The Lower Extremity Vein Evaluation For Reflux

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Superficial veins GSV SSV Accessory veins

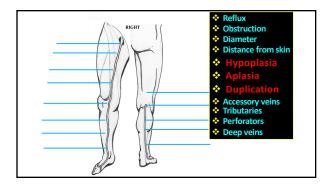
Saphenous tributaries Nonsaphenous

Perforator veins Thigh, knee, calf, ankle, foot

Deep veins Axial

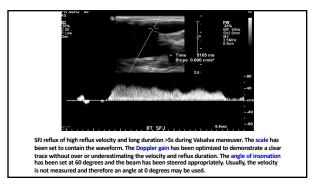
Muscular

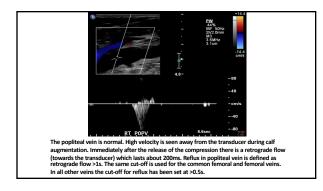
Skin Fascia Fat Muscles Ligaments Bones Arteries Lymphatics Nerves



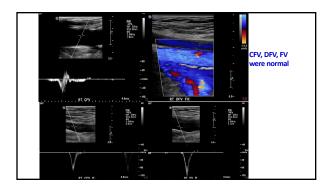


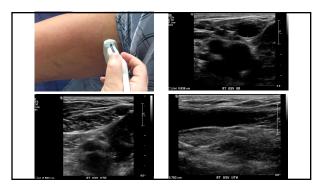
Labropoulos N et al. J Vasc Surg 2003;38:793-8	
Cut-off values for reflux	
Fem-pop	>1000ms
Calf + DFV	>500ms
Superficial	>500ms
Perforator	>350ms
For practical purposes perforator vein reflux cut-off is set at >500ms	

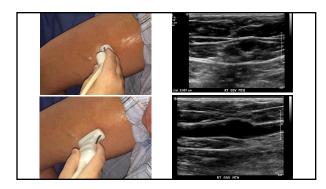


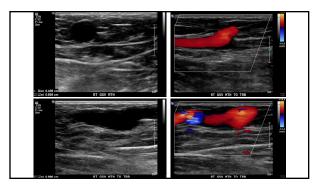


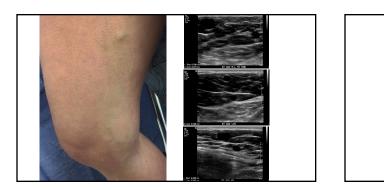


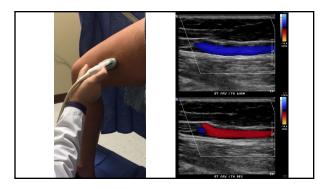


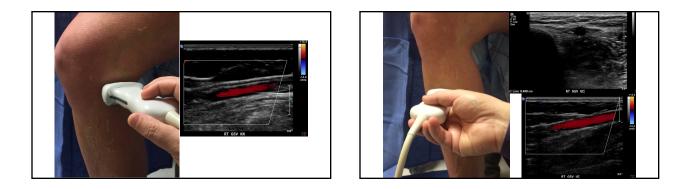




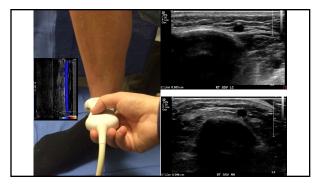


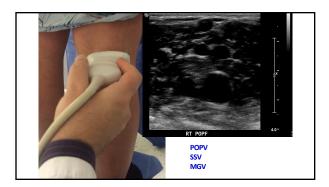


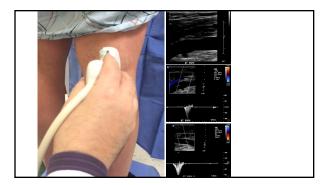


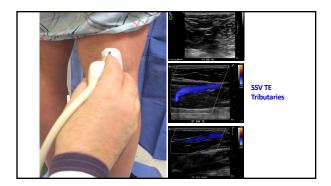




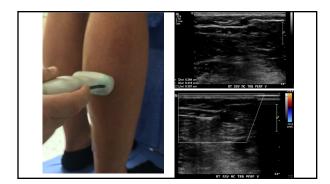




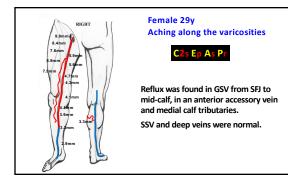


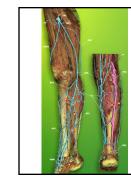






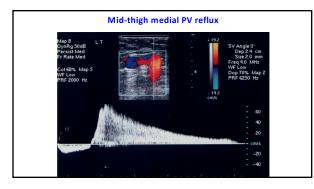


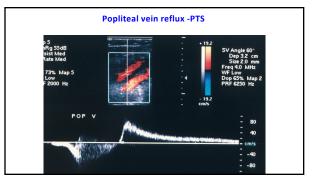




Saphenous veins and their interconnections

- Significant importance in order to optimize treatment
- GSV to SSV reflux
- SSV to GSV reflux
 Independent GSV and SSV reflux
- Combinations with other sources





Femoral vein partial recanalization with reflux

Wall thickening Heterogeneous texture

Irregular borders Irregular flow channels

Secondary chronic venous disease progresses faster than primary Labropoulos N et al. J Vasc Surg 2009;49:704-10 INVEST: Investigating Venous Disease Evaluation and Standardization of Testing Multicenter assessment of venous reflux by duplex ultrasound. Lurie F, et al. J Vasc Surg 2012;55:437-45 - Initiated by the AVF

17 healthy volunteers, 57 patients with primary CVD

Prospective, multicenter study showed high repeatability of duplex ultrasound in the detection of venous reflux

Alternations of the time of the duplex scan, the patient's position, and the reflux-provoking maneuver significantly decreased reliability.