



## 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.



**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.



**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.

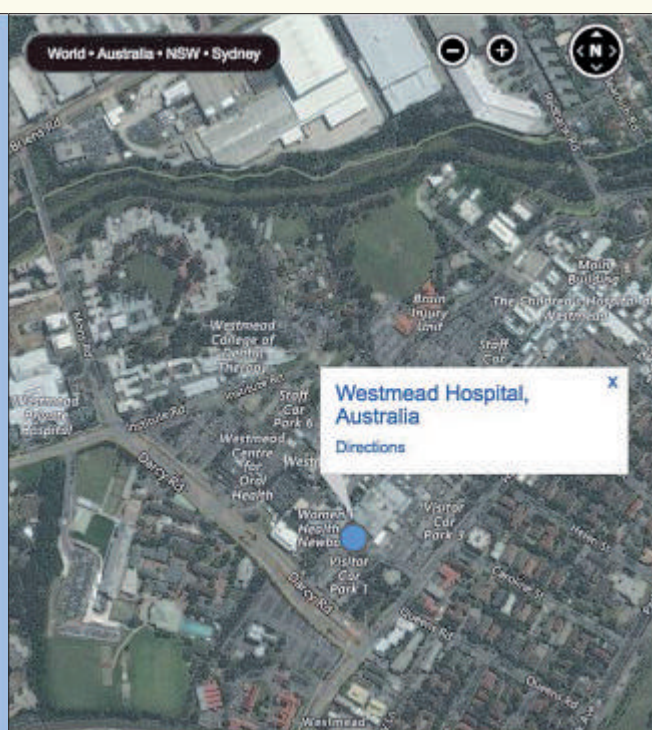
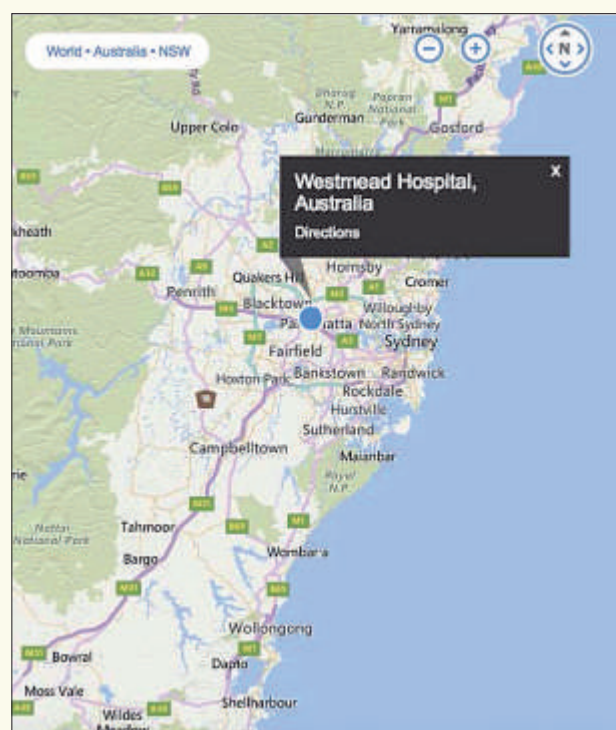
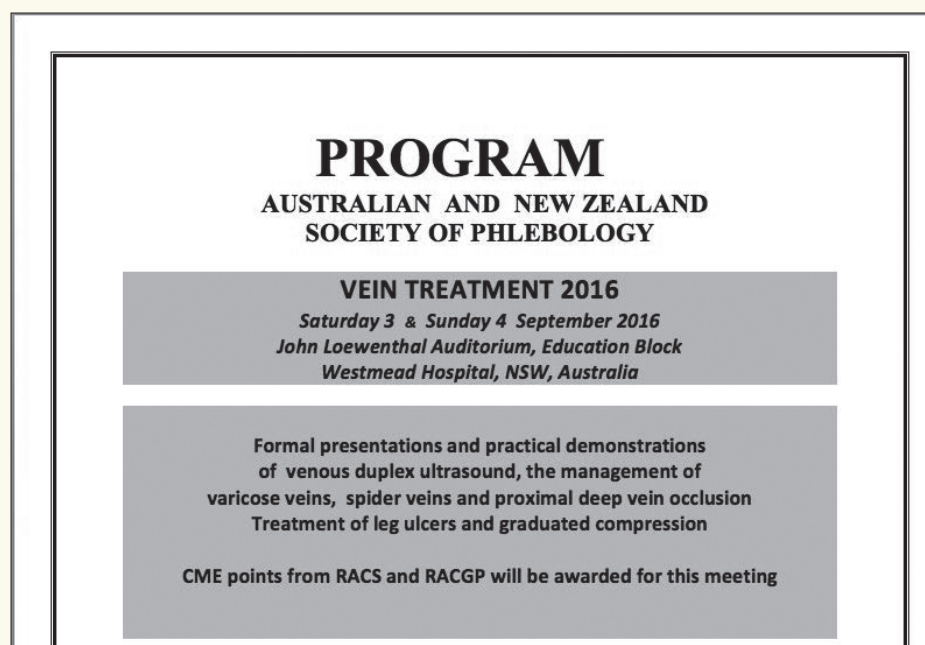
The ACP holds an annual conference, which many French phlebologists have attended.



**The ANZSP also organises clinical meetings.**

**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.



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.



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/>



**Introducing**  
**Dr. G. Mark Malouf**  
MR. BS. FRACS. FRCS.  
Surgeon



Dr G. Mark Malouf was born in Sydney, Australia where he went to medical school at Sydney University, graduating in 1976 with his medical degree. He spent 7 years at Royal Prince Alfred hospital in Sydney undergoing training to become a specialist surgeon. Qualifying as a specialist surgeon in 1983 Dr Malouf then went in England where he stayed for three years doing research, studying, and practising varicose veins treatments at St Mary's hospital, London. During this time he delivered several papers on the subject of varicose vein problems. He returned to Sydney in 1986 when he commenced in private practice as a specialist surgeon but specifically in the diagnosis and treatment of varicose veins.



Dr Malouf firmly believes that all forms of treatment should be considered for each individual patient. Because he is a specialist varicose veins doctor, he sees patients everyday with varicose veins related problems. He assesses the condition taking all factors into account in order to reach a proper diagnosis and recommend the most appropriate form of treatment for the condition. This may be surgery, injections, or just support stockings, depending on the individual patient. It will however be the correct treatment based on the sound medical knowledge of an expert and specialist in this field.



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## Australasian College of Phlebology

The Australasian College of Phlebology (ACP) was founded in 1993 and is the largest phlebology society in Australia and New Zealand. It is a nonprofit organisation founded to improve the standard of care related to venous disease. The ACP has established one of the most comprehensive training programs for medical practitioners who wish to specialise in this field. The ACP actively promotes education and research in phlebology and serves the general public as a resource regarding vein disorders. Public educational initiatives such as lectures, workshops and media interviews are undertaken by College Fellows on a regular basis, as well as annual international conferences. The College also provides a valuable source of information to government and industry concerning venous disease and new developments.

The ACP is an association of medical practitioners and other health professionals such as scientists and sonographers dedicated to education and research in the field of phlebology. Our mission is to improve the standards of practice and patient care related to venous disorders.

Our members have a shared interest in phlebology, but represent a variety of medical specialties, including dermatology, vascular surgery, haematology, interventional radiology, general surgery, and family medicine. Within the College, the sub-specialties include Medical, Interventional and Surgical Phlebology. The special interest groups include Vascular Malformations, Ulcer management, Lymphoedema, Vascular Ulcers, Venous Thrombosis and Paediatric Phlebology.

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