



**Reason** Varicose vein post-op  
**Outcome** Incompetence, Superficial thrombophlebitis

	<b>Right</b>		<b>Left</b>	
	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
<b>Deep Veins</b>				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein				
Superficial Femoral Vein				
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein				
Anterior Tibial Vein				
Peroneal Vein				
Soleal Vein				
Gastrocnemius				
<b>Superficial Veins</b>				
Saphenofemoral Junction			Patent	
L Saphenous Vein Above			Occluded	Mixed Thrombus
L Saphenous Vein Below			Patent	Incompetent
Vein of Giacomini				
Saphenopopliteal Junction			Patent	
S Saphenous Vein			Occluded to ~20cm	Patent & competent distal
<b>Evidence of D.V.T.</b>				
Above the knee			No	
Popliteal			No	
Below the knee				

**Notes****POST LEFT LONG & SHORT SAPHENOUS VEIN VNUS**

The left common femoral and popliteal veins are widely patent and competent, with no evidence of DVT.

The SFJ is patent. As mentioned in previous reports, the proximal thigh LSV is small calibre and highly tortuous. The LSV is within the fascia from ~67cm and from this point is occluded with mixed superficial thrombophlebitis with no flow identified within the vessel lumen. The LSV is occluded until ~36cm. At ~31cm, there is an incompetent perforator which renders the calf LSV incompetent, which it remains to the ankle.

The SPJ is patent. The SSV is occluded with mixed superficial thrombophlebitis until ~20cm, with no flow identified within the vessel lumen in this region. Distal to this the SSV is patent, but appears patent and

Assessed by Rae Larmour

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Checked by



competent to the ankle.