



Helen Matthews has completed this personal reflection on **09/05/2019**

Paper: Spring 2019 CPD Questions

Personal Reflection:

Endo-venous Laser Ablation (EVLA) in Active and Healed Venous Ulcers :

This study aimed to assess the mid-term recurrence rate with healed or active venous ulcers post EVLA treatment for superficial axial veins and to search for possible risk factors for non-healing and recurrence.

The standard treatment is compression, but recurrence rate is high. Surgery is often not offered when patients are considered too old and /or with too many other co-morbidities.

EVLA is performed under local anaesthetic. It was found that it can be safely offered to the elderly with significant co-morbidities, achieving low ulcer recurrence rates after more than 3 years, with a low rate of complications and an acceptable re-intervention rate.

Reduced ankle mobility, deep venous reflux, presence of venous insufficiency and /or varicose veins in the ulcer area are considered risk factors for ulcer recurrence in this study. Additionally peripheral arterial disease and recurrent superficial venous reflux are other risk factors in previous studies, but not confirmed here.

Factors Associated with Contra-lateral DVT after Ilio-caval Stenting :

Iliac venous obstruction mainly occurs on the left side and endo-vascular therapy is now the first line treatment.

Placement of iliac venous stents across the ilio-caval confluence is a safe procedure associated with a low incidence of contra-lateral iliac DVT. If this does occur, early clot removal can be performed with good results.

Factors which may increase the risk of subsequent contra-lateral DVT are acute DVT, pre-op contra-lateral IIV thrombosis, pre-existing IVC filters and anti-coagulation non-compliance.

Future stent development may attempt to eliminate the need to cross into a healthy IVC and avoid the risk of secondary contra-lateral venous thrombosis.