

A Time for Refinement in Comprehensive Venous Care



In recent years, venous and lymphatic medicine has benefited from a substantial increase in interest by practitioners and industry alike. This has led to significant

knowledge gain in the realms of superficial and deep venous disease. Recently, the field has been defined by increasing technology development with many new tools for treating venous patients. The number of interventionalists and noninterventionalists offering venous interventions for patients is also proliferating.

Although these expansive gains are necessary to treat the numerous patients with venous disease, which easily outnumber the number of patients with arterial disease, caution is also required. The field's current lack of formal training, practice standards, data, and guidelines has led to inconsistency in the quality of care provided and patient outcomes achieved. Refinement of the venous field with further infrastructure development is essential before continued expansion.

This issue is a continuation of previous venous-themed editions of *Endovascular Today*, representing a continued call for appropriate, deliberate, and educated care. The experts participating have demonstrated mastery of venous disease and a dedication to comprehensive, appropriate, and intentional care. They are leaders in the field who partner with societies to develop standards of care and quality educational platforms.

The authors recognize that outcomes for venous patients are tied closely to (1) an understanding of the importance of venous patients and venous disease and a commitment to care at the same level of importance as our arterial patients; (2) an understanding of all contributing pathologies to venous hypertension and weighing all treatment options to prioritize care; (3) a knowledge of when not to offer interventions; (4) procedures performed with attention to detail by physicians educated in venous procedures; and (5) proper follow-up and medical maintenance for all patients. We have asked the these colleagues to write on topics focusing on refining our techniques and intelligently guiding field expansion.

This issue's opening article by Erin H. Murphy, MD, explores the definitions and needs for comprehensive

care, with notes on progress made and challenges to overcome.

Venous stenting continues to be an area of rapid expansion as interventionalists enter this space and new devices are introduced. Although we have made massive gains in recognizing the importance of offering venous stenting for our patients, we still need to discuss when not to stent. Kathleen Gibson, MD; Gerard O'Sullivan, MD; Suresh Vedantham, MD; and Rick de Graaf, MD, gracefully guide us through these decisions. Next, Kush R. Desai, MD, and Stephen A. Black, MD, and Bhavesh Natha, MBChB(UCT), guide us through complication avoidance in venous stenting.

Superficial disease treatment is the bread and butter of venous surgery. Still, patient and physician expectations are met only with the judicious and correct application of these interventions. A conversation with Dr. Murphy, Antonios P. Gasparis, MD; Misaki Kiguchi, MD; and Marie Josee van Rijn, MD, leads us through patient selection, approaches to adjuvant phlebectomy, and superficial venous protocols.

Pelvic vein embolization is an area of practice largely underserved and likely to expand further in upcoming years. Ronald S. Winokur, MD, eloquently covers the dos and don'ts for embolization. Next, F.A. Klok, MD; Jun Li, MD; and Akhilesh Sista, MD, cover the current state of pulmonary embolism (PE) management.

We cannot underscore enough the need for continued refinement in the field, as well as for education, intelligent device development, and research. José Antonio Diaz, MD, summarizes recent publications by interdisciplinary task forces focused on improving patient outcomes in the realms of PE, pelvic disorders, and deep vein thrombosis. Finally, outside of our venous feature, Koen Deloose, MD, discusses medical devices, conference platforms, and algorithm development in our featured interview.

We hope our call to action resonates and that we all strive for commitment to formal education, standardization, research, and guidelines to build on the foundation of the field to ensure the most appropriate care and best outcomes for our patients. ■

Stephen A. Black, MD, FRCS (Ed), FEBVS
Erin H. Murphy, MD, FACS
Guest Chief Medical Editors