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MANAGEMENT OF VENOUS ULCERS OF PRIMARY VARICOSE VEINS THROUGH ENDOSCOPIC ASSISTED SURGERY

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Aims: Venous ulcers of primary varicose veins were managed through endoscopic assisted surgery.

Materials and Method: Between January 2004 and December 2016, 1241 legs with primary varicose veins were operated on through endoscopic-assisted surgery. Patients of secondary varicose veins were excluded. Of the 78 patients who had C6 ulcer were included in this study, 23 (29.5%) were male and 55 (70.5%) were female. 44 patients (56.4%) had venous ulcer on the left leg, 34 patients (43.6%) on the right leg, and 5 (6.4%) on both legs. The mean patient age was 59 years (range 30-84 years).

The clear illumination and magnified monitor view offered by an endoscope enable the identification of the varicose and non-varicose veins. The operation procedures will be demonstrated in a video. (<https://drive.google.com/open?id=0B9GW1JJYL1niVi1BNE1xZGxaeK0>)

Before the operation, the causative vein of the ulcer was detected and marked after the patient standing for 10-15 mins. The engorged vein proximal to the ulcer lesion is highly suspected as the causative vein.

The causative varicose veins could be identified definitely and dissected precisely from its proximal end and was along the whole vein down to the periphery and/or the base of the ulcer. Frequently, the associated incompetent perforating vein was dissected and divided. The causative veins were totally excised.

Results: The varicose veins were traced to the base or periphery of the 66 ulcers. 88.5% of the ulcers healed within 14 weeks. Two recurrent ulcers occurred due to residual varicose veins. Kaplan-Meier analysis revealed a five-year recurrence rate of 0.0%.

Conclusion: In management of venous ulcer of primary varicose vein, endoscopic assisted surgery is a good alternative to achieve a low recurrence rate and high satisfaction rate.

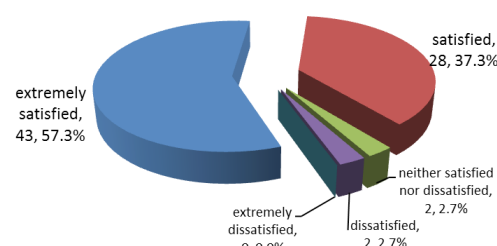


Figure 1: Satisfaction rate, 75 patients.

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Biography

Dr. Lin manages the varicose veins with the assistance of endoscopic surgery to decrease the recurrence rate. He also performs immediate breast reconstruction with pedicled transverse rectus abdominis myocutaneous flap. He is specialized in the field of fat grafting and wound healing.

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