

Surgical Management of Chronic Venous Insufficiency

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Chronic Iliocaval Venous Obstruction(CICVO) can cause chronic venous hypertension resulting in inflammatory changes to peripheral tissues. Clinically this causes limb pain, edema and when advanced lipodermatosclerotic changes and venous leg ulcerations(VLU). Chronic Iliocaval venous obstruction(CICVO) is a substantial contributor to chronic venous insufficiency and is increasingly being treated through an endovascular approach. Venous stenting was introduced in the 1990s and has continued to evolve to become the first line therapy for iliofemoral venous outflow pathology. Currently there are 5 FDA approved dedicated venous stents available in the United States, although one has been pulled from the market.

Surgical Reconstruction of the iliofemoral or caval system may be offered to patients with advanced benign chronic venous insufficiency(CVI) who fail conservative therapies. . . . Open venous surgery is an excellent alternative for patients requiring malignant tumor excision as well as for symptomatic patients who fail endovascular intervention. Venous reconstructions are also appropriate for patients with malignant tumors invading or compression iliofemoral and iliocaval veins as well as prior traumatic venous injuries