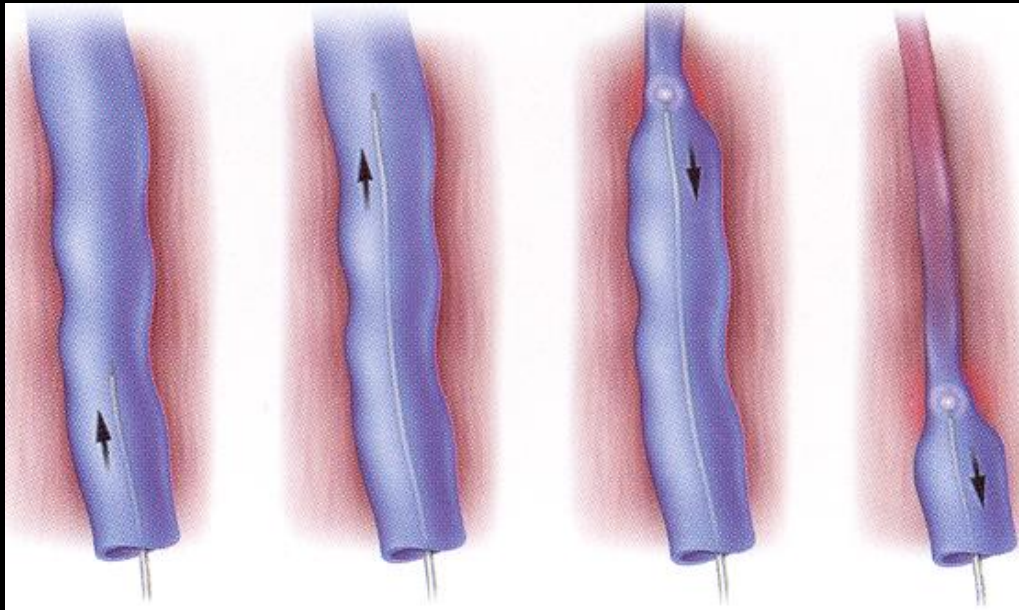
Contraction



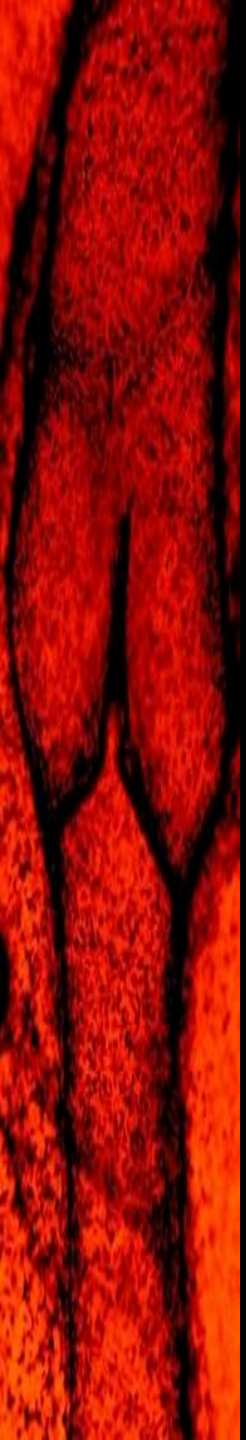
Fibrous obliteration



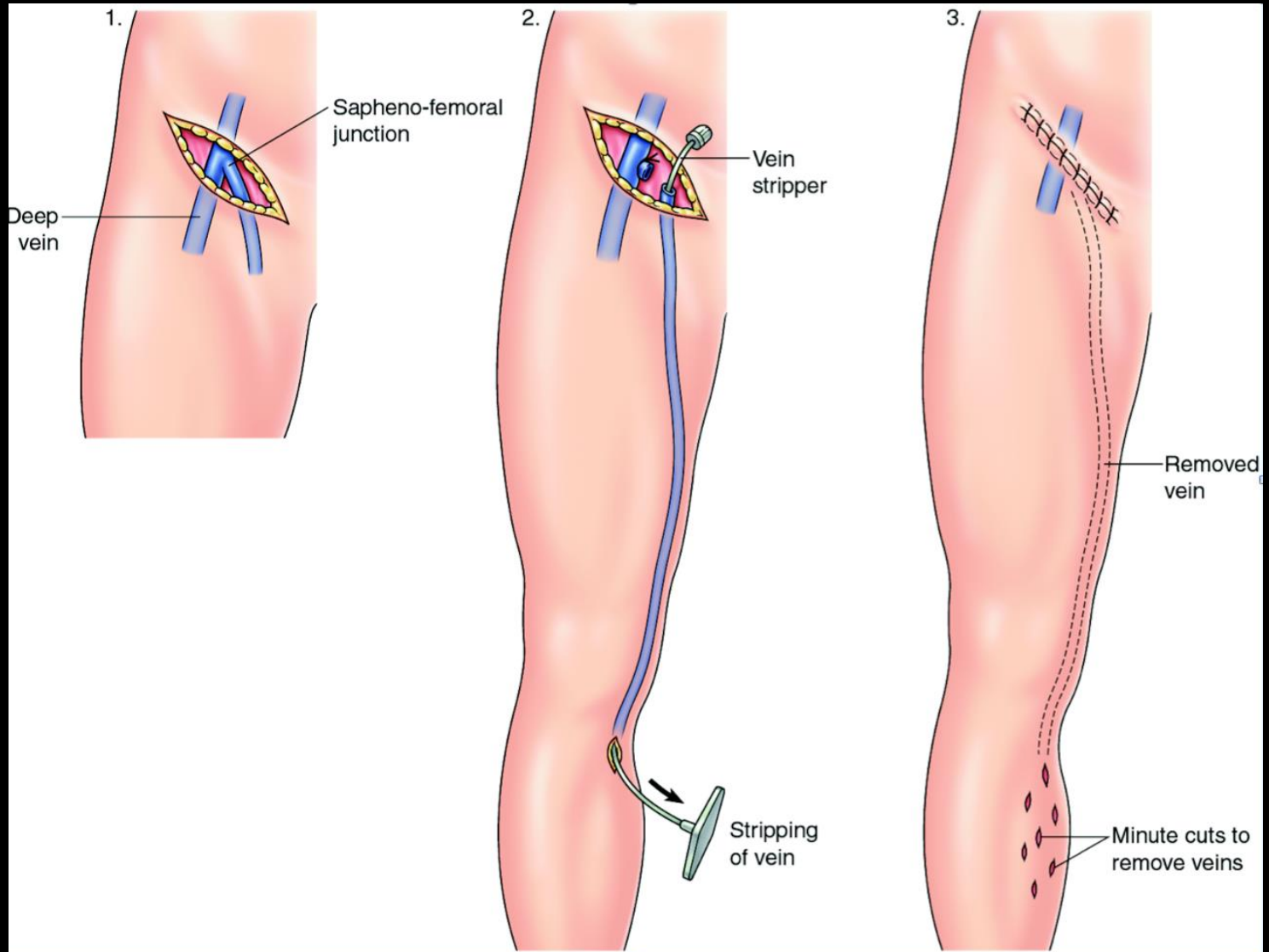
EndoVenous Laser Therapy(EVLT)



EndoVenous Laser Therapy(EVLT)



Surgery





Thank You