

Increasing Our Venous Awareness

Until recently, the endovascular treatment of venous disease has been of relatively little interest to both interventionalists and vascular surgeons. This is somewhat surprising, because angioplasty, thrombolysis, and other types of intervention have been described within the venous systems since the early years of their development. Interestingly enough, in my experience, the general public usually associates the term "vascular" with venous problems such as spider angiomas, varicose veins, and the like. Increasingly, venous pathology is gaining importance to the patient population.

Recent World Health Organization warnings regarding deep venous thrombosis after long flights has begun to raise awareness of DVT, especially directed toward early diagnosis and prevention. Regrettably, the medical community is only beginning to address the issue of the long-term disability related to DVT, and the potential benefits of thrombolytic therapy and other revascularization techniques in preventing disabling venous symptoms in the long-term. Several clinical trials are in the process of development directed toward evaluating the feasibility of a more aggressive approach to DVT through direct intervention, hopefully resulting in resolution of the acute thrombosis more effectively and with anticoagulation.

Articles on some of the treatment alternatives for venous occlusive disease are presented by Drs. Renan Uflacker and Patricia Thorpe, two of the most experienced interventionalists in venous interventions. Also, Dr. Ken Ouriel provides a comprehensive overview of mechanical thrombectomy for DVT.

The second area of increasing clinical significance is that of vena caval filters. FDA approval in the past year of retrievable vena caval filters has led to re-evaluation of the indications for both temporary and permanent implants. While achieving rapid acceptance in the medical community, concerns still exist regarding the optimal duration of time for protection with vena caval filters, and some skeptics have raised concerns regarding the medical legal implications of pulmonary emboli that may occur after filter removal.

Nonetheless, the availability to remove a vena caval filter after maximum risk has passed offers great benefit to patient care, in particular in reducing risks associated with long-term IVC implants.

Dr. Jose Almeida provides us with an update on endovenous treatments of varicose veins. This has become one of the "hottest" topics in vascular therapy and, while not of major interest to everyone, the development of both RF energy sources and laser ablation have

drawn considerable interest from many physicians. In addition, research into alternative methods of venous ablation is underway. The ability to perform these procedures in an office environment or in the hospital further lends to its widening clinical impact.

Finally, in various departments a variety of practical subjects are discussed, including coding and billing issues surrounding carotid stenting, the benefits of advance charitable giving, and hints from Dorothy Abel and Dr. Scott Proestel regarding the optimization of registry data.

Hopefully, you will again find this month's issue of *Endovascular Today* informative and of value to your everyday practice. ■



A handwritten signature in black ink that reads "Barry T. Katzen MD". The signature is written in a cursive, flowing style.

Barry T. Katzen, MD
Chief Medical Editor