

Vein care takes the stage が

11月2日(木)~5日(日)に

テキサス州オースティンにて  
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。



vein care takes the stage

November 2-5, 2017 | Austin, TX

# Presumption of after radiofrequency ablation recurrence rate by sonogram

Abstract No:

1057

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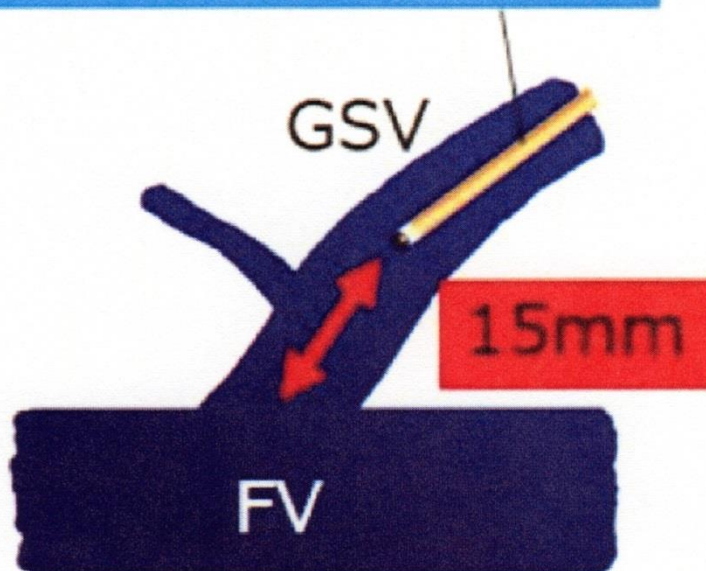
Enter Objectives / Purpose Statement:

We evaluated for occlusion rate of a great saphenous vein (GSV) and its tributaries by ultrasound scan after varicose veins treatment with radiofrequency ablation (RFA). When the surgery is performed the catheter tip is usually advanced to 20mm from the sapheno-femoral junction (SFJ) regardless of the presence or absence of superficial epigastric vein. 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: superficial epigastric vein, external pudendal vein, superficial circumflex iliac vein, medial accessory saphenous vein and lateral accessory saphenous vein. 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.

Method:

The subject of this study is 300 treated cases (average age  $65.5 \pm 11.6$  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.

# Endovenous Closure™



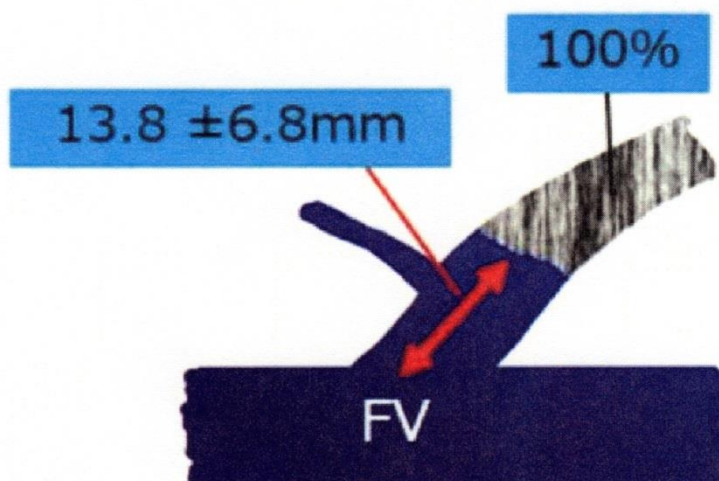
([https://files.aievolution.com/acp1701/abstracts/abs\\_1049/operation.jpg](https://files.aievolution.com/acp1701/abstracts/abs_1049/operation.jpg))

·The catheter tip was positioned 15mm from the SFJ

## Results:

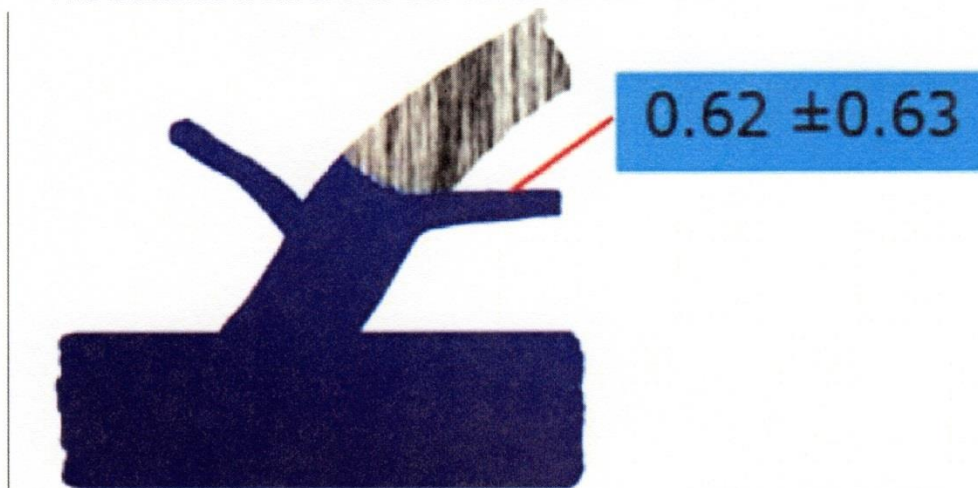
After RFA, the distance from SFJ to the occlusion was  $13.8 \pm 6.8$  mm on the average. The occlusion rate of main trunk of GSV was 100%. As for tributaries, the cases which the blood flow was found were regarded as positive. The cases which became occluded and which was not able to identify itself were regarded as negative. The average number of tributaries was  $0.62 \pm 0.63$  which the blood flow was found. The breakdown is as follows: 0:139cases / 1:137cases / 2:24cases / 3:0cases / 4:0cases.

Number of tributaries	case
0	139
1	137
2	24
3	0
4	0



([https://files.aievolution.com/acp1701/abstracts/abs\\_1049/postoperation1.jpg](https://files.aievolution.com/acp1701/abstracts/abs_1049/postoperation1.jpg))

·The distance from SFJ to the occlusion and rate



([https://files.aievolution.com/acp1701/abstracts/abs\\_1049/postoperation2.jpg](https://files.aievolution.com/acp1701/abstracts/abs_1049/postoperation2.jpg))

·The average number of tributaries

### Conclusions:

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 evaluation by ultrasound scan for SFJ is considered very important. 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.

### Categories:

SUPERFICIAL VENOUS INTERVENTION - Endovenous Ablation

Does your submission qualify as first time presented?

Yes