



**Alison Elcott** has completed this personal reflection on **06/08/2020**

**Paper:** Summer 2020 CPD Questions

### **Personal Reflection:**

#### Description of the learning :

One aspect of the varicose vein study that i learnt was the differences between - technical failure, anatomic success, haemodynamic success and clinical success. Another important aspect that I also learnt percentages of the polidocanol foam sclerosing agents used and methodological differences between USGFS and EVLT Diode Laser. In the characteristics and clinical evolution of isolated PE compared to DVT study i learnt that female gender, age, heart failure, cancer and hormonal contraception used in young females were associated with isolated PE whereas presence of thrombotic alterations was associated with DVT/PE. There is a much higher fatality rate in patients with PE than those with a DVT . This study also confirmed for me the importance of doing a complete lower extremity venous duplex scan as opposed to stopping at popliteal vein. Furthermore i learnt the differences in definition between major bleeding and non-major bleeding.

#### Evaluation:

These topics of interest are relevant to my practice and have enhanced my understanding of certain aspects of patient management and assessment that will be useful for me when i am required to use clinical reasoning for the justification/ prioritization of scans in the department.

#### Analysis:

We are often required to discuss requests with Doctors regarding patient pathways for both varicose vein patients and IPE as well as DVT/PE patients. It is vital to have a good understanding of the up to date studies /statistics from studies to be able to have an informed discussion with our peers on the best pathway/ management of patients . Also to have a good level of understanding of the information a surgeon needs to be able to decide which varicose vein treatment is optimal for the patient. The study mentioned the reasons for technical failure of the three treatments[ ligation, EVLT and USGFS which ultimately will help me to identify and include this information in my reports.

#### Conclusion/ Action Plan:

Give clear guidance in my reports when accessory vein reflux/ perforator incompetence noted in the duplex scan. Detail size for any primary VV patients with large varicose veins if known that they are to be selected for USGFS so surgeon can make an informed choice.

Be aware of how important clinical evolution and patient characteristics are in PE/DVT pathway when in discussion with peers regarding the management / imaging of patients.