

Successful 2nd EVF HOW in Vienna, 3rd planned for Cyprus

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The 2nd EVF HOW (European Venous Forum Hands-on Workshop on Venous Disease) was organized at the Event Hotel Pyramide, 20 minutes outside Vienna, during three days last October. The number of delegates was limited to 100 physicians to facilitate interaction with the faculty. Half of the delegates represented vascular surgery followed by interventional radiology, phlebology, angiology, cardiology and dermatology. The delegates represented 36 countries and interacted with 32 well known faculty members and 55 experts from our industry partners. The EVF HOW provided a unique comprehensive program focused on hands-on learning. During the mornings, 35 lectures provided a review of the latest updates and “state-of-the art” management of acute and chronic venous disease. Plenty of time was set aside for discussions. The lectures were illustrated by 15 clinical cases, which were discussed in an open forum, and by two live demonstrations on duplex scanning technique. The emphasis was on the practical workshops during 12 hours in the afternoons. Each delegate attended 20 different workshop stations in small groups, giving each participants time to try out the devices. The format allowed lots of opportunity for the participants to share in discussions and actively engage with the faculty and industrial partners in a relaxed surrounding.

Lectures

The international faculty from Europe and the US delivered presentations on

- basic principles.
- treatment of varicose veins with drugs; compression; open surgery; saphenous ablation with laser, radiofrequency, foam sclerotherapy and steam; techniques to preserve the GSV; and controversy of the importance of the perforators. After intense discussion, Professor Alun Davies tried to make sense of it all.
- new guidelines for venous thrombo-embolism (VTE).

- treatment of acute VTE with traditional conservative measures, new oral anticoagulants, catheter-directed thrombolysis, pharmaco-mechanical thrombectomy and the role of IVC filters.
- diagnosis and treatment of chronic venous insufficiency using a sequential treatment plan; the role of fasciotomy in legs with increased compartment pressure; “sourcing of reflux” in ulcerated limbs; compression treatment; the role of valve reconstruction in limbs with primary deep venous reflux or postthrombotic disease; and treatment of deep venous obstruction.
- the future in venous disease including the role of simulators in training; the novel Russian algorithm to avoid PTS; a critical appraisal of the association between MS and CCSVI; and the future impact of economy-based medicine in phlebology.

Case reports

Dr. Jan Christenson organized the presentation of 15 interesting clinical cases. A faculty member introduced the case and the moderator encouraged the delegates to join the discussions that many times turned into lively battles. There was a wide range of cases illustrating the preceding lectures: From varicose veins to iliofemoral DVT; from chronic outflow obstruction to ovarian vein reflux. Dr. Alfred Obermayer felt the compassion when he presented his “worst case”.

Hands-on workshops

This is the most important part of the meeting. Each delegate in groups of 4-5 spent 25 minutes at each of the 20 workstations. The function of the device or the method was explained in detail by the industry expert and its role in the treatment of venous disease was highlighted by the faculty member. The group trained hands-on under expert supervision after a short demonstration. Each delegate was given the opportunity to have dedicated and personalized advice of the procedure.

Workshop 1: Duplex investigation

The delegates performed live imaging in patients with different types of vein pathologies. The importance of positioning of the patient, use of appropriate transducers, imaging principles and optimization of the image were emphasized.

Station 1: Abdominal and pelvic vein investigation (Zonare; faculty: Nicos Labropoulos).

Station 2: Lower limb with superficial reflux (Zonare; faculty: Bernhard Partsch).

Station 3: Lower limb with deep incompetence (Aloka; faculty: Maura Griffin).

Station 4: Sourcing of reflux in the ulcer patient (Sonosite; faculty: Alfred Obermayer and Ferdinand Steinbacher).

Workshop 2: IVC filter/Thrombectomy/Ulcer care

Station 1: Compression therapy/ulcer care. The delegate learned how to choose and apply the appropriate wound dressing for a venous ulcer and how to measure a leg and apply the appropriate stocking (BSN/Jobst; faculty: Olle Nelzén).

Station 2: IVC filter placement and retrieval was practiced in a tube model (Cook; faculty: Anthony Gasparis).

Station 3: Endovenous thrombectomy using the AngioJet device was practiced in a patient simulator setting (Medrad; faculty: Alun Davies).

Station 4: Insertion of Option IVC filter was performed by each delegate using a computerized Mentice simulator mimicking an angio-room set up (Argon/Mentice; faculty: Lars Lönn).

Workshop 3: Stent placement/IVUS imaging/Compression therapy

Station 1: Zilver vena stent placement was practiced in a specially designed venous model (Cook; faculty: Olivier Hartung).

Station 2: Intravascular Ultrasound (IVUS). The delegates familiarized themselves with the IVUS tower and the corresponding catheters. Case studies of procedures using IVUS video-loop recordings were reviewed to demonstrate differences in venogram and IVUS images during treatment of patients with obstruction (Volcano; faculty: Peter Neglén).

Station 3: Wallstents placement at the IVC confluence and distally in the iliofemoral vein segment was practiced in a special model (BSCI; faculty: Marzia Lugli).

Station 4: The concept of Circaid in-elastic compression device was explained and the device applied by each delegate (Circaid; faculty: Sandra Shaw).

Workshop 4: Saphenous ablation

Each delegate practiced on phantom legs longitudinal and transverse access to the vein under ultrasound guidance, insertion and placement of ablation devices, and the correct use of each device. Tips and tricks were pointed out.

Station 1: Saphenous laser ablation using a radial fiber with a 1470 nm laser generator and how to decide the dosage of energy were practiced. (Biolitec; faculty: Alexander Flor).

Station 2: Saphenous laser ablation including planning of adequate dosage and selection of the correct treatment setting were practiced. (KLS Martin; faculty: Zbigniew Rybak).

Station 3: Saphenous radiofrequency ablation using the ClosureFAST catheter was practiced including how to accurately place the catheter tip at the sapheno-femoral confluence and to sequential position the catheter (Covidien; faculty: Ian Franklin and James Lawson).

Station 4: Tips and tricks. Examination of the patient clinically and ultrasound mapping of the source of reflux was practiced on patients. The anatomy of the veins to be ablated was described in detail, and the influence of vein size, tortuosity and the relation to the skin, nerves and deep veins were discussed (Covidien; faculty Lars Rasmussen and Michel Nuta).

Workshop 5: Steam ablation/ Compression bandage/Foam sclerotherapy

Station 1: Saphenous and vein tributary steam ablation was practiced. The physical effect of the technique was also discussed (Veniti; faculty: René Milleret).

Station 2: Strong short-stretch compression bandage was applied by each delegate, sub-bandage pressure measurements were monitored, and the delegates were made aware of what a correctly applied bandage on their own leg feels like (Lohmann & Rauscher; faculty: Hugo Partsch and Giovanni Mosti).

Station 3: Foam sclerotherapy. The delegates made foam using STD and discussed different treatment plans according to ultrasound scanning results. This was followed by ultrasound-guided cannulation injection of foam in a phantom leg. The appropriate compression bandage following foam sclerotherapy was placed on each other (STD Pharma; faculty: Andrew Bradbury and Gareth Bate).

Station 4: Foam Sclerotherapy simulator. Each delegate practiced ultrasound-guided foam sclerotherapy on a simulator, which mimicked the sensory properties of a real

soft tissue during palpation and injection of a sclerosing agent (3B Scientific; faculty: Mario Sica).

Evaluation and future meeting

The feedback from participants, faculty and industry experts was very positive and the interaction between the three parties was enjoyed by all. This was the same experience as after the 1st EVF HOW. The Swedish Professor of Vascular Surgery Bo Risberg, who has attended both meetings, wrote: *My general impression is that the workshops are very good. The combination of theory in the morning and practical exercise in the afternoon is excellent. The theoretical parts cover all important aspects of venous disease. Pathophysiology is mixed with clinical practice in a didactic way. The majority of the speakers are internationally well known clinicians who deliver excellent lectures... The chairmen do a very thorough job keeping the discussions lively at all times...I think the case discussions are important complements- the cases are engaging the auditorium, which is very good... Personally I appreciate the hands-on workshops – practical activities appeal to surgeons...The workshop covers well the need for venous disease in the training of vascular surgeons.*

The 3rd EVF HOW will return to the renovated Golden Bay hotel in Larnaca, Cyprus, 31 October-3 November 2012. The program has been modified based on the feedback from the participants and faculty. This time the delegates may bring their own cases. We will accept only 100 participants on a “first come – first served” basis, so we recommend that you register early to secure a slot.

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