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Phlébologie ANNALES VASCULAIRES 2016, 69, 3, p. 66-69

SOCIÉTÉ FRANÇAISE DE PHLÉBOLOGIE





Phlebology in Australia 2016

Malouf G.M.

- *The treatment of venous disease in Australia* is performed by specialist vascular and general surgeons, radiologists, dermatologists and also by many expert phlebologists who are not yet recognised as specialists by the Australian Department of Health.
- Two phlebology medical associations are active in Australia.

They are regarded as craft groups but not recognised by the Health Department as specialty training providers.

The Australian and New Zealand Society of Phlebology (ANZSP) was founded in 1974 and the current president of the ANZSP is Dr Mark Malouf , surgeon in Sydney.

ANZ SOC PHLEB
Australian and New Zealand Society of Phlebology

The Australasian College of Phlebology (ACP), previously the Sclerotherapy Society of Australia, began in 1998. The current president is Dr Kurosh Parsi, dermatologist in Sydney.

THE AUSTRALASIAN COLLEGE OF PHLEBOLOGY



Both groups are voting members of the UIP. Many Australian vein doctors are members of both phlebology associations.

The ACP will be hosting the **UIP World Congress** in Melbourne, Australia from 4-8 February 2018.

The ACP holds an annual conference, which many French phlebologists have attended.

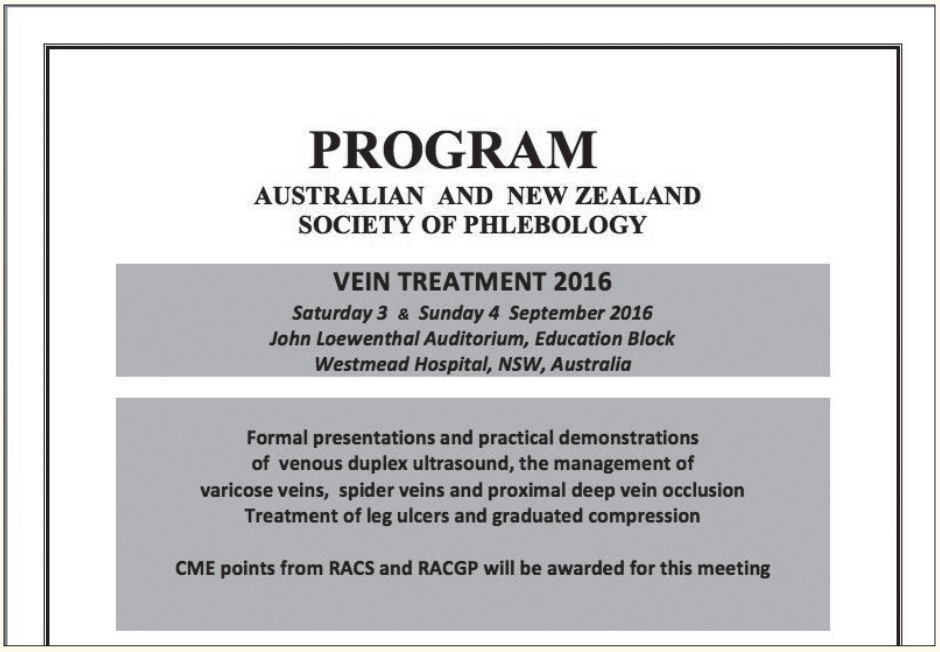
UIP WORLD CONGRESS OF PHLEBOLOGY 4–8 FEBRUARY 2018 MELBOURNE

The ANZSP also organises clinical meetings.

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The most recent was a weekend workshop – Vein Treatment 2016 on 3&4 September 2016 – at Westmead Hospital, a major teaching hospital in Sydney.

Sixty five doctors registered, plus a faculty of 21.Twelve commercial distributors exhibited at the meeting.



PROGRAM

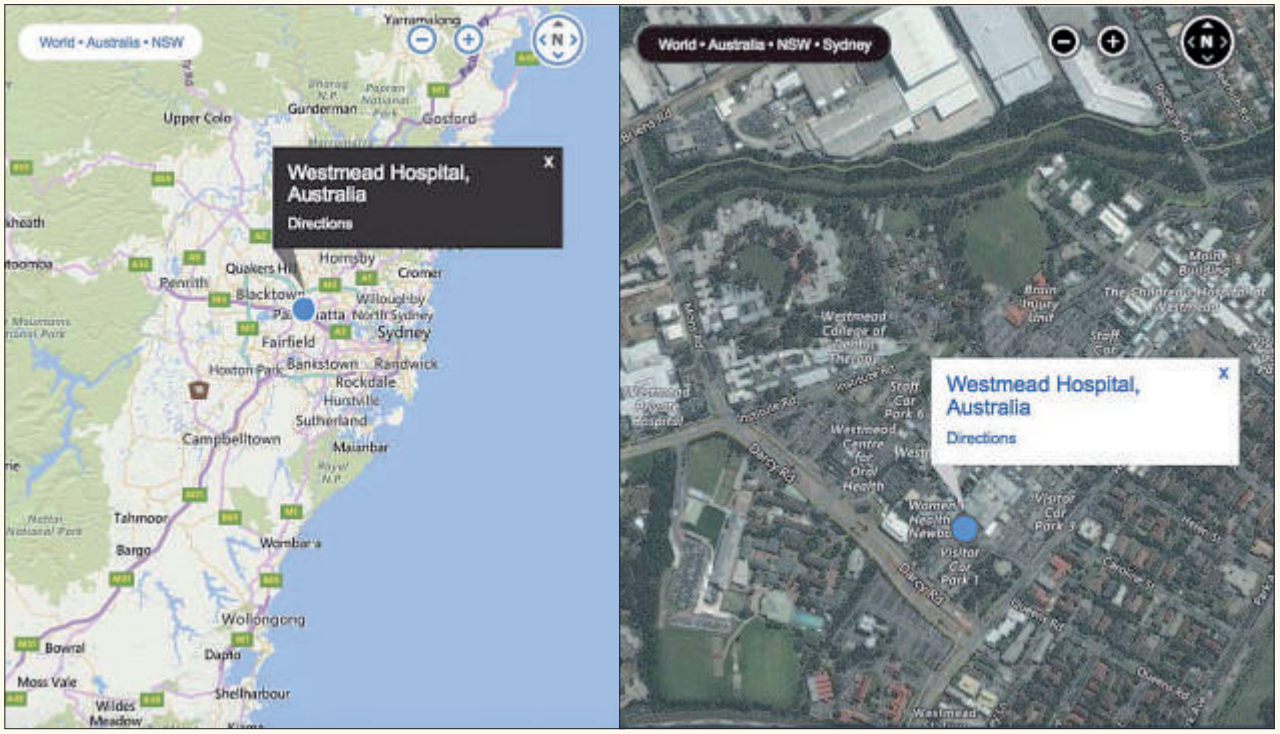
AUSTRALIAN AND NEW ZEALAND SOCIETY OF PHLEBOLOGY

VEIN TREATMENT 2016

Saturday 3 & Sunday 4 September 2016
John Loewenthal Auditorium, Education Block
Westmead Hospital, NSW, Australia

Formal presentations and practical demonstrations of venous duplex ultrasound, the management of varicose veins, spider veins and proximal deep vein occlusion
Treatment of leg ulcers and graduated compression

CME points from RACS and RACGP will be awarded for this meeting



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The emphasis of this clinical workshop was the **practical aspects** of assessment and treatment of venous disease. The format was ten minute presentations by venous experts.

The meeting commenced with clinical assessment of the varicose veins patients, duplex ultrasound venous mapping protocol and recording of the findings.

Great emphasis was placed on **matching the duplex findings to the clinical examination** to enable the treating doctor to formulate a treatment plan.

All options for varicose vein treatment were discussed.

This included live duplex mapping of the patients and several live demonstrations of different treatment techniques performed in the same auditorium in front of the audience.

These included cyanoacrylate glue treatment, endovenous laser treatment, ultrasound guided foam sclerotherapy, ambulatory phlebectomy and micro-sclerotherapy.

During the live treatments the treating doctor was able to answer questions from the audience.

New advances discussed included identification of the adjacent **saphenous and sural nerves** on duplex scanning, hydro displacement to separate nerves from the veins and also detailed discussion on performing multiple extensive treatments in the one treatment episode compared to multiple treatment visits.

Prophylaxis against venous thromboembolism and EHIT were discussed and also the requirement for compression after varicose veins treatment.

The common challenge of treating **large below knee varicosities** was discussed at length.

Proximal venous **thrombolysis, mechanical thrombectomy and venous stenting** have made big advances recently around the world and these topics were discussed at length by the vascular surgeons and interventional radiologists.

Also discussed was the diagnosis/treatment of **pelvic venous congestion** and also **pelvic escape veins** into the legs.

Venous leg ulcers were discussed in terms of published guidelines by many groups and societies around the world.

The Australian guidelines were compared to the Society for Vascular Surgery/American Venous Forum guidelines and recommendations were made. The role of graduated compression, the requirement for proper fitting and compliance, and the promotion in Australia of velcro wrap devices and pneumatic compression devices was also highlighted.

Sclerotherapy was discussed and demonstrated.

Most Australian phlebologists would rather thermally ablate saphenous trunks or surgically remove them than treat them with foam sclerotherapy.

This differs from the European experience, particularly the French experience.

Choice of treatment options seem to be influenced by reimbursement from the National Health Insurance Scheme and private health funds.

All methods of treatment are reimbursed to a fixed low level.

Australia has peculiar health **reimbursement** regulations that allow private health funds to reimburse the patient only when they are admitted as an **in-patient** to a hospital.

Almost 50% of Australians are privately insured so there are still a large number of venous procedures performed in hospital.

Australia seems not to have the French appetite for UGFS. We do however inject foam into narrow saphenous veins, recurrent veins, superficial tributaries and minor veins.

Australia can improve in that aspect.

Treatment options for the large **incompetent anterior accessory saphenous veins** were discussed.

The final session of the meeting involved **microsclerotherapy** lectures and live demonstrations on three patients.

This interested many family physicians, GPs and cosmetic physicians who were considering including sclerotherapy into their practice.

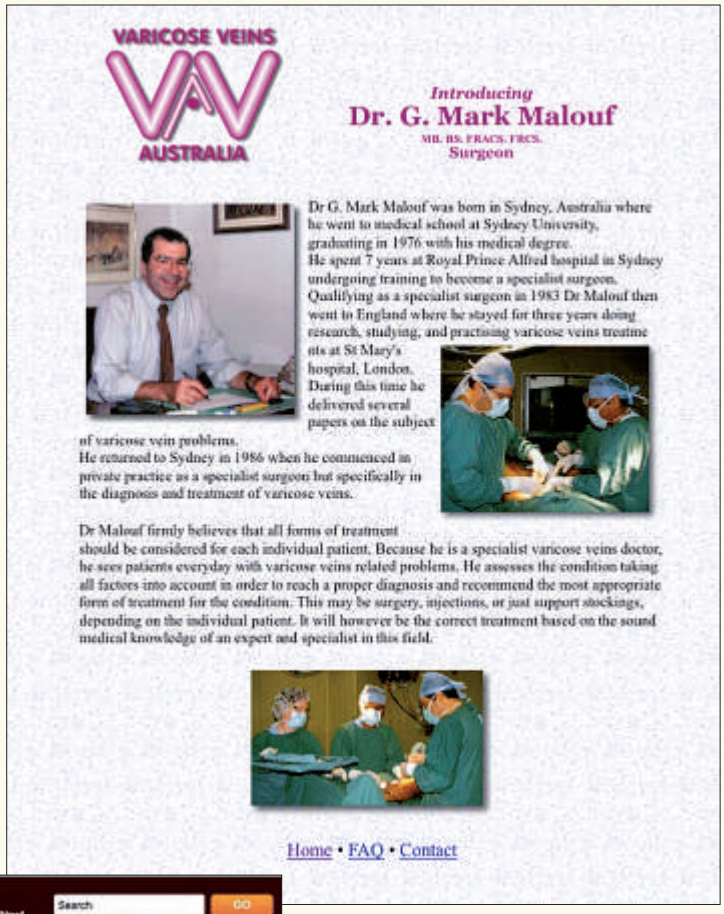
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Australian phlebologists have historically enjoyed a wonderful relationship with their European colleagues and we learn a lot from them, especially French phlebologists.

We are eager to attend phlebology meetings in Europe and certainly both the ANZSP and the ACP would welcome any French colleagues who would like to attend and even present at our Australian phlebology meetings.

Contact websites include:

http://www.varicoseveins.com.au/





http://www.phlebology.com.au/