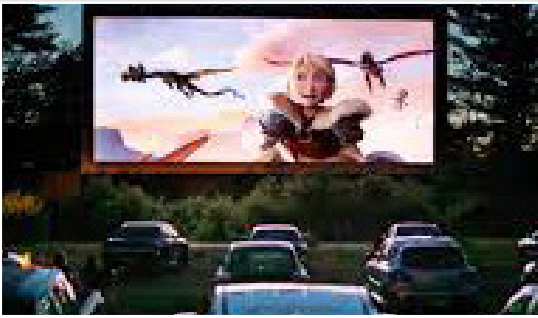


VEIN SPECIALIST NEWSLETTER



SOME GOOD CAME OUT OF COVID-19



SOME GOOD CAME OUT OF COVID-19



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Paradise Lost, Perspective Found

F. Scott Fitzgerald supposedly said to Ernest Hemingway, "The rich are different from you and me". Ernest replied, "Yes, they have money." During the pandemic Lela Rose was bemoaning the fact that she couldn't have dozens of dinner guests in her opulent loft in Tribeca in NYC. According to a recent article in the New York Times, Ms. Rose has a dining room table that can undergo an amazing metamorphosis. Some of it rises from the floor, some descends from the ceiling and some emanates from the walls. When in full bloom, the table can accommodate 68 guests. She was really bummed out that the annoyance of the pandemic had cramped her social style and standing. F. Scott was right but for the wrong reason.

While many in the US and the world were worried about having enough food or money, Ms. Rose was quoted in the article as saying, "I am missing entertaining like a lost limb." But she didn't lose a limb. Others have during COVID. Some have even lost their lives. I am not targeting Ms. Rose for missing the forest through the trees. But really, was it such a tough price to pay missing entertaining while she lived in her renovated loft with a dining table that can accommodate 68 people? I wonder how many people can get into her bathroom. F. Scott was right, the rich are different from you and me. Paradise Lost. Perspective Lost.



Steve Elias, MD

For this AVF Vein Specialist we give you the somber and sobering perspective of some of our members a little more than a year from the onset of the pandemic. And a little more than a year from last May's Vein Specialist COVID issue. Their stories are personal and pervasive. As Thomas Paine wrote in his pamphlet, "The American Crisis" in 1777, "These are the times that try men's souls." COVID was the time that tried our souls. Yet, we are here, we are alive and we have hope. COVID forced us to rethink our priorities – professionally and personally. And most of us learned what was important and what

wasn't. Has Ms. Rose? Probably. Read the articles by our members. Most are young, some are older but most matured during this time. I won't go through each article. Read them. Reflect on their stories. We all have at least one. While the stories in this issue may be idiosyncratically personal, they are encompassingly universal. AVF is a community of vein specialists who are unique. We have all learned from COVID but let's not forget the lessons learned as the immediacy of the pandemic wanes. During the pandemic I learned that there are people who have dining room tables that accommodate 68 persons. I've learned I don't want that. But I hope Ms. Rose invites me once that table is up and running again. I just want to be able to say, "No thank you". Enjoy this issue of Vein Specialist. May we never need to do a post-COVID issue again. Paradise was lost. Paradise is on the way to be regained in a different sense.



AVF Foundation Announces the Launch of Venous Patient Outreach Survey (vPOS)

The goal of this survey, designed by a committee of AVF physicians and industry representatives, is to better focus our patient education efforts and encourage prospective patients with symptoms to see a venous specialist.

This survey will help us identify:

- What information are potential venous patients looking for?
- Where are they looking for information about their symptoms and what key search terms are they using?
- What factored into their decision of whether or not to seek care?
- If they saw a venous specialist, did they decide to receive treatment? What factored into that decision?

The American Venous Forum needs YOUR help to make this project a success.

Please share the following social media posts and encourage your friends, family, relatives, and staff to do the same.



Please also post the following on your practice website:

Have you experienced leg heaviness, achiness, throbbing, itching, spider veins, varicose veins, skin color changes or a non-healing wound or sore? If you answered YES, please take 5 minutes to complete a very important, anonymous survey at www.LegSurvey.org.



**WE NEED
YOUR HELP!**



AMERICAN VENOUS FORUM
FOUNDATION
Healthy Veins for Healthy Life



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Working Creatively Together with our Customers

– Scott Centea

Since the beginning of COVID our (Angiodynamics) priorities have been focused directly towards the safety of our employees and the continued support of our customers. We immediately recognized the challenge of connecting and most importantly (clinically) serving our customers/partners. The attention was given to clinical support needs first. We asked ourselves, how can we safely and effectively continue the clinical support our customers have grown to expect and rely on but now through the challenges being faced with COVID. Our attention was on the safety of our clinical specialists and local representatives who help support physicians and staff during certain procedures. Like most of our industry colleagues we quickly started exploring remote/virtual options to supplement our ability to attend cases live or educate new staff members on advanced venous disease treatment. Although not great in the beginning we managed to navigate our way through the new virtual support world by setting expectations and working very closely with our trusted partners. They reminded us that it was a new way of practicing/connecting for them as well and that together...we'll figure it out. As I sit here today, we've refined our virtual offering and have adopted new platforms that were not available this time last year. With vaccines available and communities practicing strict safety measures, our virtual connections are having to be relied upon less and less. My opinion is that the Pandemic has taught us and our providers that we can maintain business continuity and exceptional patient care by working creatively together no matter the challenge. However, I also feel that you will never replace the importance of human connection when teaching, supporting, guiding or helping our partners.

Service, support and education can come in many different varieties as well. In addition to working through virtual clinical support we added a fully dedicated (internal) customer support team. Specific to our venous ablation and EVLT customers, we recognized the importance of limited exposure from our local sales teams. Our customers were/are trying to limit contact from anyone outside their staff and or their patients. Although our local reps are extremely important to that of our customers, we asked to proceed with caution unless otherwise requested from their physicians. This challenge naturally helped us build an "inside sales team" that is available almost 24 hours a day, 7 days a week



Scott Centea
Senior Vice President and
General Manager Vascular
Interventions & Therapies
Peripheral Artery Disease
-Angiodynamics

Vice President, American Venous
Forum Foundation



Employee Safety and Customer Support: Our Priorities During COVID



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Working Creatively Together with our Customers

to ensure our customers needs are still being met while our local representatives respected the policies of our customers. This internal team is experienced and trained in all things venous to help answer or direct any questions from our customers. They've been a valuable asset to our team and to our customers who can still get the dedicated support they need without being concerned for the safety of their staff and patients.

Again, I don't think this will be our primary platform to support our customers but do feel it's something that we will continue to offer given the different needs of our customer base. We've (all of us) have proven our resiliency and adaptiveness to focus on the needs of our caregivers and the patients first. I'm proud of our team and our partners who continue to demonstrate that when we work together to achieve like-minded objectives, we get better. We still have a long way to go but am confident in our continued progress...no matter the challenge.

...you will never replace
the importance of human
connection when teaching,
supporting, guiding or
helping our partners.

Scott Centea

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Enzo the Cat

– Ahmad Alsheekh, An Applicant for Integrated Vascular Surgery Residency

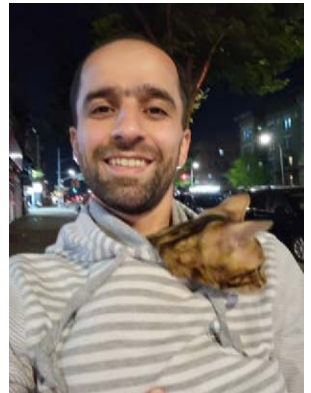
As we all witness this unprecedented time of COVID-19, all of us have had our own experiences and stories. Personally, I did not want to let this difficult time affect my life in any way but wanted to use it in a positive way. When the pandemic started last year in 2020, I had a plan to take my last exam of the USMLE, and due to the fact that we were in a stay-at-home order, I had a lot of time to study for this test. I was more comfortable studying than before as I did not have any other way to waste my time. I had an issue being by myself at home with minimal friend interaction, so I decided to foster a cat named Enzo. He was my friend during those lonely days, and we were happy with each other's company.

Many of my friends had COVID and I took the responsibility to support them, trying to help in any way I could. I dropped food and supplies at their doors and spent a lot of time talking to them during their quarantine time. I believe that the word "difficult" is a misnomer because we convince ourselves that it is difficult, but we have the power and ability to change things to be easier and helpful. It is always an excellent strategy to transform hard times to a challenge for ourselves and not only get over it, but to use it to improve our prospective view of life. I have a strong feeling that if people all around the world would carry this strategy, we will defeat this virus eventually.

I hope Everyone is Staying Safe and Happy.



Ahmad Alsheekh



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The Bright Side of COVID-19

Positive Effects on a Brand-New Private Practice

– Lina Vargas, MD

The coronavirus pandemic has touched every single human being and certainly affected all businesses worldwide in ways we never thought possible, but hopefully in more positive than negative ways. And while at first, our future was hiding behind a cloud of uncertainty, we have learned multiple lessons through these tough times, grown stronger and reinvented ourselves and our day-to-day operations to make sure we can adapt to the changing climate while still being able to offer the best possible care to our patients and their family members.



Starting up a private practice had been a dream of mine for a very long time that would allow me to make critical decisions regarding my practice while providing the flexibility I was looking for in order to care for my family and my daughters. Full of hope and excitement I opened the doors of my office in October, 2019 and celebrated an official Grand Opening in January, 2020 while the news about a deadly virus spreading over Asia were becoming a premonition of what we would be experiencing in the upcoming months. I certainly never imagined that

a couple of months later I would have to close the doors of my brand new practice and forced to stop all elective procedures while the uncertainty of a global pandemic threatened everything that we had achieved thus far, but more importantly, our dreams of a thriving Vascular Surgery practice.

The health crisis pushed physicians, medical practices and hospitals into uncharted territories, but the medical community responded immediately and multiple strategies were put in place to guarantee ongoing medical care while protecting providers and office staff from an infection of which we knew very little about at first. Following state mandates to postpone all procedures not deemed medically emergent and to limit the number of in-person visits to decrease the possibility of infection and preserve medical protective equipment, several practices transitioned their visits to telemedicine.

I was blessed, during this time, to be able to keep my current staff employed and even hire on a new staff member. Timing is everything, and with the opening of the practice just months before the pandemic started, we still had so much we could do on the administrative side from the initial opening of the practice. Once the State mandates were lifted, we were able to reschedule all of our procedures that were initially placed on hold and continued scheduling procedures for our patients that we saw via



Lina Vargas, MD

“The health crisis pushed physicians”



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The Bright Side of COVID-19 Positive Effects on a Brand-New Private Practice

telehealth and/or in the office during lockdown. The slow months spent at home with family during the lockdown were followed by a steady stream of patients in need of evaluation and treatment, which felt like the blessing of a second start, a second grand opening.

The learning curve has been steep but the knowledge we have gained is invaluable. I believe today more than ever we are better equipped to face our new reality and any new critical situations we may be forced to face in the future. One of the most important lessons in order to ensure our patient's well-being and adherence to their therapeutic plans during times where in-person contact is restricted and they may be fearful of coming to the office is establishing strong relationships based in respect and trust. This is certainly one of our strengths as a practice but the pandemic has made us very aware of this concept and has inspired a more proactive approach especially with those patients that have limitations in their ability to communicate with us or visit us in person so they can feel comfortable with the remote assistance we can provide. It is our goal to continue providing excellent clinical care in the most humane and caring way possible during these trying times.

We are all stressed with personal and professional challenges imposed by this new way of living, and as healthcare providers we feel overburdened on a daily basis. As a brand new practice with limited staff members we certainly learned how to cope with the anxiety and stress brought on by having to multi-task to keep our families and jobs running as smoothly as possible. We became more efficient and cross-trained to be able to wear more than one hat when one of our staff members had to be out dealing with difficult situations at home such as school closures or mandated quarantines. This pandemic has certainly induced positive evolutionary changes in our behavior and our way of facing uncertainty and unexpected difficulties and challenges.



“the blessing of a second start, a second grand opening”



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The Bright Side of COVID-19 Positive Effects on a Brand-New Private Practice

On a more personal level I feel this pandemic has taught me invaluable lessons and has made me a better human being. Some of us feel we have been given an opportunity to value what is really important, to put things in perspective and to connect in a more meaningful way with those around us. The notion that no one was spared during this crisis affecting the entire planet has strengthened our sense of community and our willingness to help those around us while being more understanding of others and their personal situations.

As we come together in our micro-environments, we have realized we can achieve things that seemed almost impossible especially when working together towards a greater goal. We have also learned that we must continue fighting the good fight to win the battle over any virus or plague including injustice, racism or poverty. Hopefully we can also appreciate this “second chance” we have been given to try new things and hobbies, discover new talents and devoting more time to ourselves and our loved ones.

What doesn't kill us makes us stronger, and as I reflect on these past 13 months, the balance is a positive one with a bright future ahead of us. The road is paved with gratitude and appreciation, a desire to work together as a team for our own benefit and that of our patients and their family members and a stronger sense of community so we can continue to grow on a personal and professional level.

“What doesn't kill us
makes us stronger”



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First Year Attending

– Lindsey Haga, MD, University of Pittsburgh Medical Center

When I think about this past year with COVID 19, it is hard to see the positive impact. The start of my first year as an attending began in August of 2019. By the time I felt like I was making strides on my own with respect to operating, taking care of patients, and managing a practice, I had to rethink how I would do things as part of a larger system. In a way, COVID 19 provided a much-needed breath to reassess how I could better impact my patients and contribute to my hospital. The pandemic gave health care workers a common enemy and therefore unified us to work, even more so, as a team across specialties and stature. While I would have never identified it at the time, COVID 19 provided an opportunity for growth.

My patients offered another perspective. Not only did I encounter the usual anxiety and fear that comes with seeing a vascular surgeon for a problem, but patients were also more cautious with their daily activities and at times afraid to even come to the clinic or hospital. I found myself utilizing technology in a way I had not before. The term “video visit” became much more common. Most of my interactions involved helping the patient figure out how to use their smart device rather than just focusing on their vascular issue. However, I found I was still able to connect, though somewhat less efficiently.

During this COVID year I learned three important lessons. First, it is extremely hard to transfer the idealistic use of technology to a patient population without access. I found that many of my patients did not own a smart device or did not know how to use one. This acknowledgement led to a storm of creative alternatives including working with nursing facilities to provide smart devices for patients through aids to maintain their health visits. My practice also began to include inquiries to patients about their ability to access technology or a family member or friend with a smart device. The positive effect of this frustrating issue allowed me to appreciate a greater awareness of the community I was helping and specifically how I could facilitate better care to address their needs.

Second, adapting to the COVID environment while maintaining our current surveillance recommendations was sometimes impossible. During our most conservative months, I found difficulty in getting



Lindsey Haga, MD

“During the COVID year, I learned three important lessons...”



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First Year Attending

my patients their appropriate testing. Not sure of how long I would need to wait, I began shifting my patients' schedules back a month or two at times relying instead on video visits and phone calls. I sometimes found myself just hoping things would be okay but had some relief in knowing that there was really nothing more I could do because the risk of COVID was greater than the need for surveillance. This experience made me question how arduous I need to be with follow up for my patients and how that would affect their management. I have always tried to minimize studies and tests for patients to those that would change their treatment, but COVID really put a magnifying glass to my current approach.

Third, absence makes the heart grow fonder. The true swing of COVID came to our region in the spring of 2020. Most of our surgeries were put on hold as to not overwhelm the hospital resources. During this time, I realized even more so that I love what I do. While caring for patients through a computer screen can provide greater access to patients with travel limitations, it can never provide the same satisfaction as an in-person visit. The ability to feel the pulse in a bypass, truly assess a wound, or discuss image findings and surgical plan with a patient physically in front of you is priceless. The COVID barriers ultimately created barriers to care that may sometimes be taken for granted. In addition to clinic, the thing I deeply missed during that short period of time was operating. Vascular surgery was put on hold, and I did not like it. Even with the first year being tough and a bit chaotic I would not trade the COVID breath for my time in the OR. COVID solidified my commitment to medicine and to my field.

While it may seem like the COVID year was a whirl wind now, the feeling during the height of the pandemic was filled with uncertainty, anxiety, and a little depression. It reminds me of the saying, 'what doesn't kill you makes you stronger.' Looking at the positive in the COVID year is like that, literally. I am not sure if we necessarily experienced a greater number of vascular emergencies due to delayed care or if the health of our vascular patients was greatly impacted outside of the larger impact of COVID. Looking forward I think we may gain a better understanding of how the augmentation in delivery of care ultimately affected our patients. Looking back at the COVID year, I can say that what I do know, is that during my first year as an attending, I learned a lot.

**“COVID solidified my
commitment to medicine
and to my field”.**



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Online Medical School?

– Miar Elaskandrany, SUNY Downstate College of Medicine Class of 2024

On a macroscale, COVID-19 wreaked havoc, leaving our world blindsided and unaware of the disastrous implications this virus could manifest. Furthermore, this pandemic inflicted various challenges on our daily lives and forced us to find unconventional solutions for new problems.

As an incoming first-year medical student, I was apprehensive and unsure of how to tackle such a feat: online medical school. As many already know, the journey throughout medical school is described to be long and arduous with several obstacles along the way. However, this year provided an entirely unique challenge: the ability to grasp the rigorous curriculum, especially human anatomy, through Zoom. The SUNY Downstate College of Medicine faculty anticipated the struggles the incoming class would face and restructured their entire curriculum to accommodate these changes. One of the most rewarding resources the faculty provided us with was a weekly question and answer/general discussion forum coined ZoomOS (Zoom Meeting – Optional, Synchronous). The goal was to provide students with the opportunity to meet with faculty who have been involved in that week's educational sessions, ask questions, and discuss with faculty and their peers. This proved to be integral in our learning process as most of our lectures were pre-recorded and lacked the in-lecture discussion platform. Furthermore, email chains can err on the side of confusion and lack the excitement of face-to-face dialogue. The sessions often attracted many students, allowed us to meet the faculty outside of synchronous sessions and provided clarity on varying topics.

While these sessions did not completely eradicate all the challenges we face as medical students, they worked to combat the isolating feeling that online education can bring. Many students have voiced their appreciation and have praised the Downstate faculty for remaining to be accessible to us at these difficult times.



Miar Elaskandrany

“As an incoming first-year medical student, I was apprehensive...”



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A Light at the End of the Tunnel

– Pavel Kibrik, Research Fellow

Over a year has now passed since the beginning of the COVID-19 pandemic. Much chaos has occurred world-wide during this time. All are hoping that there is light at the end of the tunnel and that we can move along with our normal lives' pre-pandemic. With the level of uncertainty that comes with this pandemic, everyone has suffered in some way, shape, or form, whether it be directly related to COVID-19 or otherwise.

I for one have had four family members all get sick with COVID-19. First, my grandparents over 80 years of age and were hospitalized, then my father with polycystic kidney disease, followed by my mother who was stricken with cancer. This was a trying time for my family and myself. The constant flow of information about the virus always made one wonder if something else could occur that would make it even harder to recover, or worse, if one ever would recover. Constant worries were all around, for a time that would span nearly half a year.

Having a younger, 10-year-old, brother was also difficult as the clear distress from him was often difficult to comfort. Now that we are past that period and everyone is out of the woods with COVID, positive events began to trickle down little by little. Grandparents fully recovered and were back at their house eventually. Father and Mother both recovered, with father being placed on the kidney transplant list due to his disease and mother given clean bill of health with cancer. With multiple problems all occurring back-to-back and seemingly all at once, there was light at the end of the tunnel. Another happy moment was that my brother did not catch COVID-19 and neither did I.

A much-needed time of peace is what we all hope for during such trying times. I write this as an example that regardless of how many events may occur, and no matter how seemingly bad they may be, having hope and remaining optimistic are key. Tragedies can strike randomly, and one cannot be prepared for all events, however, it is how we all act during said tragedies that can be defining. Mental health may be difficult to keep in good form during times like these, with many having issues with some form of mental health during this pandemic, and we must all find ways to deal with them how we deem best and most helpful. I hope my pandemic example will show that even at dire times, there are many reasons to hold onto hope and, with a little luck, things can end well regardless of how difficult and hopeless they may seem.



Pavel Kibrik

“...it is how we all act during said tragedies that can be defining”



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T Shirts and Sweatpants

– The AVF Administrative Team

A year ago, the AVF Newsletter Committee, chaired by Steve Elias, decided to dedicate the May 2020 issue of the AVF Newsletter, Vein Specialist, to COVID-19, the global pandemic that has dominated our lives both professionally and personally. A year later, COVID-19, is still with us although it is subsiding in its ferocity in many corners of the world. The AVF administrative team weathered this storm. We experienced many hardships but also gained some small wins during this very trying time. Essentially, we became a high functioning, high performing team during this period. This article provides a reflection of the personal and professional experiences of the AVF team during the “lockdown”.

Ashlynn Hill



ASHLYNN HILL

Professionally Being able to work from home throughout the pandemic was a blessing. I know of people who struggled to maintain or find jobs during the pandemic. Working for an organization that allowed us to continue working at home was amazing. I did miss in-person communication with coworkers but learned how to adjust to working virtually. I worked on several Virtual Meetings at Veritas and learned how to provide outstanding service online to attendees

and staff. I joined the AVF Team during covid, and our team works virtually together. Zoom has been very helpful in keeping in touch with coworkers and working on projects. I have also learned how to train people on clients via zoom.



Personally This past year was tough for my family in regards to losing my Grandma during covid. We were unable to see her in the hospital due to covid restrictions. It made me think about how important family is and how we have to make the most of our time together.

I watched as my sisters adjusted to school online. My sister's university switched to remote learning in the spring but was one of the fortunate ones who brought all their students back to in-person learning last fall. My other sister entered her freshman year of high school virtually and in the spring went into the building for the first time. Not seeing friends and family during the pandemic was tough, but my friends and I made the most of it by doing weekly video chats and playing virtual games online. The fact that I haven't seen many of them in person for a year is strange. However, we were still able to keep our friendships. I found myself biking for the first time in several years and started two new outdoor activities; hiking and pickleball with my family, which I believe helped us to grow even closer than we were before.



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Jeff Mendola



JEFF MENDOLA

Professionally I've watched my wife and friends transition from a busy office environment to a rather solitary virtual work environment, observing the challenges they've faced. And now, they are trying to figure out what a hybrid of these two might look like or how they can return to their former work environment, but with new space and contact considerations. This has been challenging and stressful for them. And then I look at our team which has been geographically separated since our inception. I believe that the tidal wave of Zoom calls only enhanced our operation. We replaced phone calls with video calls and PDF files with screen sharing. So, while others are struggling with how to return to "normal", we are enjoying our new normal.

Personally This past year has placed an even greater emphasis on the importance of family and the incredible value of every moment we can spend together. My father, after only 12 months of trying to adjust to the loss of my mother, had to abruptly transition from a very active, social travel schedule to one of isolation and loneliness. While most of us had immediate family members to hole up with, my father found himself staring at an empty house full of memories. We talk on the phone more than ever, but he is eagerly awaiting any form of return to his world of friends and family. At the same time, our cousin in Virginia will return to a very different landscape. She lost her mother-in-law and father-in-law to Covid only 3 days apart after less than a month of symptoms. While many other families are experiencing similar loss, it only reinforces the value of family.



Here is a photo of my 3 daughters during our August 2020 vacation in Maine. Due to travel restrictions, we had to cancel our annual pilgrimage to the Outer Banks where we would normally spend a week with 3 other families at a beach house. We went to the coast of Maine because that was the only coastal state that was allowing New York residents at the time.



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T Shirts and Sweatpants

Laura Richards



LAURA RICHARDS

Professionally I started a new job during a pandemic. I've always worked as part of a team in an office. I much prefer being around people during the workday, but that wasn't a possibility. Instead, Zoom has been a great alternative and serves as a "conference room." Never did I think that "you are muted," "virtual" and "hybrid" would become part of my everyday speech. The AVF team created a successful Annual Meeting "virtually" along with other programs that reached participants in over 35 countries. Once we all got over the fear and sadness of a pandemic, we became creative and productive in a way none of us would have ever in the past. I hope to keep these lessons top of mind – we did learn a lot!

Personally I can't lie – it's been tough. I made it through and I'm so proud of myself. I live alone in a mid-size apartment building outside of Chicago. I'm very social and an extrovert and until March 2020 loved commuting downtown on the train. Then it all came to a screeching halt – what do I do now? I created a "pod" with friends who are family in order to make the past year tolerable. I baked, took time to make my house more of a home, set up a comfortable work at home area, found a gym and joined small group training classes. I was able to spend the holidays with my family out of state and see friends at an acceptable social distance.



Laura with her sister at the top of Lake Michigan, Upper Peninsula, Michigan.



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T Shirts and Sweatpants

John Forbes



JOHN FORBES

Professionally In many ways the AVF thrived during this COVID year. Jeff Mendola has been a rock for the AVF and AVFF. We added two terrific staff members, Laura Richards and Ashlynn Hill. With this team leading the way administratively and operationally, the AVF is in good hands. I am proud to be a part of a team that is so dedicated to the mission of the AVF and to ensuring that every AVF member is valued and supported. The Board of Directors of the AVF also learned to function virtually.

Personally Not seeing family for me was the biggest downside of this past 15 months or so. I made up for it with recent visits to Arlington Heights (Chicago area), Buffalo, San Antonio and Maui to see my children. My wife showed off her hidden cooking talent with delicious dinners cooked from scratch. I also experienced a month with Covid.



The photo below (double rainbow) is from my daughter's deck in Maui.

We all made it through – and thrived. Our collective goal is to make the AVF every venous professional's society home. We did it wearing tee shirts and sweatpants for 15 months and we may just keep it up. Maui's Double Rainbow showed up just in time to unmask the US and remind us that some good came out of a pandemic.



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How does treatment for Venous Disease Differ in Latin America compared to the United States?

– Julian J Javier, MD, FSCAI, FACC

Latin America (LatAm) is formed by 20 countries and 13 dependencies ranging from Mexico in North America to Chile and Argentina in South America sharing the common languages of Spanish, Portuguese or French. (Maffei et Al, Int J of Epidemiology 1986;15;210-7)

Social and financial structures plays a crucial role on how a common condition like Chronic Venous Insufficiency (CVI) is treated differently in other regions of the world compared to the United States (US). Like in the US, CVI affects 50 % or more of the population in LatAm (www.wordllifeexpectancy.com 2019).

Traditionally, CVI in LatAm was treated with sclerosants and surgical ligation or stripping. The introduction of less traumatic catheter-based procedures for superficial venous disease (SVD), and the increased awareness of newer therapies for deep venous disease (DVD), plus the availability of less costly ultrasound equipment, has changed the field of CVI in LatAm. None the less the lack, of resources and the high cost limits the number of patients able to get treated.

The cost, safety, effectiveness and ease of treatment of sclerosant or foam therapy, in addition to the ability of performing it in an ambulatory setting makes it an attractive modality and has given extensive experience to LatAm specialists in the art of sclerosant treatment (PIC).

With the exception of stripping, ligation and stab phlebectomies, one of the striking differences to the US is the lack of coverage for non-surgical venous procedures, likely reason why these traditional therapies have not been replaced by less invasive strategies such as endovenous ablative techniques. However, this is slowly changing, and carriers are starting to provide coverage in some of the countries.

Unlike the US, performance of ablative procedures are done mostly in-hospital vs. office based. Government and medical society regulations and concerns for litigation were some of the reasons quoted. LatAm venous specialists' societies worry that ambulatory performance of ablation procedures could lead to an explosion of cases done by non-qualified physicians, and many LatAm countries lack the government resources to regulate those facilities.

A good percentage of thermal ablations are done under regional anesthesia with some physicians not administering tumescent anesthesia when using regional anesthesia. There is a group of specialists that use conscious sedation combined with tumescent anesthesia.

LatAm specialists favor Thermal Techniques (TT) over non-thermal (NT), with Endovenous Laser Ablation (EVLA) preferred over Radiofrequency (RF) ablation, mostly because of cost savings. Among NT techniques, Mechanical Obliterative Chemical Ablation (MOCA) is favored over other NT techniques because there is no need to buy an expensive generator



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American Venous Forum
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How does treatment for Venous Disease Differ in Latin America compared to the United States?

VARIABLE	INCIDENCE	LANGUAGE	SPECIALISTS	FACILITY	ANESTHESIA	PREFERRED ABLATIVE TECH	INSURANCES	ACCESS
LatAm	>50 %	Spanish, Portuguese, French	>90 % VS, GS	> 90% in-hospital	Regional, CS, tumescent	EVLA > RF > MOCA	Poor, country specific	Mostly Urban
US	>50%	English	> 90% VS=IC ≥ IR.	>90% office base settings	Tumescent ± CS	RF ≥ EVLA > NT	Most cover, with limitations	Urban and Rural

LatAm Latin America, US United States, VS vascular surgeons, GS general surgeons, IC interventional cardiologists, IR Interventional Radiologist, CS conscious sedation, EVLA Endovenous Laser Ablation, RF Radiofrequency ablation, NT Non Thermal

and can be performed without tumescent anesthesia, which allows it to be done in office base settings. Cyanoacrylate and Varithena are rarely used.

Striking differences exist in the CVI diagnostic and therapeutic capabilities among LatAm countries - those with stronger economic statuses like Brazil, Argentina, Colombia, Chile and Mexico are considered more capable compared to others. This capability was exclusive to major metro areas, whereas rural regions in these same countries lack access to these essential tools. These same striking differences are seen between state run compared to privately run hospitals, including metro facilities.

In the last five years, there has been an increased interest in LatAm in deep venous disease. This is palpable in venous regional conferences, most showing a large number of lectures addressing conditions like May-Thurner syndrome, post thrombotic syndrome and pelvic vein congestions. During the height of the COVID-19 crisis, the explosion of LatAm webinars online showed an increased number of talks on DVD catheter-based treatments.

Professionals in LatAm are highly skill specialists working in challenging environments, lacking the vast resources we have in the US.

I see a need for more epidemiological information and a need to reach areas outside the metropolitan cities to increase awareness among the general LatAm population.



How does treatment for Venous Disease Differ in Latin America compared to the United States?

LatAm and the US have many things in common, however each carries its own cultural and economic characteristics, and what works in the US may not work in LatAm.

LatAm and global venous societies are joining forces to fight CVI in Latin America and I feel fortunate to be part of both the LatAm and the US venous team.

LIMITATIONS

Views expressed in this report are deducted from my personal experience of traveling to 18 LatAm countries participating in medical meetings and training operative. My wife and I work with a team of venous specialists lead by RN Kandy Hammond, performing over 40 operatives in the last 15 years and treating over 4,000 patients with venous disease in Dominican Republic gratis (PIC). I also obtained information for this report by conducting personal interviews to known LatAm venous specialists and ran a non-scientific survey on treatment of venous disease among 80 LatAm venous specialists, members of the Forum Venoso Latino-Americano via WhatsApp.

My report and observances may not reflect the true nature of CVI in described countries.

Special thanks for their contribution to the Forum Venoso Latino-America and its members, to Dr. Carlos Simkim from Argentina, Dr. Jorge Ulloa Hernandez from Colombia, Dr. Paola Ortiz from Uruguay, Dr. Carlos Felipe Fernandez from Venezuela, and to Dr Joseph Perez Reynolds Stefan from Dominican Republic.

The pictures below were taken performing venous procedures in Dominican Republic via our charity program. Notice the large number of patients waiting in the street for their turn to be treated, center was at full capacity.



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Facts and thoughts from Denmark on early thrombus removal for iliofemoral DVT

– Niels Bækgaard, MD

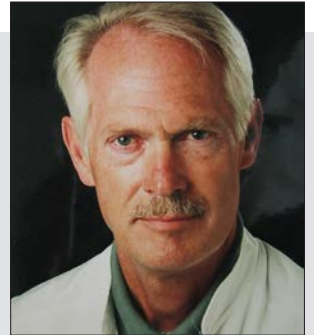
The results from the ATTRACT trial have of course also reached Denmark. Knowing that pharmaco-catheter-directed thrombolysis for acute iliofemoral DVT “only” significantly reduced moderate and severe PTS (Villalta score > 9) from 26% to 18% after two years compared to anticoagulation, might get “non-believers” to discredit this treatment modality. Also, the high PTS rate (Villalta score > 4) of 43% despite continuous catheter-directed thrombolysis, vs 71% on anticoagulation after five years in the CaVenT trial, might support this view. The one-year follow-up from the minor scale CAVA trial did not show any difference in PTS (Villalta score > 4), 29% vs 35% between ultrasound enhanced catheter-directed thrombolysis and anticoagulation, thus waiting for further follow-up data to come as PTS develops over years.

However, results from the Danish experience from Copenhagen has been published eagerly from the first treatment in 1999. Using mostly catheter-directed thrombolysis with pulse-spray technique - from patient number 40 instead of continuous thrombolysis - we could demonstrate all PTS (Villalta score > 4) being less than 20% after a medium of 71 months follow-up with a stent rate > 50%, thus more than in the three RCT's mentioned above. A number of other single-arm studies reveal almost similar low PTS results albeit shorter observation time. Two centers in Denmark are performing this on approximately 1-2 patients weekly comprising almost 75 patients per year.

With a first time DVT incidence of ~75 per 100,000 people, including ~30% having iliofemoral involvement, and at least 30-40 % having contraindication to lysis, ~850 patients could be eligible for treatment in Denmark. This calculation shows clearly a lack of referrals to vascular centers.

A webinar was held few days ago in Denmark with 50 listeners speaking about and promoting thrombolysis for acute iliofemoral DVT. The Danish Vascular Society has not yet taken initiative for a national strategy.

Besides that, it is worthwhile to mention the positive recommendation for early thrombus removal of iliofemoral DVT developed from the European Society of Vascular Surgery (ESVS) based on a meta-analysis with the principle of catheter-directed thrombolysis. The recommendation is Class IIa (treatment should be considered), Level A (high evidence) recently published in EJVES 2021; 61:2-81 titled: Clinical Practical Guidelines on the Management of Venous Thrombosis. But it takes time to convince medical doctors in general to think about acute iliofemoral DVT as a disease, which should be offered early thrombus removal strategies if possible. The vascular surgeons are “rear stops” for this decision.



Niels Bækgaard, MD
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CHIVA in China: Little Chips Light Great Fires

– Sophie Xiaoyin Zhu, MD

CHIVA is the French acronym for Conservatrice et Hémodynamique de l'Insuffisance Veineuse en Ambulatoire, which was first described by French angiologist Dr. Claude Franceschii in 1988. Dr. Qiang Zhang reported first case of CHIVA in China in 2011.

The main difference between CHIVA and other treatment for varicose veins is that CHIVA conserves the most veins especially the saphenous veins by venous hemodynamics analysis. The aim of the technique is not to destroy the veins but to lower transmural pressure in the superficial venous system by only ligating precisely the "Escape Points". As a result, bulged veins return to their normal size in months after CHIVA. No phlebectomies, sclerotherapy, nor saphenous ablations are required. The main advantages are preservation of the venous network, local anesthesia, lower recurrence rates, less pain, and nearly no nerve damage and hematoma.

Over the past 30 years, only a few vascular surgeons in the world using CHIVA as a first-line treatment for varicose veins. The major challenge for most physicians is the steep learning curve. To perform CHIVA, a detailed and exhaustive preoperative duplex ultrasound is necessary.

Similar situation has happened to Chinese doctor. Most vascular surgeons have not received any training on using ultrasound and hemodynamic assessment.

Things have changed a little since 2011, when Dr. Qiang Zhang



Sophie Xiaoyin Zhu, MD



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reported first case of CHIVA in China. Now thousands of CHIVA were carried out annually by Dr. Smile Vein Centers which located in 11 cities all over China. One study of 2 years of follow-up data showed that VCSS scores improved in 95% of cases after CHIVA operation, and post-operative complication are rare. None DVT and nerve injury are reported. Less than 10% of the cases with superficial thrombophlebitis but most of them without obvious symptoms. The recurrence rate is less than 5%, not including the staged treatments.

In a survey of 1200 members of Chinese Surgical College of phlebology, more than 81% of doctors are interested in and are willing to learn CHIVA. The college was established by Dr. Smile Medical Group in 2018, with the goal of training and education on venous disease. CHIVA courses and live stream surgery took place regularly during recent 2 years.

Certification program in CHIVA will be needed in China. Changing the role of the doctor from "surgeon" to "designer" is not so easy. Some untrained doctors incorrectly performed "CHIVA" with simply segmental ligations, while others destroy the tributaries by phlebectomy or sclerotherapy. The important "re-entry point" perforators were wrongly destroyed. All of these mistakes resulted in failure of the CHIVA procedure.

The steep learning curve hindered the widely acceptance of CHIVA. Physicians who performed CHIVA in China is trying to create innovative training system to make the theories easier to understand and shorten the learning curve.



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On behalf of the AVF Membership Committee,
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DISCUSSES THE JOURNAL
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Dr. Ruth Bush, AVF secretary, interviews Dr. Peter Gloviczki, Editor-in-Chief of the Journal of Vascular Surgery Publications, a position he has held since July of 2016.

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