

What Do You Treat First In C2s With Reflux Of The GSV, SSV, And Vein Of Giacomini

Thursday, November 16, 2023

SESSION 66: SUPERFICIAL VEIN TREATMENT STRATEGIES I

What Do You Treat First In C2s With Reflux Of The GSV, SSV, And Vein Of Giacomini
9:05 AM - 9:10 AM

MD Jean-Luc GERARD
Paris France

disclosure

None for this presentation

What is the most important vein

Great saphenous vein (GSV)?

Small saphenous vein (SSV)?

Giacomini vein (GV)?

Is it dependant of the caliber of the veins?

Saphenous vein involved for varicose vein

Prevalence of reflux was significant higher in the GSV than in the SSV

≈ 77 % GSV

≈ 20 % SSV

≈ 3.3% for combined unilateral GSV and SSV reflux

Patterns of saphenous reflux in women with primary varicose veins
<https://doi.org/10.1007/s10007-005-0144-5> J Vasc Surg. 2005 Apr;41(4):645-51

Early results of an Asian prospective multicenter Venaseal real-world postmarket evaluation to investigate the efficacy and safety of cyanoacrylate endovenous ablation for varicose veins
<https://doi.org/10.1007/s10007-021-0144-5> J Vasc Surg Venous Lymphat Disord. 2021 Mar

QUESTIONS

- What is the complaint of the patient?
- Where are varicose veins found?
- What is the diameter of the GSV and SSV?
- Which vein has the maximum incompetent length?

GSV and SSV both incompetents

Is it easier to treat the GSV or SSV?

GSV and SSV both incompetents

Treat first

The saphenous vein on which visible varicose veins depend (what the patient came for)

The saphenous vein which has the largest caliber

The saphenous vein which has the greatest incompetent length

Length of the SSV treated is on average very short (20cm) compared to the GSV (35cm)

Giacomini vein (GV)

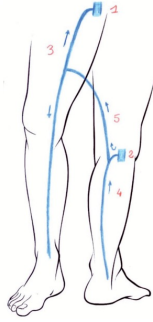
Anastomotic vein

Saphenous vein (posterior accessory saphenous vein) into the fascia bottom third of the thigh

Incompetent SSV reflux from GSV and GV



Incompetent GSV flux from GV Paradoxical (Re)flux



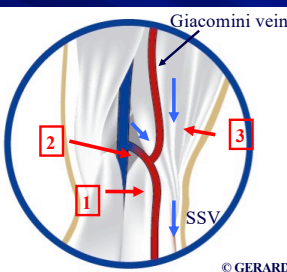
Giacomini vein incompetent



Where is for you the right position of the fiber (catheter) tip?

(only one proposition)

Giacomini vein and SSV incompetent



1. Below the Giacomini vein
2. At the SPJ
3. Into the Giacomini vein

Replies from experts

- Claudine Hamel Desnos : 3
- Lowell Kabnick : 3
- Thomas Proebstle : 3 – up as much as possible, particularly if there is a thigh perforator linked to the V. femoro-popl.
- Marc Whiteley : 1 – Below the Giacomini vein. The normal flow of the Giacomini vein will drain through the SPJ.
- Jean-Luc Gérard : 3

Where is for you the right position of the fiber (catheter) tip?
(only one proposition)

Giacomini vein and SSV incompetent

1. Below the Giacomini vein
2. At the SPJ
3. Into the Giacomini vein

© GERARD

Giacomini vein

Paradoxical (Re)flux in the Giacomini
 (permanent centripetal diastolic flow due to terminal valve of the SSV incompetence)

Connection with the other veins

Giacomini vein paradoxycal centripetal flux
 Terminal valve of SSV incompetence

© GERARD

Paradoxical flux in the Giacomini
 (permanent centripetal diastolic flow due to terminal valve of the SSV incompetence)

Duplex scan

- Deep vein competent
- Superficial vein :
 - GSV competent at the SFJ and upper 1/3 (Ø 3mm)
 - Paradoxical flux in the Giacomini (Ø 6mm)
 - GSV incompetent below the Giacomini (Ø 6mm)



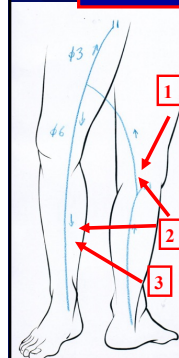
Where is for you the right access site?
(only one proposition)

1. From the popliteal crease (treating only the Giacomini)
2. From the popliteal crease (treating the Giacomini + GSV at the leg)
3. At the middle 1/3 of the leg (treating only the GSV)

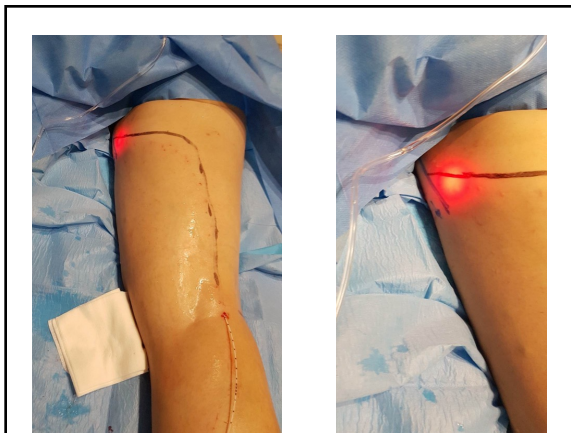
Replies from experts

- Claudine Hamel Desnos : 3
- Lowell Kabnick :3
- Thomas Proebstle : 2
- Marc Whiteley :3 – The Giacomini doesn't need treatment – and endovenous thermal treatment will risk nerve damage. Close the GSV and only treat the Giacomini if there is a problem later – there won't be ;-)
- Jean Luc GERARD : 2

Where is for you the right access site? *(only one proposition)*



1. From the popliteal crease (treating only the Giacomini)
2. From the popliteal crease (treating the Giacomini + GSV at the leg)
3. At the middle 1/3 of the leg (treating only the GSV)



Why to choose?

If the GSV, SSV and PASV are all 3 incompetent, is it possible to treat all 3 at the same time?

Position of the patient (semi-prone) and 2le introduction



It is a problem if you cannot treat the Giacomini vein?

Treating GSV and/or SSV will immediately reduce caliber the GV
If not sufficient it will be easy to treat it by foam sclerotherapy

It is a problem if you cannot treat the Giacomini vein?

Treating GSV and/or SSV will immediately reduce caliber the GV (to cut siphon effect)

If not sufficient it will be easy to treat it by foam sclerotherapy

YOU CAN NEGLECT TREATING GV

TAKE HOME MESSAGE

- Treat the saphenous vein where the varices are
- Treat the largest (higher diameter) vein first
- An equivalent diameter of GSV and SSV treats the GSV first
- Treat the longest vein first (GSV)
- Neglect Giacomini vein (the caliber will decrease after the treatment of the GSV or SSV)