

# **Impact of the 3<sup>rd</sup> EVF HOW – 95% of Delegates to Change Their Practice**

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The 3rd EVF HOW (European Venous Forum Hands-on Workshop on Venous Disease) was organized at the Golden Bay Hotel outside Larnaca, Cyprus during four days early last November. The Workshop provided a unique comprehensive program focused on hands-on learning and was greatly appreciated by delegates. The primary reason given for attendance by the delegates was to update overall knowledge about venous disease and its treatment (62%), to learn particular techniques (22%) or to be introduced to venous disease (13%). In an assessment after the course, the overwhelming majority of the delegates indicated that EVF HOW met their expectations (99%) and that the course will make them change their venous practice in the future (95%). These results were especially gratifying for the organizing committee and the European Venous Forum since the purpose of the creation of the EVF HOW was to fulfill a need for a structured comprehensive hands-on workshop for physicians interested in venous disease. The goal was not only to provide understanding of modern practical management, but also for the delegates to learn hands-on individual procedures to treat venous disease. It appears that EVF has achieved this.

Half of the delegates were vascular surgeons followed by other specialties such as interventional radiology, phlebology, angiology, cardiology and dermatology. Although the EVF HOW was created mainly for Europe, it has attracted international attention with representation from all over the world (54% - Western Europe, 20% - Eastern Europe, 12% - Middle East, 4% - Asia and 10% - Africa, South America, USA and Australia). Thus, the concept of the EVF HOW (Hands-on Workshop on Venous Disease) has been well received internationally. The 4<sup>th</sup> EVF HOW is scheduled for 31 Oct–2 Nov, 2013 in Stockholm, Sweden.

## **The Format of the EVF HOW**

The EVF HOW has from the start been built on a few principles important for its success. The number of delegates are limited (max. 100 delegates) to facilitate interaction between instructors and delegates. The hands-on sessions are truly hands-on for the delegates, not small lectures or only a demonstration of procedures. All learning sessions are informal and in a relaxed setting to allow uninhibited communication between delegates, faculty members and industry representatives. There are plenty of time is set aside for discussion. There is no exhibition or parallel activity.

The format of the EVF HOW in 2013 will be similar to previous years including approximately 30 formal lectures, 15 case discussions and 2 live demonstrations on duplex scanning covering acute and chronic venous diseases. The focus will be on hands-on training on procedures and devices during 12 hours. Faculty members in collaboration with the industry experts will instruct at 24 workshop stations. The delegates will attend each workshop station during 30 min in small groups (4-5 delegates), giving each participant time to try out the devices.

The program is always modified based on the feed-back from the participants and faculty. Just like 2012, the delegates may bring their own cases for discussion. This year, however, case presentations will be imbedded in the formal lectures. The organizing committee hope to build a web-based portfolio for each delegate in the future, where extra text material, videos of procedures, the formal lectures, case presentations and other study material can be placed. Participation in the EVF HOW will give access to this portfolio long-term. As only 100 participants are accepted on a “first come – first served” basis, it is recommended to register early to ensure a place. Please contact Anne Taft, Administrative Director, European Venous Forum; tel/fax +44 (0)20 8575 7044; email [admin@europeanvenousforum.org](mailto:admin@europeanvenousforum.org). More information is available at [www.europeanvenousforum.org](http://www.europeanvenousforum.org).

## The Program of EVF HOW 2012

The program of the 3<sup>rd</sup> Hands-on Workshop on Venous Disease, 2012, was given by an international faculty with 30 experts from Europe and the USA. They did not only present the formal lectures, but also actively discussed case presentations and were an integral part of the workshop giving practical tips and tricks from their own experience. The clinical input by the faculty members balanced well the specific device information presented by the industry representatives.

### Lectures

The lectures spanned the following subjects:

- *Basic principles* of venous pathophysiology; accuracy of tests; and classification and assessment of treatment outcome
- *Treatment of varicose veins* conservatively with drugs and compression; with invasive procedures such as open surgery or saphenous ablation with laser, radiofrequency, foam sclerotherapy and steam; and with techniques preserving the saphenous vein. After intense discussion, Professor Andrew Bradbury tried to make sense of it all. The controversies of the perforators were elucidated and interventions for recurrent or residual varicose veins (PREVAIT – Presences of varices after intervention) were outlined.
- *Guidelines* for prevention and treatment of venous thrombo-embolism (VTE) and superficial thrombophlebitis (SVT).
- *Treatment of acute VTE* with traditional conservative measures, new oral anticoagulants, catheter-directed thrombolysis, pharmaco-mechanical thrombectomy was described and outcome presented; and the role of IVC filters presented.
- *The association between MS and venous obstruction* was critically appraised.
- *Pelvic congestive syndrome*
- *Diagnosis and treatment of chronic venous insufficiency* using a sequential treatment plan was presented including compression treatment; the role of fasciotomy in legs with increased compartment pressure; treatment of deep venous obstruction; and the role of valve reconstruction in limbs with primary deep venous reflux or postthrombotic disease including the use of the Vedensky spiral.

## **Case reports**

Dr. Jan Christenson organized the presentation of 18 interesting clinical cases. This year five cases were brought by the delegates for discussion. Each case was presented in stages and the moderator encouraged the delegates to join in at all stages, which lead to lively discussions. There was a wide range of cases illustrating the previously given lectures: From varicose veins to acute iliofemoral DVT; from chronic outflow obstruction to ovarian venous reflux.

## **Hands-on workshops**

As previously emphasized, this component of the EVF HOW is most important. The function of the device or the method presented at each workshop station was explained in detail by the industry expert. Its role in the treatment of venous disease and personal clinical tips and tricks were highlighted by the faculty member. Each delegate trained hands-on under expert supervision after a short demonstration.

### **Workshop 1**

The delegates performed live imaging in patients with different types of vein pathologies. Dr Stylianos Papas from Limassol, Cyprus had collected numerous patients from his practice, well representing a variety of disease. The aim was that the delegate should be able to position the patient properly, use appropriate transducers, know imaging principles and how to optimize the image after this workshop but also to be able to identify acute and chronic disease, reflux, obstruction, and pathology surrounding the vessels.

Station 1: Lower limb with normal findings(Sonosite; faculty: Evi Kalodiki).

Station 4: Abdominal and pelvic vein investigation (ZONARE; faculty: Nikki Giorgiou).

Station 2: Lower limb with superficial reflux (Esaote; faculty: Stylianos Papas).

Station 3: Lower limb with deep incompetence (Esaote; faculty: Theo Tyllis/Andrew Nicolaides).

### **Workshop 2**

Station 1: Tips and tricks. Examination of a patient clinically and ultrasound mapping of the source of reflux was practiced on patients. The anatomy of the veins to be

ablated was described in detail, and the influence of vein size, tortuosity and the relation to the skin, nerves and deep veins were discussed (Covidien; faculty Lars Rasmussen).

Station 2: Endovenous thrombectomy using the AngioJet device was practiced on a patient simulator (Bayer Healthcare; faculty: Haraldur Bjarnasson).

Station 3: IVC filter placement and retrieval was practiced in a tube model (Cook Medical; faculty: Cees Wittens/Evgeny Shaydakov)(Fig. 1)

Station 4: The delegates practiced to choose a correct medical compression stocking (MCS) by measurement and applying long- and short-stretched MCS with and without fitting aid and measuring the working pressure with these stockings on using a Picopress device. (Bauerfeind; faculty: Niels Baekgaard/Michel Perrin)



Fig 1. Delegates practicing on a tubular model.

### **Workshop 3**

Station 1: Intravascular Ultrasound (IVUS). The delegates familiarized themselves with the IVUS tower and the corresponding catheters. Case studies of procedures using IVUS video-loop recordings were reviewed to demonstrate differences in

venogram and IVUS images during treatment of patients with obstruction (Volcano; faculty: Jan Christenson).

Station 2: Ovarian vein embolization was practiced in a specially designed tubular venous model (Cook Medical; faculty: Tilo Kölbel).

Station 3: Strong short-stretch compression bandage was applied by each delegate, sub-bandage pressure measurements were monitored, and the delegates were made aware of what a correctly applied bandage on their own leg feels like (Lohmann & Rauscher; faculty: Hugo Partsch/Giovanni Mosti)(Fig. 2).

Station 4: Placement of the Veniti Vici venous stent was practiced in a specially designed venous tubular model replicating the ilio-caval vein segment (Veniti; faculty: Marzia Lugli/Oscar Maleti).



Fig 2. Delegates practising on each other.

## Workshop 4

Each delegate practiced on phantom legs longitudinal and transverse access to the vein under ultrasound guidance, insertion and placement of ablation devices, and the correct use of each device. Tips and tricks were pointed out.

Station 1: Saphenous laser ablation using a radial fiber with a 1470 nm laser generator and how to decide the dosage of energy were practiced. (Biolitec; faculty: Athanasios Giannoukas).

Station 2: Saphenous laser ablation including planning of adequate dosage and selection of the correct treatment setting were practiced. (KLS Martin Group; faculty: Zbigniew Rybak)(Fig. 3).

Station 3: Saphenous radiofrequency ablation using the ClosureFAST catheter was practiced including how to accurately place the catheter tip at the sapheno-femoral confluence and to sequentially position the catheter (Covidien; faculty: Marianne De Maeseneer/Ravi Singh-Ranger).

Station 4: Saphenous and vein tributary steam ablation with the Veni RF Plus steam catheter was practiced in a venous model. The delegate should also understand the effect of steam on veins. (Veniti; faculty: René Milleret).



Fig 3. Practicing on a phantom leg



## Workshop 5

Station 1: Insertion of an IVC filter was performed by each delegate using a computerized Mentice simulator mimicking an angio-room set up (Mentice; faculty: Lars Lönn)(Fig. 4).

Station 2: Compression therapy/ulcer care. The delegate learned how to choose and apply the appropriate wound dressing for a venous ulcer and how to measure a leg and apply the appropriate stocking (BSN/Jobst; faculty: Sylvain Chastenot).

Station 3: The concept of Circaid in-elastic compression device was explained and the device applied by each delegate (Circaid; faculty: Sandra Shaw/Else Brouwer).

Station 4: Foam sclerotherapy. The delegates made foam using STD and discussed different treatment plans according to ultrasound scanning results. This was followed by ultrasound-guided cannulation and injection of foam in a phantom leg. The appropriate compression bandage following foam sclerotherapy was placed on each other (STD Pharma; faculty: Andrew Bradbury and Gareth Bate).

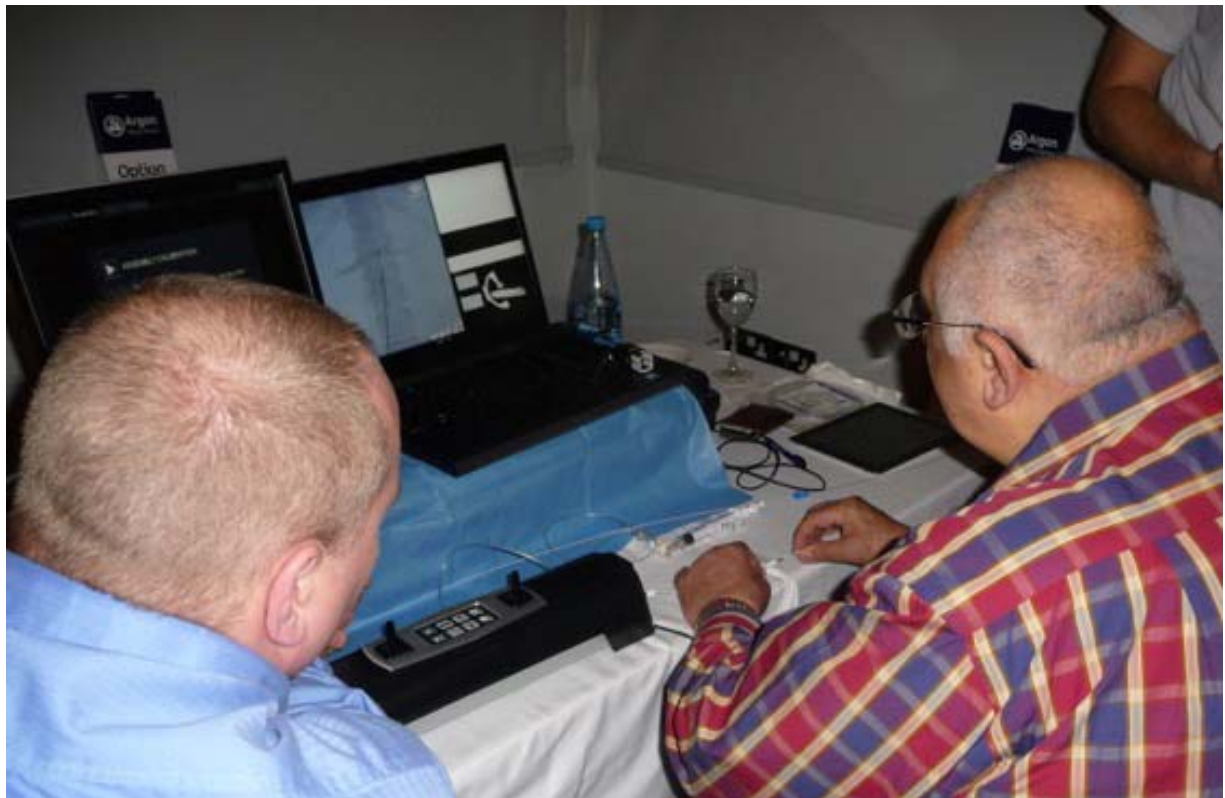


Fig. 4. Practicing on a computerized simulator.



## Evaluation and future meeting

The EVF HOW 2012 was appreciated by the delegates, faculty members and industry representatives. They all greatly enjoyed the learning sessions because of the informal close interaction. Here are some of the written comments by the delegates:

*.....Very good interaction with faculty during workshops – very well arranged.....  
This workshop opened new horizons for me. I learned new things and I learned a lot about what I am not doing right. Thank you very much.....Many tips in ultrasound examinations and laser treatment..... Very good update in current research. First ideas of new techniques. Best meeting since years: visiting so many of them, I dare to say.....Very good interaction with faculty during workshops – very well arranged.....Overall good workshop but need more time..... Important to keep the workshops (practical part) included in the price..... All the information given is badly needed in my practice. No similar workshop can compete with this workshop. It is superb in every aspect..... All aspects of venous disease will be revised in my practice..... Very good meeting – highly recommended.....*

The next workshop will be limited to 3 days by removing a free afternoon. Despite this there will be an additional 4 workshop stations added at the 4<sup>th</sup> EVF HOW in Stockholm. Additional case reports brought by the delegates will be encouraged. Hopefully it will be possible to create personal portfolios with additional study material accessed on the web. Otherwise, on the whole the next workshop will have a similar program as outlined above.



# 4th EVF HOW 2013

## THE MOST COMPREHENSIVE WORKSHOP ON VENOUS DISEASE IN EUROPE

4<sup>th</sup> EVF Hands-on Workshop on Venous Disease  
Elite Hotel Marina Tower, Stockholm, Sweden  
31 October – 2 November 2013

The 4<sup>th</sup> EVF HOW in Sweden in 2013 gives you a unique comprehensive program focused on hands-on learning, a review of the latest updates and “state-of-the art” management of venous disease, an opportunity to share in discussions and actively engage with the faculty and industrial partners in a relaxed surrounding. The 4th EVF HOW will train you in methods to diagnose and treat acute and chronic venous disease such as duplex investigation; saphenous ablation techniques such as RF, laser, steam and foam sclerotherapy; endovenous thrombectomy; IVC filter placement; IVUS; stenting; and compression therapy. The workshop is open to all specialty physicians, including physicians in training, wanting to learn the latest in venous disease management. Delegates are limited to 100: “first come, first served”

- Over 30 presentations by the Faculty
  - Lots of time for discussions
  - Live demonstrations
- Clinical Case Presentations – bring your own!
  - Interactive engaging Hands-on Workshops
  - On-line access to the presentations

### For further details please contact

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