INTRODUCTION

- Chronic venous insufficiency affects at least a third of the population and has a negative impact on quality of life1,2.
- When self-care is insufficient to control symptoms, non-surgical treatments such as endothermal ablation and sclerotherapy are usually offered.
- The VenaSeal™ Closure System (VCS) is a novel non-thermal non-tumescent venous device that employs a cyanoacrylate glue (CAG) to occlude incompetent superficial truncal veins.
- VCS offers improved patient comfort and ease of use, and reduced risk of burns and nerve injury3.
- However, one of the concerns is the extent of CAG migration4.

METHODS

- Patients with symptomatic venous reflux disease who underwent VCS ablation were included. Patients were excluded from the study if there were pregnant, allergic or had previous hypersensitivity reaction to CAG, acute venous thromboembolism, sepsis or history of hypercoagulability and multiple drug allergies.
- All procedures were performed by TYT following a protocol5. The tip of the delivery catheter complex was advanced 5cm caudal to the saphenofemoral junction (SFJ) or sapheno-popliteal junction (SPJ) under ultrasound guidance (Figure 1).
- A duplex ultrasound scan was performed immediately and one week post-procedure.
- Stump distance was defined as the distance from the SFJ/SPJ to the start of the final position of the laid CAG in the proximal stump5.
- The current safety instructions for use guidelines of starting 50mm caudal to the SFJ seem adequate but for patients with large SFJ or upper GSV diameters, starting further than 50mm from the SFJ is recommended.

RESULTS and CONCLUSIONS

The aim of this study was to investigate factors that may predict migration of the cyanoacrylate adhesive towards the deep vein junction in the peri-application period.

OBJECTIVES

- Patients with symptomatic venous reflux disease who underwent VCS ablation were included. Patients were excluded from the study if there were pregnant, allergic or had previous hypersensitivity reaction to CAG, acute venous thromboembolism, sepsis or history of hypercoagulability and multiple drug allergies.
- All procedures were performed by TYT following a protocol5. The tip of the delivery catheter complex was advanced 5cm caudal to the saphenofemoral junction (SFJ) or sapheno-popliteal junction (SPJ) under ultrasound guidance (Figure 1).
- A duplex ultrasound scan was performed immediately and one week post-procedure.
- Stump distance was defined as the distance from the SFJ/SPJ to the start of the final position of the laid CAG in the proximal truncal vein (Figure 1).
- Descriptive statistics and association analysis with CAG movement were performed for (1) stump distance <30mm immediately post-procedure using logistic and (2) glue movement 1 week post-procedure using linear regression.

REFERENCE