

Endovenous Our First Choice-Consensus at 1st Northern European Endovenous Forum

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Received date: October 09, 2018; Accepted date: October 22, 2018; Published date: October 29, 2018

Citation: Th Zierau U (2018) Endovenous Our First Choice-Consensus at 1st Northern European Endovenous Forum. J Vasc Endovasc Therapy. Vol.3 No.4:18

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Editorial

Ints Üdris from Riga, Carl Hendrik Schelp from Malmö and me were very pleased that our joint meeting 1st NEEF, "1st Northern European Endovenous Forum" took place 5th/6th October in Rostock-Warnemünde, in the congress center "Hohe Düne".

This forum was born in 2016, when Ints, Carl and me stayed in Mainz for the VenaSeal meeting. In a joint photo in front of the manufacturer's advertising wall, we had a very intensive discussion about whether perhaps such a forum on endovenous therapy techniques for varicose veins would also be possible in Northern Europe and the idea than became the first contacts and agreements on various social media channels in autumn of last year ... and the delicate idea then became a serious draft. Sponsors were sought, a smart and committed congress agency asked and then the idea took its practical course.

An exciting concept was created for this first in Northern Europe international medical forum for endovenous therapy of varicose veins. Undoubtedly there is a need, because still endovenous procedures are sometimes rude questioned.

For the ceremonial presentation we were able to win PD Dr. med. Wolfgang Lahl. He introduced us on Friday in the long and intensive history of the various therapy procedures on truncal varicose veins.

Our NEEF Consensus: Chronic venous disease is a very common disorder of the blood vessels. Untreated it leads to a significant reduction in quality of life. When advancing to stage C6 it leads to very high costs for the health systems. At present time over 95% of these patients are untreated.

Within the framework of the scientific program and the content-related discussion and also through many discussions on the experiences presented of the NEEF Forum, a consensus has emerged.

Following the ESVS-guidelines indications for therapy of varicose veins we are in consensus, that endovenous therapy

should be preferred over open radical surgery in most cases and is the therapy of first choice for treatment of varicose veins. This is also in line with suggestions of The NICE guidelines and also The American Venous Forum.

At present time endovenous techniques have evolved to be the new gold standard. With proven efficacy even on long they should be preferred over open surgery as treatment of choice in general cases. Short treatment time, low rate of procedure failures and side effects they can be performed without need of Operation Theatre and general anaesthesia. In general cases they should be preferred over open surgery as treatment of choice.

Beside radio frequency and laser ablation the non-thermal non-tumescent cyanoacrylate therapy (VenaSeal) proved to be as least as effective and safe. Truncal varicose veins show long time closure rate between 95% and 97% as shown in different centres and also provides a lower rate of side effects.

Our summary is based on up to 75 month follow-up of using glue for sealing veins. The six vein centre results in treatment of over 2000 patients and over 3000 truncal varicose veins are showing a closure rate of between 97.7% after 3 years to 97,3% after 6 years.

Non thermal therapy of sealing veins results in lower post procedure downtime and hospitalization and lower peri-and postoperative pain compared to thermal ablation and open surgery. Obviously there is no risk of neural injury. We also haven't see any deep vein thrombosis, any varicophlebitis or venous embolie

Non thermal therapy is therapy of first choice in treatment of lower leg veins, for example SSV and femoropopliteal vein, also for arcuatic veins and the incomplete GSV or REVAS at the lower leg. Also the inguinal trunc of accessory saphenous veins is very effective to be treated ultra sound guided with venous super glue.

The venous super glue 2 butyl-cyanoacrylate is biocompatible and bio resorbed over time, so it is not a lifetime implant, no mutagenic or carcinogenic effect is known. We have made histopathological examinations of two human

vein parts after sealing over 10 month before. The histopathological findings haven't described any glue or chemical particles of glue.

The non-thermal, non-anesthesia non tumescent sealing therapy is now accepted throughout Europe and worldwide.

Sealing veins is a gentle alternative method of endovenous therapy- equally effective as endovenous radio frequency and laser, but with less side effects.

All Presenters and the audience were of one's opinin: More information's and pathophysiological education on venous diseases should be given to general public to raise the level of awareness. The progression of chronic venous insufficiency to venous ulcer state C6 could be reduced.