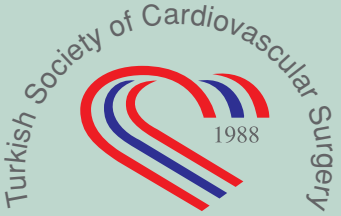
SURGICAL AND ENDOVENOUS TREATMENT OF VI



Erasmus+

1) PREOPERATIVE DATA

Demographic			
	Name-ID		
	Name of clinic		
	Name of physician		
	Age		
	Nationality		

Comorbidities			
	Previous VI history		
	Previous PCS history		
	Previous hemorrhoid/varicocele history		
	Previous DVT history		
	Familial VI history		
	Familial venous disorder (other than VI) history		

Symptoms		**Left**	**Right**
	Pain		
	Discomfort		
	Swelling		
	Itching		
	Cramps		
	Thinning of skin		
	Hyperpigmentation		
	Venous ulcer		

Findings		Left	Right
	Diameter difference		
	Edema		
	Visible spider veins		
	Visible telangiectasia		
	Visible venous packs		
	Homans		

CEAP classification		Left	Right
	Clinic		
	Etiologic		
	Anatomic		
	Pathologic		

Venous Clinic Severity Scoring		None-0	Mild-1	Moderate-2	Severe-3
	Pain				
	Varicose veins				
	Venous edema				
	Skin pigmentation				
	Inflammation				
	Active ulcer • Duration • Size				
	Use of compression				

Venous Doppler USG		Left	Right
	Pelvic veins		
	Deep veins		
	Superficial veins		
	Perforating veins		

Additional Radiologic Assessment		Left	Right

2) PERIOPERATIVE DATA

Surgery		Left	Right
	Striping GSV • Thigh • Calf • AGSV		
	Stripping SSV • Thigh • Calf		
	High ligation of GSV/AGSV		
	High ligation of SSV		
	Phlebectomy • Thigh • Calf		
	Perforating ligation • Cocket • Sherman • Boyd • Hunter • Dodd • Bassi • Lateral • May • Thiery		

GSV: Great saphanbous vein; AGSV: Anterior great saphanbous vein; SSV: Small saphanbous vein.

Endovenous		Left				Right			
		GSV		SSV		GSV		SSV	
		Thigh	Calf	Thigh	Calf	Thigh	Calf	Thigh	Calf
	EVLA								
	EVRFA								
	Glue								
	Moca								
	Indicate AGSV or perforating procedure								

GSV: Great saphanbous vein; SSV: Small saphanbous vein; EVLA: Endovenous laser ablation; EVRFA: Endovenous radiofrequency ablation; AGSV: Anterior great saphanbous vein.