



Suzanne Hargreaves has completed this personal reflection on **15/09/2020**

Paper: Summer 2020 CPD Questions

Personal Reflection:

As usual two papers formed the CPD questions and on this occasion involved one paper which looked at PE and DVT patients alongside management options for primary varicose veins.

The paper looking at PE compared those who had a PE due to DVT and those where it was an isolated finding. The study looked at various risk factors to determine those most prevalent and a scan of the deep veins was also undertaken to rule out a DVT, looking at both the ileo-femoral segment as well as the calf veins. As mentioned in the study the ability to completely exclude a DVT will not have taken place in previous studies as many centres do not look at the calf veins and this is a likely source of emboli. When analysing all the information it was discovered the risk factors involved which increase the risk of an isolated PE involved age, sex, heart failure or cancer. The unexpected finding was the use of a hormonal contraception which increased the risk of an isolated PE. The paper as interesting to read as it is a subject I have not given much thought to. It showed screening for DVT in PE patients should include the calf vessels although many centres, including ours, do not include calf vessels in the DVT protocol. It may be the protocol needs to be reviewed at a future date and include calf vessels but currently it needs to be kept in mind a DVT cannot be completely excluded with the current protocol.

The second paper related to the management options for primary varicose veins. The prospective study looked at females only and determined the success rate of three treatment methods. The treatment methods involved GSV stripping plus foam Sclerotherapy, foam Sclerotherapy only and EVLT. The treatment was randomly selected to the patients who qualified for the study. As I would expect both surgery and EVLT were more successful than foam sclerotherapy at treating the varicose veins with a greater recurrent rate occurring in those who were randomised to foam sclerotherapy as 36% of these patients developed recurrence. Surprisingly there did not appear to be a statistical difference in the success rate of those who underwent surgery compared with EVLT. The paper indicated that the recurrent varicosities occurred either due to large GSV size or incompetent perforators. As mentioned due to the small size of the study further studies need to be undertaken. If possible research studies are mentioned here I will suggest this as something to look into.