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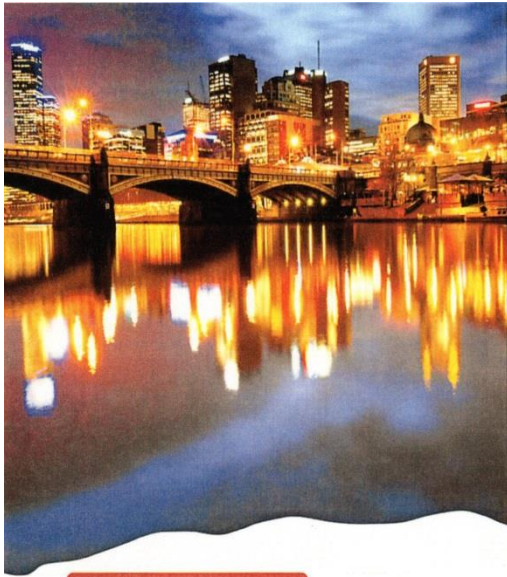
2月4日(日)～8日(木)に

メルボルンにて開催されます。

当院からは

血管外科センター長 今井崇裕 先生が

学術発表されますので、ご紹介致します。



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# “ How can the SFJ treatment be made more effective? ”

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## Introduction/ Objectives

We evaluated for occlusion rate of a great saphenous vein (GSV) and its tributaries by ultrasound scan after varicose veins treatment with Radiofrequency Ablation (RFA). The dissection of the tributaries near SFJ has some variations, but normally, there are five divergence: superficial epigastric vein, external pudendal vein, superficial circumflex iliac vein, medial accessory saphenous vein and lateral accessory saphenous vein. It can be presumed that we can reduce the recurrence rate if the 4 tributaries are occluded except the superficial epigastric vein which flows into the center.

## Methods

The purpose of this research is to reduce recurrence risk after surgery based on this evaluation results. The subject of this study is 300 treated cases (average age  $65.5 \pm 11.6$  years / 90 males and 210 females) using Endovenous Closure™ from May to November 2015. In all cases, the catheter tip was positioned 15mm from the SFJ. On the next day of surgery ultrasound scan was performed for evaluation.

## Results

After RFA, the distance from SFJ to the occlusion was  $13.8 \pm 6.8$  mm on the average. The occlusion rate of main trunk of GSV was 100%. As for tributaries, the cases which the blood flow was found were regarded as positive. The cases which became occluded and which was not able to identify itself were regarded as negative. The average number of tributaries was  $0.62 \pm 0.63$  which the blood flow was found. The breakdown is as follows: 0:139cases/1:137cases /2:24cases /3:0cases /4:0cases.

## Conclusions

The position of the tip of the catheter effective for prevention of recurrence was 15 mm.