



Philip Hickman has completed this personal reflection on **29/05/2019**

Paper: Spring 2019 CPD Questions

Personal Reflection:

Mid Term Outcomes of Endovenous Laser Ablation in patients with active and healed venous ulcers: A follow up study.

Reassuringly demonstrates that the endovenous laser ablation of superficial venous insufficiency in our patients with healed or active venous ulcers achieves good healing, low recurrence/complications rates and good re-intervention outcomes.

Learning- limited ankle mobility is associated with increased recurrence rates.

Evaluation: I suspect this is linked to reduced activation of the calf muscle pump, therefore leading to increase in Virchow's triad 'haemostasis' and ultimately thrombosis.

Analysis: I will go away and research the literature regarding ankle mobility and venous ulceration.

Action Plan: Liase with local physicians to see whether ankle mobility would have any clinical utility in risk stratification of ulcer recurrence in their clinics. As it ulcer recurrence probability may alter how they proceed with management; conservatively vs aggressive.

Factors associated with contralateral deep venous thrombosis after ilio caval venous stenting.

Learning: Stent placement across the ilio caval confluence from the left CIV is associated with a low but definitive rate of contralateral iliac DVT. Caudal stent migration is of clinical importance and should be included in the imaging report. Pre-procedural imaging of the right IIV important; may need alternative imaging to US to confirm this. Paper has highlighted significant risk factors associated with contralateral iliac DVT; which may aid identify those individuals who may benefit from enhanced anticoagulation therapy.