

One-stop shop varicesstraat

Poli Heelkunde St. Anna Ziekenhuis

Vroeger:

1. Bezoek ziekenhuis voor anamnese en lichamelijk onderzoek
2. Bezoek ziekenhuis voor duplex onderzoek
3. Bezoek ziekenhuis voor uitslag en behandelplan
4. Behandeling
5. Controle



Minimaal 6 weken tot behandeling



“One-stop shop” varicespreekuur

VAATCHIRURG
NURSE
PRACTITIKOER

PATIËNT

WARTER
DOORLOOPTIJD
LAGERE

Algemene chirurgie

- Betere kwaliteit en coördinatie van zorg door goede samenwerking met de betrokken zorgverleners
- Patiënt centraal, minimaliseren ziekenhuisbezoek
- Efficiënt; op elkaar afgestemd,
- Effectief; minder wachttijden
- Duidelijke patiënteninformatie



In samenwerking met Bureau opname,
Duplex-team en Poli Heelkunde



St. Anna Zorggroep

“One-stop shop” varicespreekuur

Algemene chirurgie

“One-stop shop” varicespreekuur

- Historie
- Indeling
- Therapie
 - EVLT
- “One-stop shop” varicespreekuur
- Toekomst

“One-stop shop” varicesspreekuur

- **Historie**
- Indeling
- Therapie
 - EVLT
- “One-stop shop” varicesspreekuur
- Toekomst

Historie

- “One-stop shop” varicespreekuur (1994)
- Cryo-strip VSM (1994)
- TriVex convolutectomie (september 2002)
- 3 gecertificeerde vaatchirurgen (2003)
- EVLT (2008)

Historie

- “One-stop shop” varicespreekuur (1994)
- Cryo-strip VSM (1994)
- **TriVex convolutectomie (september 2002)**
- 3 gecertificeerde vaatchirurgen (2003)
- EVLT (2008)

TriVex



Historie

- “One-stop shop” varicespreekuur (1994)
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“One-stop shop” varicespreekuur

- Historie
- **Indeling**
- Therapie
 - EVLT
- “One-stop shop” varicespreekuur
- Toekomst

Indeling

- Primaire varices
 - hormonale factoren
 - langdurige hydrostatische overdruk
 - obesitas
 - genetische predispositie
- Secundaire varices
 - posttrombotisch

Indeling

- **Primaire varices**
 - hormonale factoren
 - langdurige hydrostatische overdruk
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 - genetische predispositie
- **Secundaire varices**
 - posttrombotisch



Indeling

- Primaire varices
 - hormonale factoren
 - langdurige hydrostatische overdruk
 - obesitas
 - genetische predispositie
- **Secundaire varices**
 - posttrombotisch



Indeling

- Stamvarices (VSM / VSP)
- Zijtakvarices
- Reticulaire varices (1-3 mm)
- Teleangiëctasieën (< 1 mm)
 - venectasieën
 - besenreiser

Indeling CEAP-classificatie

C	E	A	P
Clinical status (kliniek)	Etiologie	Anatomie	Pathofysiologie
C0 geen zichtbare afwijkingen			
C1 teleangiëctasieën of reticulair venen	E _c congenitaal	A _s superficiaal	P _r reflux
C2 varices	E _p primair	A _p perforerend	P _o obstructie
C3 oedeem	E _s secundair (posttrombotisch)	A _d diep	P _{r,o} combinatie
C4a pigmentatie, eczeem C4b lipodermatosclerose, atrofie blanche	E _n geen veneuze oorzaak bekend	A _n geen veneuze locatie bekend	P _n geen veneuze pathofysiologie bekend
C5 genezen ulcus			
C6 actief, veneus ulcus			
S symptomatisch			
A asymptomatisch			

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“One-stop shop” varicespreekuur

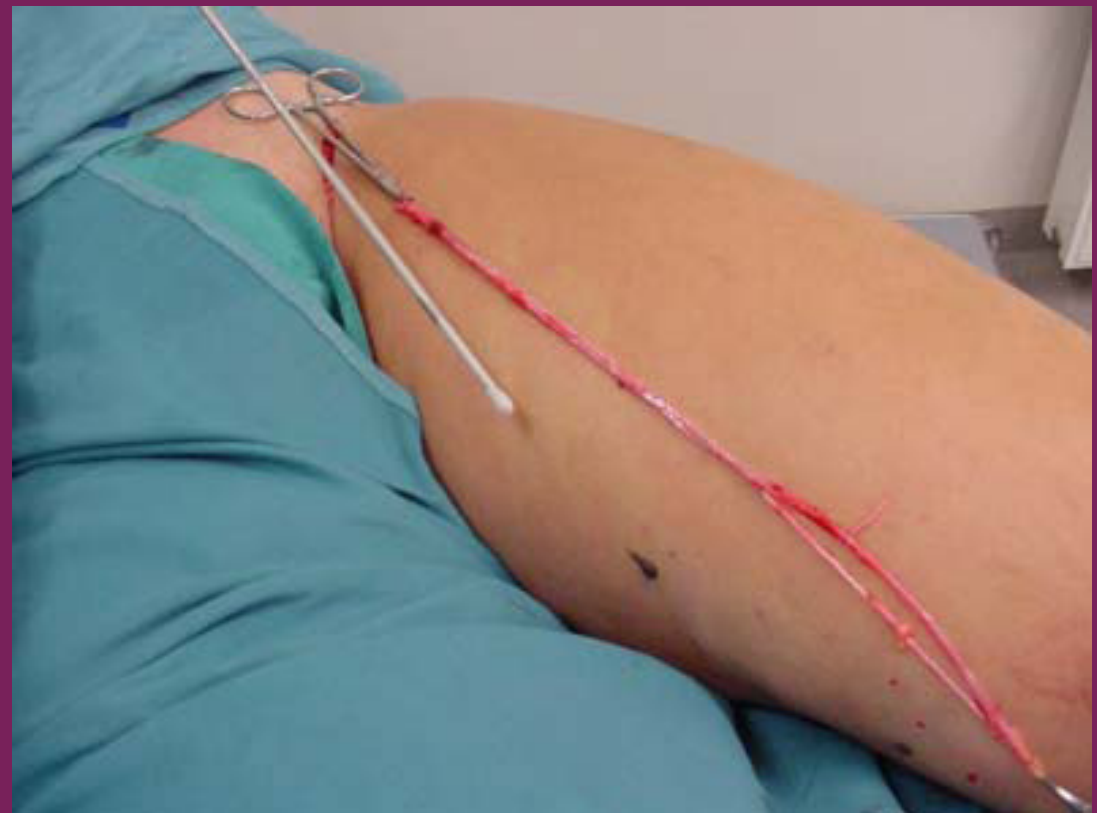
- Historie
- Indeling
- **Therapie**
 - EVLT
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- Toekomst

Therapie

- Stamvarices (VSM / VSP) → Cryo / EVLT
- Zijtakvarices → Muller / SCT
- Reticulaire varices (1-3 mm) → SCT
- Teleangiectasieën (< 1 mm) → SCT
 - venectasieën
 - besenreiser

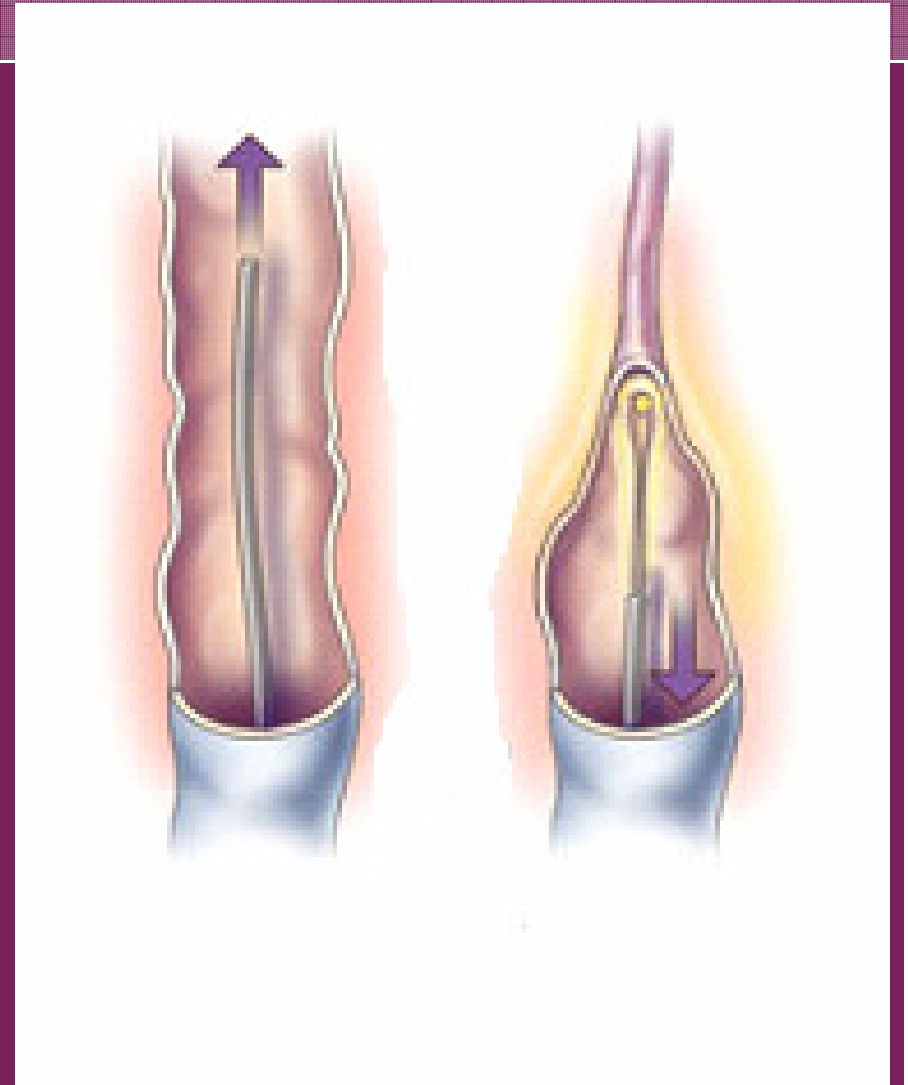
Therapie

- Stamvarices (VSM / VSP)
 - Cryo-strip (VSM)
 - EVLT (VSM + VSP)



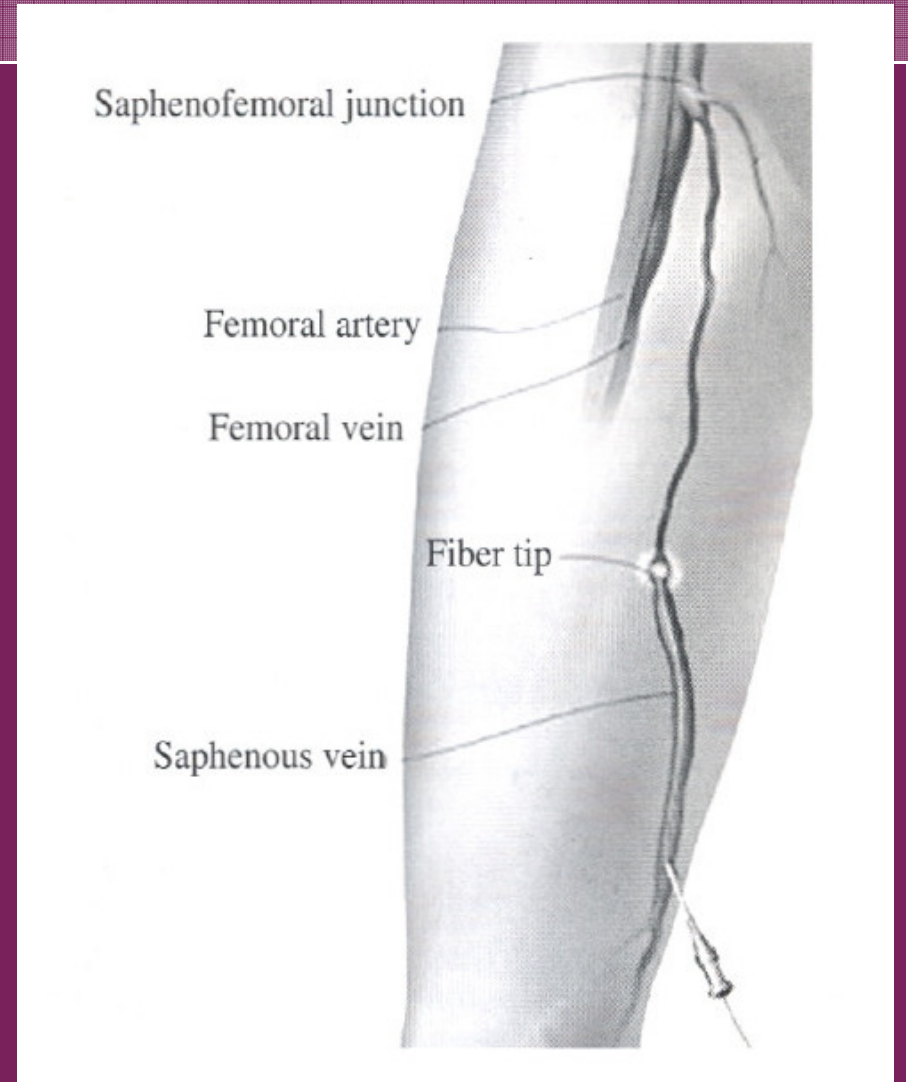
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Therapie

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EVLT

- Staminsufficiëntie VSM / VSP
- Poliklinisch
- Lokale anesthesie (tumescent anesthesie)
- Minimaal invasief (kathetertechniek)
- Patiëntvriendelijk
- Uitstekend lange termijnresultaten

EVLT

- Staminsufficiëntie VSM / VSP
- Poliklinisch
- Lokale anesthesie (tumescent anesthesie)
- Minimaal invasief (kathetertechniek)
- Patiëntvriendelijk
- **Uitstekend lange termijnresultaten**

Endovenous therapies of lower extremity varicosities: A meta-analysis

Renate van den Bos, MD,^a Lidia Arends, PhD,^{b,c} Michael Kockaert, MD,^a
Martino Neumann, MD, PhD,^a and Tamar Nijsten, MD, PhD,^a Rotterdam, The Netherlands

Background: Minimally invasive techniques such as endovenous laser therapy, radiofrequency ablation, and ultrasound-guided foam sclerotherapy are widely used in the treatment of lower extremity varicosities. These therapies have not yet been compared with surgical ligation and stripping in large randomized clinical trials.

Methods: A systematic review of Medline, Cochrane Library, and Cinahl was performed to identify studies on the effectiveness of the four therapies up to February 2007. All clinical studies (open, noncomparative, and randomized clinical trials) that used ultrasound examination as an outcome measure were included. Because observational and randomized clinical trial data were included, both the Meta-analysis Of Observational Studies in Epidemiology (MOOSE) and Quality Of Reporting Of Meta-analyses (QUORUM) guidelines were consulted. A random effects meta-analysis was performed, and subgroup analysis and meta-regression were done to explore sources of between-study variation.

Results: Of the 119 retrieved studies, 64 (53.8%) were eligible and assessed 12,320 limbs. Average follow-up was 32.2 months. After 3 years, the estimated pooled success rates (with 95% confidence intervals [CI]) for stripping, foam sclerotherapy, radiofrequency ablation, and laser therapy were about 78% (70%-84%), 77% (69%-84%), 84% (75%-90%), and 94% (87%-98%), respectively. After adjusting for follow-up, foam therapy and radiofrequency ablation were as effective as surgical stripping (adjusted odds ratio [AOR], 0.12 [95% CI, -0.61 to 0.85] and 0.43 [95% CI, -0.19 to 1.04], respectively). Endovenous laser therapy was significantly more effective compared with stripping (AOR, 1.13; 95% CI, 0.40-1.87), foam therapy (AOR, 1.02; 95% CI, 0.28-1.75), and radiofrequency ablation (AOR, 0.71; 95% CI, 0.15-1.27).

Conclusion: In the absence of large, comparative randomized clinical trials, the minimally invasive techniques appear to be at least as effective as surgery in the treatment of lower extremity varicose veins. (J Vasc Surg 2009;49:230-9.)

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EVLT

- Succespercentage (3 jaar)
 - EVLT: 94%
 - RFA: 84%
 - stripping: 78%
 - echogeleide foam SCT: 77%

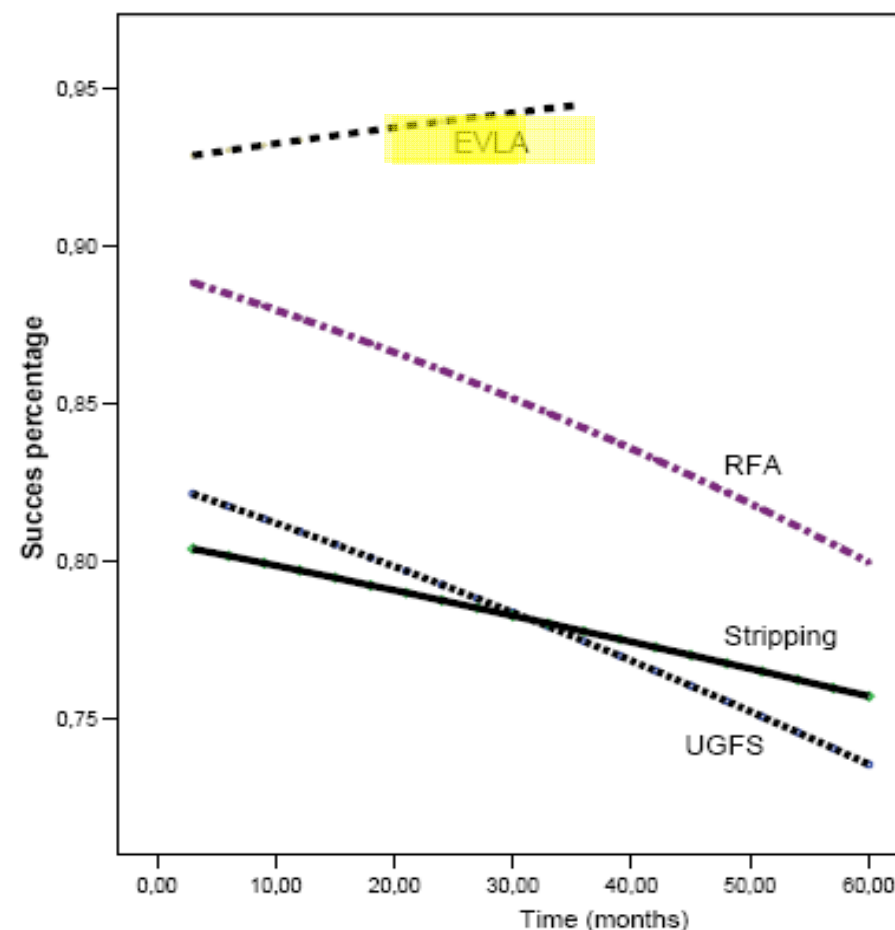
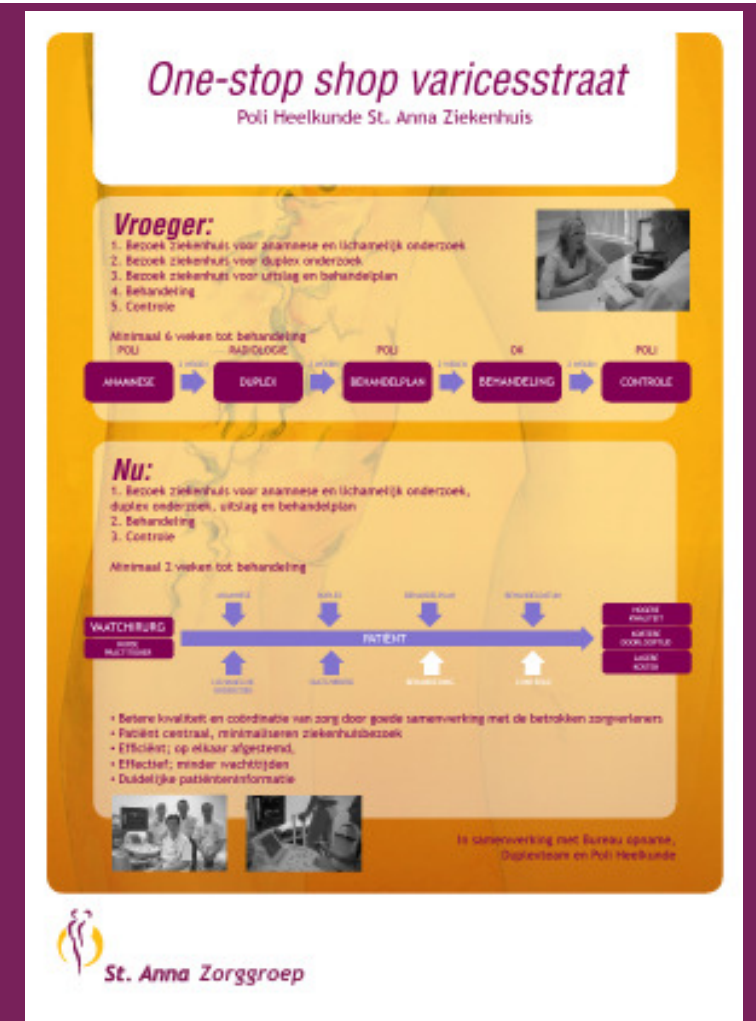


Fig 3. Anatomic success rate for surgical stripping, ultrasound-guided foam sclerotherapy (UGFS), endovenous laser ablation (EVLA), and radiofrequency ablation (RFA) in time. The estimated success rates declined significant for stripping ($P = .004$), but no significant negative trend was detected for UGFS ($P = .08$), RFA ($P = .25$), and EVLA ($P = .61$) over time.

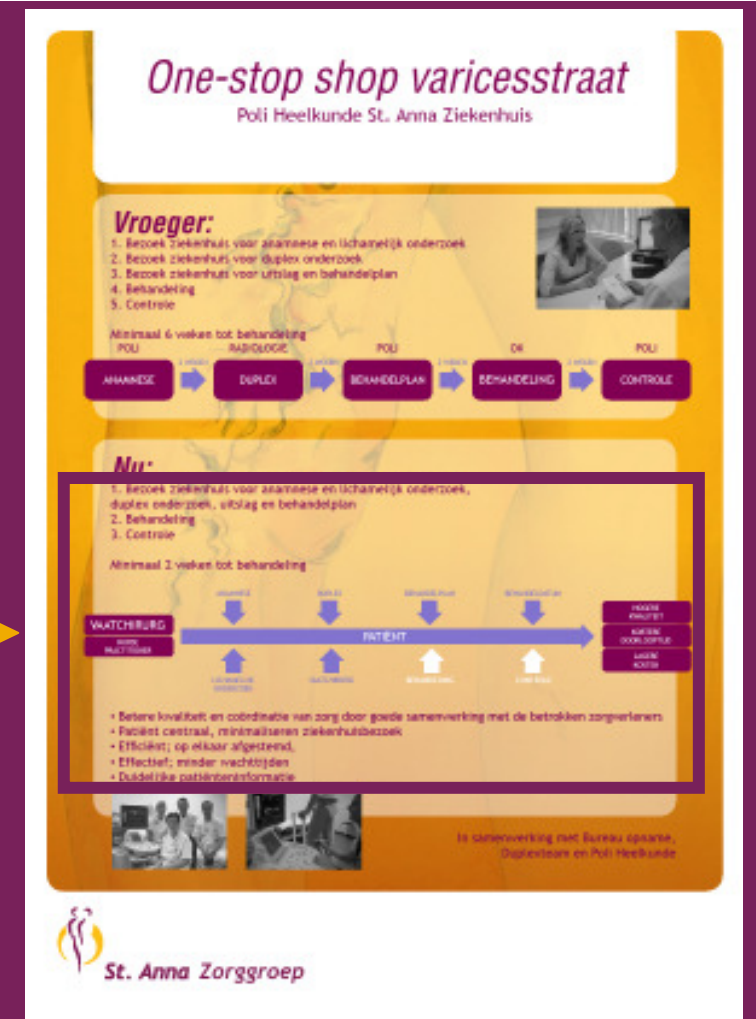
“One-stop shop” varicespreekuur

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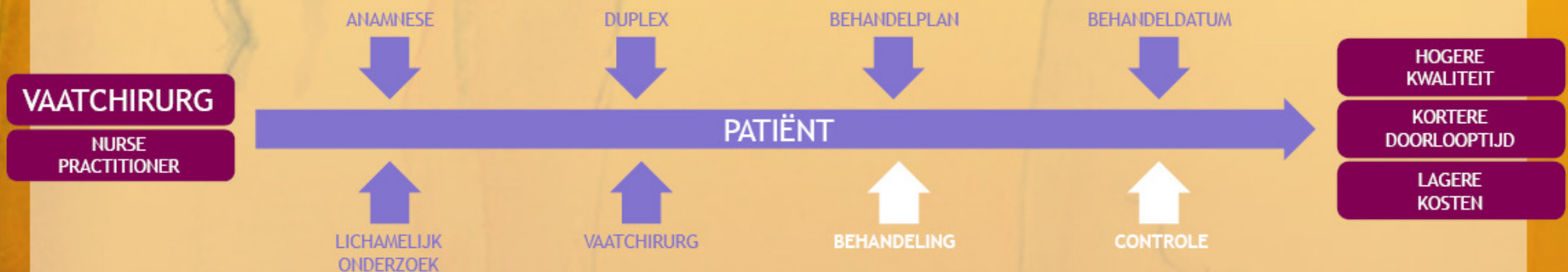
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“One-stop shop” varicesspreekuur

1. Bezoek ziekenhuis voor anamnese en lichamelijk onderzoek, duplex onderzoek, uitslag en behandelplan
2. Behandeling
3. Controle

Minimaal 2 weken tot behandeling



- Betere kwaliteit en coördinatie van zorg door goede samenwerking met de betrokken zorgverleners
- Patiënt centraal, minimaliseren ziekenhuisbezoek
- Efficiënt; op elkaar afgestemd,
- Effectief; minder wachttijden
- Duidelijke patiënteninformatie

“One-stop shop” varicesspreekuur

- Patiënt centraal
- Eén polikliniekbezoek
 - anamnese, lichamelijk onderzoek, duplexonderzoek,
→ behandeladvies
- Betere kwaliteit en coördinatie van zorg
- Duidelijke patiënteninformatie
- 3 gecertificeerde vaatchirurgen + nurse practitioner
- Richtlijn “Diagnostiek en behandeling van varices” (2007)

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Toekomst

- Eén loket (vaatchirurg + dermatoloog)
- “One-stop shop” varicespreekuur lokatie Eindhoven
- Preferred supplier (Achmea)

Toekomst

- Eén loket



Toekomst

- Eén loket (vaatchirurg + dermatoloog)
- “One-stop shop” varicespreekuur lokatie Eindhoven
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Take-home message

- Voordelen “One-stop shop” varicespreekuur
- EVLT (VSM / VSP) is superieur

I.C.D.Y.M. Wolf-de Jonge

A.P.A. Oomen

F.Th.P.M. van der Linden

