

The Endovenous Eighteens-18 Years Endovenous Therapy of Truncal Varicose Veins

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Received date: September 03, 2018; **Accepted date:** September 10, 2018; **Published date:** September 17, 2018

Citation: Th.Zierau U (2018) The Endovenous Eighteens-18 Years Endovenous Therapy of Truncal Varicose Veins. J Vasc Endovasc Therapy. Vol.3 No.3:14

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Editorial

Since 18 years by now, varicosis has been increasingly treated endovenously. At the start, the rather inconvenient VNUS® Closure Plus procedure and the more convenient linear laser procedure were used, and these were followed in 2006/2007 by the bipolar RFITT®-catheter, the VNUS®-ClosureFast system and the radial-laser. Thus, in the course of the last few years, plenty of experience has been gathered with endoluminal therapy, quality criteria have been defined and standards for the different techniques have been developed. In addition, 15 years ago, far from the beaten tracks of radio wave and laser, the development of a fascinatingly simple, yet nevertheless highly effective method of sealing veins-the VenaSeal® closure technique was initiated. After CE approval had been granted in the autumn of 2011, a number of vein centers in Germany and Europe started using the VenaSeal®-system. Today there is an approval in all countries, also in USA since 2/2015.

The author has applied Venaseal for the first time in a great saphenous vein on 1st August 2012.

In the last eighteens the necessary quality criterias for endovascular interventions on truncal varicose veins were largely laid down, and several comparative studies on functional efficiency of radical stripping surgery on the one hand and endovenous treatments on the other hand were furthermore conducted. By now, it has emerged as an undeniable fact that endovenous interventions do not only exhibit a merely cosmetic advantage as was hitherto assumed. They also have clinical advantages and quite significantly reduce side effects and complications such as still occur regularly today as in the past in connection with the conventional surgical technique.

Thus, the colleagues who work with endovenous procedures meanwhile have reliable criteria for a high-quality therapy.

The VenaSeal® closure procedure is the newest technical development in the series of endovenous therapeutic procedures. Although it is a catheter-based procedure in terms of the basic principle of the therapeutic approach, it differs fundamentally with regard to the closure technique. While the glue likewise gives rise to a certain temperature (approx. 45°C-50°C), the procedure is not a thermal one. Side effects as those known to occur in connection with laser and radio wave therapy ultimately play no significant role here. The necessary reliable closure is achieved by means of a cyanoacrylate superglue, the basic chemical formula of which has been known since several decades, and which is being used in neuroradiology in the treatment of vascular malformations since 1981.

We also worked with this glue since 1988 in vascular surgery at the Charité-hospital. So I 've got the first experience with the glue at the beginning of my specialist training in surgery, vascular surgery and phlebology at the department of surgery of Charité/Berlin.

My teachers in surgery and vascular surgery were Prof. Helmut Wolff and Prof. Klaus Bürger. In this time we haven't any dreams working with endovascular catheters at some point in the future.

But in middle of the nineties I was at Stanford University-hands-on workshop of catheter therapy and so I began to work with catheters in peripheral arteries in my own praxis since 1997. We treated a lot of pelvic or femoral arteries, we inserted stents.

And so it was not a question, we began also to work with endovenous techniques at the beginning of 2002. And it was normal, it was clear-this is the better therapy than radical surgery of varicose veins.