Alessandro Frullini

MANUAL OF AMBULATORY PHLEBOLOGY

English Edition by **Marlin W. Schul**

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ENGLISH EDITION BY MARLIN W. SCHUL

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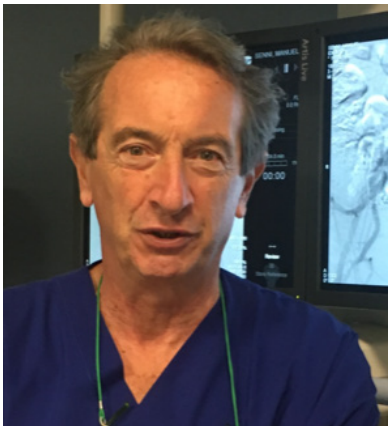

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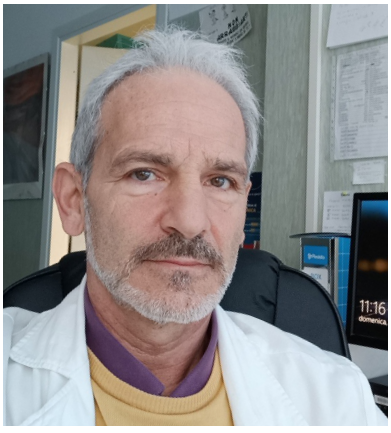

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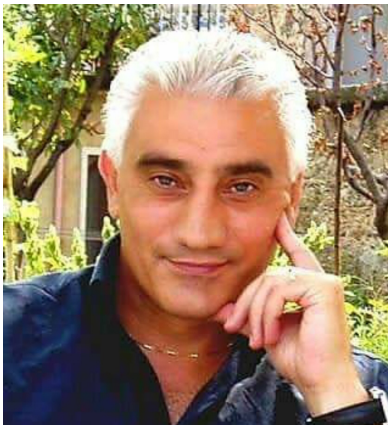

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FOREWORD

Phlebology has always been one of those branches of medicine that are most suited to a mechanism where a wealth of knowledge is transmitted directly from teacher to student. If this has often been the only dynamic in the past, today's knowledge has evolved to such an extent that the phlebologist must acquire a series of particular skills to truly be effective.

In fact, the modern phlebologist must be able to perform echo-color doppler diagnostics, be able to perform echo-guided treatments and to place intravenous fibers or catheters. Moreover the phlebologist must comprehend haemodynamics, how to make compression and ulcer therapy in an impeccable way, in short, he must be able to take charge of the phlebological patient in its entirety and in a timely manner. Ultimately, this means having to be constantly updated on the state of the art and on the knowledge that, in modern medicine, is changing more and more rapidly.There has for some time been a need for a focused phlebology handbook that reflects current knowledge and could serve as a comprehensive reference for both seasoned and young entusiastic doctors who find fascination in this subject. This volume reveals an in-depth discussion of the major phlebological themes, the result of a collaboration with many of the most important Italian phlebologists. We tried to use a clear language and to give space for the practical elements in order to make it a tool for daily use.

We have compiled an extraordinary collection of quality iconography (which the reader will also find in the web space using the QR code inserted in the pages of each chapter) and to include simplified tables and diagrams. In thanking all those who have collaborated on the work and particularly to my friend Marlin Schul MD for caring the english edition, I wish you a good reading.

Alessandro Frullini MD

FOREWORD TO THE ENGLISH EDITION

It has been an honor reading this handbook and reflecting on how much has changed since my early medical school years. My friend, Dr. Frullini, is correct that in many areas of higher education there is more focus is given to low prevalence conditions. The issues that affect the venous and lymphatic systems of the lower extremity are common, yet an education gap permeates the majority of well-intentioned medical schools.

As I reflect on when I was trained in the 1980's it came down to three vein experiences. Leg ulcers were felt to all need whirlpool therapy and antibiotics and were not expected to heal. There was no common belief that managing venous hypertension could make a difference, yet today we have level I evidence in the EVRA trial that managing the reflux component not only improves ulcer healing, but it is also proven to be cost effective.

As I was exposed to blood clots on various rotations (mainly surgical) the only thing that remains today is that blood clots are bad and kill people. What was once managed in the hospital with IV anticoagulation and bed rest is now generally managed in the home setting with novel oral anticoagulants, ambulation, and compression. Furthermore, we have an opportunity to prevent thrombotic events from 'surgery' with risk stratification tools like the Caprini score. There have been so many advances in the management of thrombotic events and prevention strategies.

More than 40 years ago it was felt that varicose veins were merely cosmetic and did not cause symptoms. The only treatments at that time were traditional surgical stripping and small vein sclerotherapy. Most vein surgery was done in the operative theatre, under general anesthesia, with prolonged recovery period, and a high recurrence rate. Contrast that to today, the majority of care is provided in an office setting under local anesthesia. Duplex ultrasound offers greater insight to the pathology and we are empowering patients to choose how they want to be treated based upon their values. We can debate the mechanisms of leg symptoms in the face of venous hypertension, but there is more to this given what we know today. Patients with varicose veins and advanced venous disorders, e.g. skin changes with or without ulcers are at far greater risk of major adverse cardiac events. We know that varicose veins by themselves have meaningful quality of life impairment, and the question is: when should we intervene? Everything has changed!

As I reflect, I believe this is one of the most practical and comprehensive handbooks on venous and lymphatic disorders. The authors have blended ex-

traordinary experience to build this comprehensive piece of work. The drawings, photos, and videos augment any given topic and enhance educational experience. Whether you are in the spring of your career as a young enthusiast clinician or the seasoned provider near the end of a career, there is something here for everyone. I will personally lean on this handbook as the new lead reference manual and make the supplemental imagery a focus of routine education for our practice.

I wish to thank the authors for such a thorough effort and attention to detail. Well done!

Marlin W. Schul, MD, MBA