

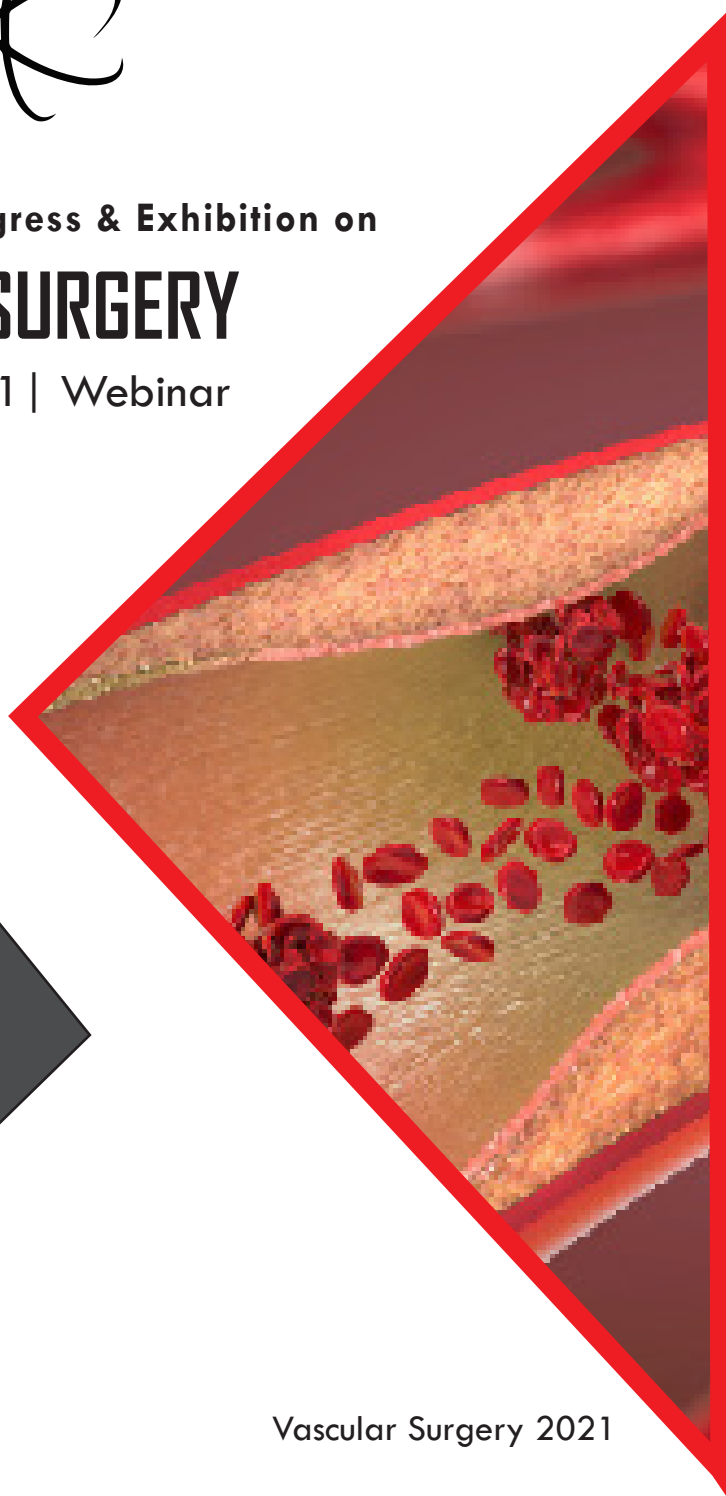


6th Edition of World Congress & Exhibition on

VASCULAR SURGERY

April 28-29, 2021 | Webinar

Keynote



Vascular Surgery 2021

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Webinar

Ten years' experience in Radiofrequency Ablation, VENEFIT

Ottorino Del Foco
Stem Cells Center, UAE



Abstract:

From October 2009 to November 2019, 2249 VENEFIT procedures were carried out in 1818 patients by the same surgeon.

431 procedures: 23,7% were bilateral; left safena alone was affected in 857 patients while right safena in 530. Sex distribution was females: 1421 (78,1%); males: 397 (21,9%) Average age was 42 (21-82) in females and 48 (26-78) in males.

After the assessment visit, the operation was scheduled and performed under local anaesthesia and sedation in a day hospital program. Safena vein ablation was performed alone or with the adjunction of sclerotherapy or flebectomy in case needed.

All patients were discharged within 2 hours after treatment. Fourteen patients (0,8%) presented a post-operative bleeding from the puncture site or from associated flebectomy incision.

None needed surgical revision and all the cases were resolved with compression. Follow up visits were scheduled at 10 days, 30 days, 6 months and 1-year. Duplex scan was performed at each visit.

491 patients referred to some kind of discomfort during their first visit. In 263 cases (14,4%), Duplex scan revealed the presence of superficial vein phlebitis mainly localized in distal third of thigh mostly related with extra fascial safena.

Only 34 cases, at 30-day visit still complained of pain or stiffness in the

area and they underwent an extra follow up visit 2 months later, in which the majority referred to a complete lack of all symptomatology.

83 patients (4,5%) underwent a scheduled flebectomy for collaterals.

732 patients (40,2%) followed a program of spider vein sclerotherapy.

157 cases (6,9%) underwent recanalization, generally partial, of the safena; symptomatic patients were treated with foam sclerotherapy. Real-life results are similar to data published in literature. Adjunctive techniques may improve patient's satisfaction.

Keywords-Radiofrequency ablation, Varicose vein, Venefit

Biography

Ottorino Del Foco obtained his degree (Cum laude) in Medicine and Surgery at the University of Siena (Italy). He completed his PhD in Angiology and Vascular Surgery in Barcelona (Spain) in Santa Creu i San Pau Hospital. In 2010, after 8 years of practice in Torrecardena Hospital in Almeria, he formed a vascular unit in HLA Mediterraneo Hospital. In 2014, he became head of vascular department in Vithas Hospital Almeria. In January 2021, he joined Abu Dhabi Stem Cell Center in Abu Dhabi with the task to develop a regenerative treatment in no option CLI. He is member of the Spanish Society of Angiology and Vascular Surgery and the European Society of Vascular Surgery.

odelfoco@gmail.com

Comparison of local and regional Anesthesia for
Dialysis Arteriovenous Fistula creation Surgery

**Vakhtang Shoshiashvili¹, ²MD, PhD, Archil
Chkhotua⁴ MD, PhD, Lela Beglarishvili³ MD,
Avtandil Tataradze³ MD, PhD**



1.TSMU first university clinic. Research institute of clinical
medicine. Tbilisi, Georgia.

2.Faculty of medicine, European University, Georgia

3.Prof. Al. Tsulukidze National Center of Urology, Tbilisi,
Georgia.

4.Prof. Al. Tsulukidze National Center of Urology, Tbilisi,
Georgia.

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Abstract

Objectives:

Local, regional and general anesthesia can be used for dialysis arteriovenous fistula creation surgery. For patients with end stage renal disease and comorbidities local and regional anesthesia are preferable the general one, but influence of anesthesia type on perioperative pain related to dialysis arteriovenous fistula operations and outcome of surgery are not yet clearly understood.

Materials and methods:

This was a prospective, randomized study, in which 103 patients with end stage renal disease who underwent dialysis arteriovenous fistula (AVF) operations on upper limb had been included. They were randomly divided in two groups: 54 patients in whom regional anesthesia was done (Group I) and 49 patients operated under local anesthesia (Group II). For regional anesthesia the method of nerve stimulation guided vertical infraclavicular block selected. Influence of anesthesia type on perioperative pain had been evaluated and compared between the groups.

Results and discussion:

No anesthesia related complications had been detected. The mean time to motor and sensory anesthesia after vertical infraclavicular block was 14.2 ± 2.3 min. Insufficiency of sensory anesthesia had been detected

in 3 cases (5.5%). Less number of patients with regional anesthesia required additional intraoperative analgesia as compared to the local anesthesia group ($p=0.0374$). Time to postoperative pain initiation was higher in Group I then in Group II - 2.3 h vs 1.7h, ($p=0.0477$). The need in postoperative pain killers was significantly less in regional as compared to local anesthesia group ($p=0.0323$). Duration of operation was significantly less in regional anesthesia as compared with local one - 67.5 min vs 134.7 min ($p=0.0007$) and in some cases surgical tactic had been changed due to vasodilation after regional anesthesia.

Conclusion:

Regional anesthesia provides significantly better perioperative analgesia as compared to local anesthesia for dialysis AVF operations. It decreases the operation time, need of additional pain killers and should be selected as a method of choice for some forms of dialysis AVF operations.

Biography

Vakhtang Shoshiashvili is an Anesthesiologist, department of anesthesiology and intensive care, TSMU first university clinic, Anesthesiologist, department of anesthesiology and intensive care, Research Institute of Clinical Medicine Associate professor, faculty of medicine, European University, Expert in anesthesiology and intensive care, Department of inter clinical relations, TSMU.

vshoshia@yahoo.com