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GOOD RESULTS OF MANAGEMENT OF VARICOSE VEINS THROUGH ENDOSCOPIC ASSISTED SURGERY

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Aim: The recurrence rate of management of varicose veins was high and ranged 20–60% in previous reports. In this study, primary varicose veins were managed through endoscopic assisted surgery. The recurrence rate and satisfaction rate were evaluated.

Materials & Methods: From 1997 to 2017, 1966 limbs of primary varicose veins and its complications were managed through endoscopic assisted surgery. With good illumination and magnified view offered by the endoscopy, tissues in the operative field were visualized clearly. The varicose main trunk and its tributaries, incompetent perforating veins, non-varicose veins and saphenous nerve could be identified by their anatomic appearance. The features of varicose veins explored include: 1) poor contractility of varicose veins; 2) dilated, tortuous and flaccid changes of varicose veins and 3) saccular or lateral bulging deformities of vein wall. The anatomic abnormalities were supernumerary tributaries along the main trunk, varicose clusters formed by main trunk, tributaries and/or incompetent perforating vein; variable size and location of incompetent perforating veins. The complicated abnormality of these varicose veins could be carefully dissected and radically excised. The operation procedures will be demonstrated in a video. Because all the abnormal varicose veins and incompetent perforating veins radically excised, and the recurrence rate marked is decreased.

Results: The recurrence rate ranged from 0 to 2.3% in our serial reports. The satisfaction rate of 689 patients (2004-2013) was 96.5%.

Conclusion: In management of primary varicose vein, endoscopic assisted surgery could achieve a low recurrence rate and high satisfaction rate.

Recent Publications

1. Lin Y N, Hsieh T Y, Huang S H, Liu C M, Chang K P and Lin S D (2017) Management of venous ulcers according to their anatomical relationship with varicose veins. *Phlebology* 33(1):44-52.

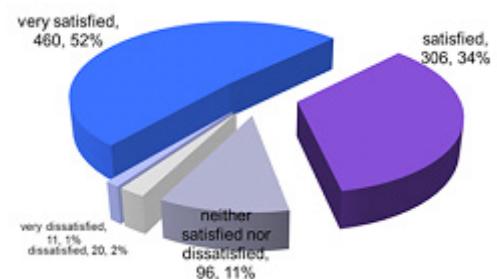


Figure 1: Satisfaction rate of 609 patients

2. Kuo C J, Liang S S, Hsi E, Chiou S H and Lin S D (2013) Quantitative proteomics analysis of varicose veins: identification of a set of differentially expressed proteins related to ATP generation and utilization. *Kaohsiung J Med Sci* 29(11):594-605.
3. Lin Y N, Lin S D, Huang S H, Lee S H, Lai C S and Chang K P (2012). Endoscopic assisted surgical management of superficial thrombophlebitis in patients with primary varicose veins. *J Taiwan Soc of Plast Surg* 21(2):90-8.
4. Chang M Y, Chiang P T, Chung Y C, Ho S Y, Lin S D, Lin S R and Neoh C A (2009) Apoptosis and angiogenesis in varicose veins using gene expression profiling. *Fooyin J Health Sci* 1(2):85-91.
5. Wang Chen H, Lin S D, Lee S S, Chang K P, Sun I F, Wang W H and Lai C S (2008) Management of primary varicose veins with the assistance of endoscopic surgery: it's role in the treatment of venous ulceration. *J Plast Surg Assoc ROC* 17(2):127-37.

Biography

Sin Daw Lin performs endoscopic face lifting for facial rejuvenation and expands the endoscopic surgery to manage the benign tumor of the head and neck. He also manages the varicose veins with the assistance of endoscopic surgery to decrease the recurrence rate. He performed immediate breast re-

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construction with pedicled transverse rectus abdominis myocutaneous flap in over 1230 cases since 1997. Recently, his research team, have established a core laboratory for the study of human adipose derived stem cells (hADSCs). They have developed a new culture medium for rapid proliferation of hADSCs and can harvest a large number of stem cells within a short period.

By tissue engineering, they have succeeded the production of new adipose tissue from hADSCs in immune-deficient mice. He expects in the near future they can reconstruct soft tissue defect with autologous adipose tissue by tissue engineering.

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