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Sclerotherapy in venous disease

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Techniques for injecting varicose veins with sclerosant solutions have been in practice for more than 100 years. Early methods were fraught with dangers from the agents used, and complicated by severe thrombophlebitis due to injecting the vein while filled with blood. However, "empty vein techniques" using safer solutions were well described by the late 1920s with reports of large numbers of patients. The stimulus for widespread practice by many emerging phlebologists came from the massive experience from Fegan and then from Hobbs. Although they profess to have different rationales for treatment, the effects were much the same as were their excellent results. However, it was Hobbs who fired the first warning shot from properly conducted scientific trials that showed that sclerotherapy was effective if there was no saphenous reflux but relatively ineffective if there was. Immediately, it became apparent that pruning the branches was of transient benefit at most if the healthy trunk remained to provide new growth. Canadian and European workers quickly realized that techniques were required to destroy the main saphenous veins. The coincident emergence of venous ultrasound opened the way to effective advances.

The past 10 to 15 years has seen an extraordinary increase in the growth of ultrasound-guided sclerotherapy such that it now rivals or has supplanted surgery in many centres. It was long known that there is little risk of propagation of thrombus from the treated saphenous veins to deep veins since the thrombus seems to be far more adherent than free-floating thrombus from spontaneous thrombophlebitis. Scare campaigns from opponents citing risks from intra-arterial injection have proven to be ill-founded for practitioners well trained in recognizing the anatomy on ultrasound. Bad sclerotherapy is probably about as dangerous as bad surgery. Nevertheless, there were problems since the sclerosants used have a dose limit for each treatment session often potentially exceeded if large varicose veins were to be treated. Echosclerotherapy seemed to have settled in as excellent treatment for medium-sized refluxing saphenous veins, but of uncertain efficacy for the very large veins.

This has now changed with the introduction of foamed sclerosant preparations. The Cabreras from Spain led the way with excellent results confirmed by objective ultrasound follow-up for large series of patients with wide diameter refluxing saphenous veins. They showed that many of our past debates, for example about whether the veins should be injected from above down or from below up, are now irrelevant. With foam, the entire system can usually be filled, often with extension into surprising pathways that were not immediately apparent on the initial ultrasound scan. However, their commercial product has yet to be released to the general market. It was left to Italian workers then to produce a simple technique for "poor man's foam" that all of us can make in various ways. My personal experience is that this has completely changed my practice for it is applicable to such a variety of patients. The foam stays in the veins for far longer than fluid sclerosant, and this allows it to be diluted down by some 3 to 5 times yet still have twice the potential effect on the veins. One imagines that the foam displaces blood rather than mixing with it as the fluid would do and this should reduce local reactions. However, the greatest benefit is that it can be seen so well on ultrasound allowing it to be followed through all of the superficial pathways and blocked from entering deep veins.

Well-conducted follow-up with ultrasound surveillance will be required to validate long-term efficacy. There is also a major push to comprehensively destroy the saphenous veins by endovenous thermal ablation using laser or radio-frequency and this is undoubtedly the next emerging phase in ambulatory management. Even so, it is my personal practice to plan two stages with laser ablation of the saphenous vein followed by ultrasound-guided echosclerotherapy for all persisting major tributaries. Various attitudes will undoubtedly linger until common sense dictates the most effective treatment, both medically and financially. However, what must be faced by surgeons, just as they did for endovascular arterial treatment, is that the days for conventional surgery may be numbered. Patients are voting with their feet to lead in this direction.

K.A. Myers
From Foreword

Massimo Saviano - Roberta Gelmini
Chirurgia video-laparoscopica. Tecniche di apprendimento su endotrainer
Testo Atlante
Università degli Studi di Modena e Reggio Emilia
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L'opera consta di un testo-atlante e di una cassetta vhs finalizzati allo stesso scopo: ripercorrere tutte le tappe organizzative e gestuali riferibili alla chirurgia video-laparoscopica in ambito addominale.

Con l'esperienza di chi ne ha percorso fin dall'inizio tutte le fasi dell'apprendimento tecnico, e con l'atteggiamento più genuinamente didattico di chi padroneggia la tecnica ed i suoi segreti, e dispone di una ampia personale esperienza sul campo, gli Autori guidano tappa dopo tappa il lettore – e lo spettatore – ad impadronirsi di questa ormai non più nuova tecnica chirurgica.

L'opera è suddivisa in più capitoli che si rivolgono innanzitutto all'apparecchiatura ed allo strumentario chirurgico, di cui vengono esemplificati i modelli più recenti e sofisticati, compresi i più funzionali e moderni simulatori per addestramento.

Vengono dimostrate le manovre con cui si inizia l'intervento a partire dalla produzione dello pneumoperitoneo con ago di Veress o con la tecnica aperta di Hasson.

Segue un ampio capitolo di esercizi didattici su simulatore, finalizzati ad acquisire la manualità elementare e la destrezza in un modo completamente nuovo di operare, fino ad acquisire la dimestichezza e la scioltezza di riproduzione dei normali gesti chirurgici quali si eseguono in chirurgia laparotomia.

Gli esercizi, sia pure sul simulatore, si avvicinano sempre più alla reale esecuzione di atti operatori chirurgici, con asportazione di tessuti ed organi fittizi, con suture

eseguite con ago e filo o con suturatici meccaniche sia su tessuti artificiali che su veri organi di animali.

Il valore didattico dell'opera è assolutamente evidente, con una trattazione piana, competente e desiderosa di trasmettere un'esperienza acquisita sul campo, e delle cui prime tappe gli Autori sentono nostalgia.

Nicola Picardi

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