



ASIAN SOCIETY FOR
VASCULAR SURGERY が

10月25日(水)～28日(土)に

シンガポールにて開催されます。

当院からは

血管外科センター長 今井崇裕 先生が

学術発表されますので、ご紹介致します。

**SAVE
THE
DATE**



ASVS2017

KUALA LUMPUR

**18TH CONGRESS OF
ASIAN SOCIETY FOR VASCULAR SURGERY**
IN CONJUNCTION WITH THE 4TH KUALA LUMPUR VASCULAR ACCESS CONFERENCE

Mentoring the Modern Vascular Surgeon

25th - 28th October 2017 | Shangri-La Hotel Kuala Lumpur

PROPOSED WORKSHOPS AND SYMPOSIA

PROPOSED WORKSHOPS

25th October 2017, Wednesday

- Venous Workshop
- Wound Care Workshop
- Ultrasound Workshop
- Peripheral Arterial Workshop
- Aortic Workshop
- Vascular Access Workshop

SYMPOSIA

26th - 28th October 2017, Thursday - Saturday

- Aortic Diseases
- Peripheral Arterial Disease and Acute Ischaemia
- Chronic Venous Diseases
- Vascular Access
- DVT and PE
- Arteritis
- Trauma
- Vascular Malformations
- Innovations Technology and Basic Sciences
- Education and Training
- Carotid and Cerebro - Vascular Disorders
- Wound Care and Dressings
- Visceral
- Imaging



IMPORTANT DATES

Abstract Submission Deadline: 31th May 2017

Early Registration Deadline: 30th June 2017

Organised by:



Asian Society for
Vascular Surgery



Vascular Society of Malaysia
Perkumpulan Pembedahan Vaskular Malaysia



Malaysian
Convention
& Exhibition
Bureau



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CALL FOR ABSTRACT

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Stump of the great saphenous vein after Radiofrequency Ablation

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Background: We evaluated for occlusion rate of a great saphenous vein(GSV) and its stump by ultrasound scan after varicose veins treatment with Radiofrequency Ablation(RFA). **Purpose:** When the surgery is performed the catheter tip is usually advanced to 15mm from the sapheno-femoral junction (SFJ). However, there are cases when the blood flow is found in the tributaries near SFJ by ultrasound scan after surgery although GSV itself become occluded. The dissection of the tributaries near SFJ has some variations, but normally, there are five divergence. It can be presumed that we can reduce the recurrence rate if the 4 tributaries are occluded except the superficial epigastric vein which flows into the center. The purpose of this research is to reduce recurrence risk after surgery based on this evaluation results. **Methods:** The subject of this study is 300 treated cases (65.5 years / 90 males and 210 females) using Endovenous Closure from May to November 2015. In all cases, the catheter tip was positioned 15mm from the SFJ. On the next day of surgery ultrasound scan was performed for evaluation. **Results:** After RFA, the distance from SFJ to the occlusion was 13.8 mm on the average. The occlusion rate of main trunk of GSV was 100%. As for tributaries, the cases which the blood flow was found were regarded as positive. The cases which became occluded and which was not able to identify itself were regarded as negative. The average number of tributaries was 0.62 which the blood flow was found. The breakdown is as follows: 0:139cases/1:137cases /2:24cases /3:0cases /4:0cases. **Discussion:** It is considered that occlusion rate of tributaries is affected by the catheter tip position, shape of GSV around starting point for ablation and the positional relationships among tributaries. Therefore, the preoperative confirmation (evaluation) by ultrasound scan for SFJ is considered very important. **Conclusion:** Here we report evaluation results for occlusion rate of main trunk and tributaries of GSV using ultrasound scan after varicose veins treatment with RFA. In this research we explored relationship between the occlusion rate and recurrence of varicose veins.