



Reason Varicose vein
Outcome DVT negative, Superficial thrombophlebitis, Incompetence - deep, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Patent & Comp Prox to mid	Isolated IC distally (x 1)	Widely Patent	Competent
Popliteal Vein	Patent	Incompetent	Widely Patent	Slight Incompetence
Posterior Tibial Vein	Isolated IC - proximally	Patent & Comp mid-distal	Widely Patent	Competent
Anterior Tibial Vein	Patent	Competent	Widely Patent	Competent
Peroneal Vein	Isolated IC - proximally	Patent & Comp mid-distal	Widely Patent	Competent
Soleal Vein				
Gastrocnemius	Patent	Competent	Patent	Slight Incompetence
Superficial Veins				
Saphenofemoral Junction	Patent	Incompetent	Not Identified	
L Saphenous Vein Above	Largely not Identified	Isolated Incompetence	Patent	Incompetent
L Saphenous Vein Below	Not Identified		Patent & IC Prox-mid	Occlusive thrombus distal
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent & Comp proximally	Not Identified distally	Patent & Comp proximally	Not ID mid-distal
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

Previous RFA & stripping in both the right and left lower limbs

All measurements are proximal to the medial malleolus unless otherwise stated

RIGHT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. The common femora, profunda femoral and proximal to mid superficial femoral veins all appears widely patent and competent. The distal superficial femoral vein is bifid; one vessel is widely patent and competent whilst the other is patent and incompetent distally. The popliteal and proximal posterior tibial/peroneal veins are patent with incompetent flow. The mid-distal posterior tibial and peroneal veins are patent and competent. Anterior tibial and Gastrocnemius veins appear patent and competent.

Assessed by Rae Larmour

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Checked by



Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is not identified in the prox-mid thigh - due to previous surgery. Incompetent tortuous veins noted proximal to the SFJ (likely pelvic source) and these veins form the visible proximal medial thigh varicosities. At ~47cm a branch of these varicosities reforms the LSV, which is incompetent for ~3cm. At ~44cm, the incompetent LSV leaves the fascia and returns to contribute to the distal medial thigh varicosities. These medial thigh varicosities eventually drain in to competent perforators; one in the medial thigh at ~35cm and one behind the knee. The LSV is not identified throughout the calf.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. At ~21cm an incompetent perforator appears (?from Gastrocnemius veins) forming the posterior calf varicosities. Distal to this, the SSV is not identified. The posterior calf varicosities travel medially and form the medial calf varicosities.

LEFT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT. Slight incompetence noted in the popliteal vein and a pair of Gastrocnemius veins.

Sapheno-femoral junction (SFJ) and the proximal thigh long Saphenous vein (LSV) are not identified - due to previous surgery. Incompetent tortuous veins noted proximal to the SFJ (likely pelvic source) and these veins form the proximal medial thigh varicosity. At ~51cm, this varicosity reforms the LSV. The LSV is incompetent throughout the thigh and proximal-mid calf with incompetent branches at ~48cm and ~35cm in thigh and ~29cm and ~27cm in the calf which form the medial calf varicosities. The incompetent branch at ~35cm communicates with the LSV in the distal calf at ~10cm. Unable to assess the calf LSV distal to ~21cm as the LSV is occluded with mixed superficial thrombophlebitis from this point.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. The SSV is very small calibre in the proximal calf (~0.2cm) and becomes smaller in the mid-distal calf; unable to trace.

Transverse (AP) dimensions of LSV

Proximal thigh - Not identified, previous surgery.

Mid thigh - 0.44cm,

Distal thigh - 0.41cm,

Proximal calf - 0.31cm,

Mid calf - 0.44cm,

Distal calf - occluded with mixed superficial thrombophlebitis.

ADDITIONAL COMMENT: Occlusive mixed superficial thrombophlebitis identified in the mid-distal calf LSV (from ~21cm to the ankle) and an isolated region of non-occlusive mixed superficial thrombophlebitis in the mid thigh LSV, as it reforms within the fascia. Patient attended A&E regarding this on 10/04/2022 and states it appears to have improved since this attendance.

