
Preface

Phlebology is in the midst of a revolution brought on by technological advancements. Duplex ultrasound is used before treatments to map reflux and see clots and obstructions in diagnosis, during many procedures to ensure accurate treatments, and used afterward to check technical success and avoidance of complications. Furthermore, because it allows noninvasive monitoring of venous pathology, it has acted much like the invention of the telescope and allowed paradigm-challenging observations about the natural history of reflux. It turns out the understandings of Rima and Trendelenburg from the nineteenth century are incorrect, and reflux often spreads proximally up the great saphenous vein over time. We have not figured out the implications of these findings.

Meanwhile, endovascular techniques have become dominant, even as surgical techniques have continued to improve and advance. Laser ablation, radiofrequency ablation, and chemical ablation (sclerotherapy) compete with high ligation with or without stripping, ambulatory phlebectomy, powered phlebectomy, and subfascial endoscopic perforator surgery. Three-dimensional venography and intravascular ultrasound allow us to diagnose and treat proximal venous problems at ilio-caval and pelvic veins few physicians even considered only 10 years ago.

All this intellectual fervor has led to two new certifications. Physicians who are diplomates of the American Board of Phlebology specialize in venous disease management. Physicians and ultrasonographers can attain certification as a registered phlebology sonographer.

I hope the reader will sense some of the excitement of the birth of this new specialty in this book. The authors come from a wide range of specialties, consistent with the history of phlebology, which has always smartly embraced the diverse perspectives of multiple different medical fields. The faculty is also international, an overt acknowledgement that the work of our international colleagues has been instrumental in moving our understanding of venous disease forward. Finally, ultrasound is integrated into this text, because it is my belief that good ultrasound is essential in providing excellent care for our patients.

Although phlebology is young, venous diseases are common, and the shoulders we stand on are ancient. The high risk of reflux in our species may well be primarily the result of bipedalism, which magnifies the impact of gravity when venous valves fail. Compression is seen in cave paintings from our hunter-gatherer origins from over 5000 years ago. All the ancient cultures

who left written records described vein symptoms and treatments. Recent rapid developments in our understanding were only possible through the work of several organizations, such as the International Union of Phlebology, American College of Phlebology, and American and European Venous Forums. Important textbooks were written and edited by giants in the field, such as Craig Feied, Robert Weiss, Helane Fronek, Mitchell Goldman, John Bergan, JJ Guex, and Peter Gloviczki.

This volume would have been impossible without the amazing technical skills of Dr. Sapan Desai. He has already impacted the arena of medical education in profound ways and you will see the fruits of his abilities in the pages which follow. I owe many thanks also to Dr. Cynthia Shortell. Besides her contributions to the editing for this book, she has taught me a tremendous amount over our years of collaboration.

To the reader: please read, challenge, enjoy, and savor!

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