

# POSTER PRESENTATION

**SECOND EVSS**  
Regional Conference

Leading Vascular Science

May 3-5, 2024  
Intercontinental Hotel, Dubai

## Foam sclerotherapy in treatment of pudendal varicose veins

Presenter: PAVEL HAURYN, MD

S. Kornievich (Vascular Surgeon, Head of Department of Vascular Surgery MRCH, Vice-President Baltic Society of Phlebology, Minsk, Belarus); O. Pozniakova (Vascular Surgeon, Department of Vascular Surgery MRCH, Minsk, Belarus); D. Mazynski (Surgeon, Head of Department of Child Surgery, "SANTE" clinic, Minsk, Belarus); D. Yushkevich (Surgeon, Head of Department of Surgery, Minsk City Emergency Hospital, Minsk, Belarus)

### INTRODUCTION

This topic is concerned with incompetence of perforating veins in patients with pudendal varicosis. The discussion of well known and documented facts concerning anatomical and physiological features of perforating veins is supplemented by the consideration of debatable questions pertinent to the pathogenetic significance of blood reflux in these vessels. Much attention is given to the facts suggesting that perforant shunt does not play an important role in pathogenesis of pudendal varicosis.

Key words: perforating veins, incompetence, significance

### AIM

Improve immediate and short-term results of treatment of patients with varicose disease complicated by pudendal varicose using perivenous ultrasound guided tumescence infiltration (UGTI) in addition to short catheter directed foam sclerotherapy (SCFS) of incompetent genital side branches and perforators. The positive role of tumescence in foam sclerotherapy, to decrease vein size, blood



Image 1



Image 2

### METHODS

In our retrospective study (2018-2019) 18 patients with varicose disease (C2) complicated by pudendal varicose. The age of the patients was 27 to 42 years. SCFS was performed using a vein catheter and Aethoxysklerol 1-3% with ultrasound control and tumescence anaesthesia. It was only SCFS or in combination with UGTI of side branches and perforators. Treatment of perforators could be performed immediately, or at the second session (2 weeks - 3 months after 1<sup>st</sup> procedure). The effectiveness of treatment was assessed every 2 months within one year after the intervention.

Image 3,4,5,6

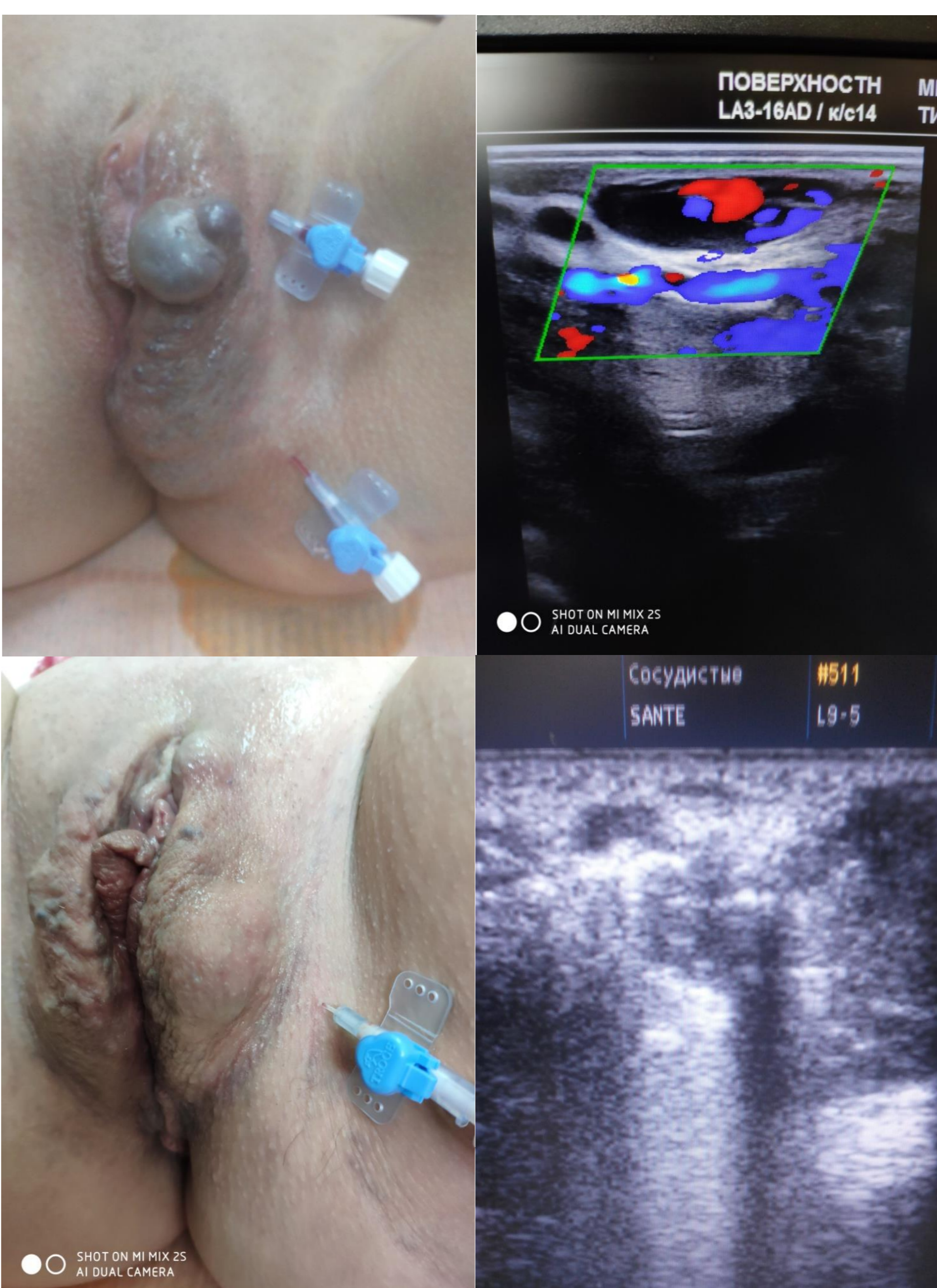


Image 7,8



Image 9,10



Image 11,12

### RESULTS

In the 18 patients, the technical success rate was 78% (No recanalization). At the same time, all patients had a high activity of reparative processes in the varicose zone already in the first weeks after the procedure. There were no infectious-inflammatory complications. No major complications occurred, although bruising (5,5%), thrombophlebitis of the side-branches (5,5%), and non-permanent paresthesia (5,5%) were observed. Sclerotherapy of side branches and perforators in the second session was performed for 15 patients (83.3%).

Image 11,12



### CONCLUSIONS

The implementation of CDFS for the treatment of patients with complicated forms of varicose veins allows improving the results of treatment, avoiding infectious and inflammatory complications. The proposed method of treatment does not require long hospitalization of patients and can be method of choice in outpatient practice. Minimizing surgical intervention leads to earlier recovery of work capacity and the patient's return to active life.

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