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Vascular Interview Rial

Welcome to Vascular Experts, a medical talks on vascular disease. We have the pleasure today to be here with Dr. Rodrigo Rial, who is Vice President and Acting Treasurer of the International Union of Phlebology, President of the Scientific Committee of the Pan American Society of Phlebology and Lymphology and Past President of the Spanish Chapter of Phlebology and Lymphology. It's a pleasure to have you, Dr. Rial.

Thank you very much.

Chronic venous disease is a long-term condition with various symptoms and signs, whose most common manifestation are varicose veins. Although it may carry potential complications, but how common is this disease?

Very, very common. It's very, absolutely very common. Recent epidemiological studies say that more than 60% of the population have any symptoms or signs of chronic venous disease. So it's very often.

By far, by far, it's the disease, the human disease, with more prevalence. And this gives to us a huge, huge work, because many people ask to the surgeons, vascular surgeons, general practitioners, about this kind of disease. Of course, it's not the same at these different ages.

The more age, the more chronic the disease. It's more frequently in women, especially for pregnant. So we have a long way to treat this disease.

Dr. Rial, what does phlebology encompass besides chronic venous disease and how does the level of professional training for treating these conditions vary globally?

Very interesting question, Micaela, because most people think that venous diseases are only chronic venous diseases, but the vascular surgeons in phlebology also deal with thromboembolic diseases, that means deep venous thrombosis, and also pulmonary embolism. So we need a proper training program to treat the chronic venous disease and also thromboembolic disease. Many countries, especially in Europe, for example, we have very good training roadmaps to achieve very good professionals.

However, there are other countries that need to improve in their roadmap or their training programs to achieve professionalism. Fortunately, this is changing very fast due to all the congress that we are having about phlebology around or across the world.

We can say that we are living in the golden age of chronic venous disease. What does this mean from a surgical point of view?

Yeah, that's one of my favorite phrases about phlebology, the golden age of the phlebology, because it's true. The last 20 years, we've been witness of the improvement, the advances of all the phlebology treatments, especially surgical ones, especially surgical ones. Years ago, all surgeons were performing all the stripping, pull out the veins, but now we are changing, and all the procedures, almost all the procedures are minimally invasive.

We have radiofrequency, laser, that means thermal kinds of treatment of the varicose veins. We have cyanoacrylate for occlude the veins. We have a sclerotherapy absolutely very well performed by many, many professionals.

But these improvements in the treatment and the procedures couldn't be without the ultrasound Doppler diagnosis. The ultrasound Doppler diagnosis is the key of the treatment, of the surgical treatment of varicose veins, but not only varicose veins, chronic venous disease, ulcer, or whatever. It's impossible to conceive any treatment today without an ultrasound echo Doppler previous to the treatment.

Has progress only been made in the surgical part of chronic venous disease?

No, not only in surgical part. Recently, we are speaking now the same language, I mean all the phlebologists are vascular surgeons. We have a classification universally accepted by all, that is called CEAP classification.

It's a cross-stick of clinical, etiology, anatomy, and also pathophysiology. And this is very important, because we can publish in a paper with the same words, and everyone know how are we telling a specific procedure or treatment. Also, we have quality of life tools for measure the quality of the treatments, surgical ones, but also medical ones, pharmacologic, compression, and others.

Dr. Rial, how is the development of chronic venous disease research?

This is very important, but it's not all important for basic researches. It's important because there is a term, translational medicine, and this is correlated with clinical. Why? Because now, with the basic researches, we know the basis that regulates the effects of pharmacology and also compression, for example, of all the treatments for chronic venous disease.

So, basic research is absolutely a key in the treatment and the investigation of chronic venous disease.

What's the latest in chronic venous disease?

For me, the most important breaking news in chronic venous disease is the relationship, epidemiological relationship, between chronic venous disease and also myocardial vascular events. For example, myocardial infarction and others.

You can say, varicose veins and cardiovascular risk is related. Yes, it's related epidemiologically.

So, for sure, endothelium dysfunction is in the heart of this problem. Probably, and now we know that the more advanced disease in chronic venous disease, more are the risks. So, this is very important for the prevention of chronic venous disease, but also for preventions, myocardial vascular adverse effects.

Dr. Rial, tell me what can we do to prevent this disease?

Yeah. Micaela, we have bad news and good news. What do you prefer, bad news or good news?

Bad news.

Bad news. The bad news is that we cannot prevent absolutely the progression of the starting of chronic venous disease, because there is a genetic predisposition. The good news is that we can prevent and treat very efficiently, very efficiently with pharmacological treatment and also with compression treatment.

Also, we can convey to our patients to change their lifestyle, trying to control their weight and other things, sport, walking. So, this is important. We cannot prevent completely, but we can treat and prevent the progression.

And besides surgical treatment, what can be done?

Okay. Surgical treatment must be performed by a vascular surgeon, phlebologist, but most patients go to the general practitioner. So, the other healthcare professional should put treatment to these patients.

There are two key important treatments, compression therapy and pharmacological treatment. Compression therapy is the key, because compression therapy counteracts the venous hypertension. So, go to the etiological problem of chronic venous disease.

There are many kinds of compression therapy. The most common is elastic stockings. There are different kinds, a different class of compressions, but there are more.

For example, bandage for ulcers or other inelastic bandage for lymphedema and also lymphedema associated with venous disease. Pharmacological treatment is very important for chronic venous disease. We know that we have a scientific basis for using the medications.

Many of our colleagues, not specialized in phlebology, are confused, because which is the best, what is the more appropriate treatment. I always say, follow the guidelines, follow the evidence and use the most validated drugs by the literature. Especially those drugs, those pharms, those medications that have effect on the endothelium is very important to reduce the inflammation of the vessel.

(Speaker's own opinion)

Do the patients are aware of their problem?

Most of them, not. They are not aware. Because some of them have had this problem for an early life.

So, they are used to get home with heavy legs, with swelling ankles and pain in their legs. Of course, they are not aware until appears something in the skin, lesion in the skin. Of course, that is an advanced disease.

So, we must educate our patient and general population about the chronic venous disease. And the people who are already diagnosed with chronic venous disease, we must convey to them that use compression is essential and be checked by a vascular surgeon or a phlebologist to rule out an interventional need.

And do health authorities give due importance to CVD?

Despite to be the most prevalent disease, high cost, especially for treating ulcers, but not only for ulcers, the health administration are not aware, but not only the health administration, some physicians and of course the patients.

So, it's very important to convey and transmit our concerns about chronic venous disease to health administrations and also patients. Scientific societies are trying to do this. For example, in occidental countries, we have 2% of health care budget is spent in venous leg ulcers.

However, there isn't or I don't know if there are any prevention schedule or prevention program for this kind of people with chronic venous disease. Because we can't forget, we cannot forget that people with varicose veins could be evolutionate and progress to an ulcer. Not every people, not every patient is going to have an ulcer after with varicose veins. But this is absolutely important.

Thank you very much Dr. Rial for joining us on Vascular Experts, medical talks on vascular disease and to our audience. Tune in for the next episodes on the platform.

Thank you again, Dr. Rial.

Thank you to you, Micaela. A pleasure to be with you.

Thank you.