

Controversies in Venous Disease Management

This is a Non-CME activity.

Wednesday, November 20, 2024 | Time: 10:00 A.M. – 12:00 P.M. | Location: Americas Hall 1, 3rd Floor

Course Leaders: Jose I. Almeida, MD | Enrico Ascher, MD

Moderators: <i>Jose I. Almeida, MD Lowell S. Kabnick, MD Peter Gloviczki, MD</i>	11:00 -11:05	All Retrievable IVC Filters Need To Be Removed <i>Kush R. Desai, MD</i>
10:00 -10:05 Saphenous Reflux Causes Calf Pump Failure <i>Fedor Lurie, MD, PhD</i>	11:05 -11:10	Retrieval IVC Filters Can Be Left In Place If Not Causing Problems <i>Manj S. Gohel, MD</i>
10:05 -10:10 Saphenous Reflux Fills Tributaries, Not The Calf Pump <i>Jose I. Almeida, MD</i>	11:10 -11:15	The Diagnosis Of Lymphedema Is Based On Physical Exam Alone <i>Thomas F. O'Donnell, Jr., MD</i>
10:10 -10:15 Non-Refluxing ASV + Refluxing GSV Should Be Treated In One Setting <i>Edward G. Mackay, MD</i>	11:15 -11:20	Lymphoscintigraphy Is Required To Make The Diagnosis Of Lymphedema <i>Peter Gloviczki, MD</i>
10:15 -10:20 Non-Refluxing ASV + Refluxing GSV Should NOT Be Treated In One Setting <i>Lowell S. Kabnick, MD</i>	11:20 -11:25	Perforators Should Only Be Ablated In C6 Patients <i>Peter F. Lawrence, MD</i>
10:20 -10:25 Duplex Ultrasound Is Sufficient For Diagnosis And Treatment Of CVD <i>Alun H. Davies, MA, DM, DSc, FRCS</i>	11:25 -11:30	Most Perforators Should Be Ablated <i>Steve Elias, MD</i>
10:25 -10:30 Air Plethysmography (APG) Should Be Added To Each Examination <i>Brajesh K. Lal, MD</i>	11:30 -11:35	Most Patients With C1 Disease Need Saphenous Ablation <i>Manj S. Gohel, MD</i>
10:30 -10:35 NIVLs Need To Be Aggressively Stented <i>Arjun Jayaraj, MD</i>	11:35 -11:40	No Patients With C1 Disease Need Saphenous Ablation <i>Kathleen J. Ozsvath, MD</i>
10:35 -10:40 Very Few NIVLs Need Stenting <i>Paul J. Gagne, MD</i>	11:40 -11:45	Most Pelvic Venous Disorders Need Intervention <i>Mark H. Meissner, MD</i>
10:40 -10:45 All Stented NIVLs Need Anticoagulation <i>Andrea T. Obi, MD</i>	11:45 -11:50	Most Pelvic Venous Disorders Need Medical Management <i>Neil M. Khilnani, MD</i>
10:45 -10:50 Low Dose Aspirin Is Adequate For Stented NIVLs <i>Anthony J. Comerota, MD</i>	11:50 -11:55	Most Venous Interventions Should Be Performed In An OBL <i>Russell H. Samson, MD</i>
10:50 -10:55 Most Iliofemoral PTS Cases Need Stenting <i>Erin H. Murphy, MD</i>	11:55 -12:00	Most Venous Interventions Should Be Performed In A Hospital <i>John Blebea, MD, MBA</i>
10:55 -11:00 Most Iliofemoral PTS Cases Only Need 3-6 Months Of Anticoagulation <i>Timothy K. Liem, MD, MBA</i>		