Frankfurter Spezialklinik
für Beinleiden
Phlebologie, Lymphologie, Angiologie
Frankfurt am Main
Prof. Dr. Z. Várady
seit 1978
Minisurgery and Phlebectomy as an atraumatic concept of treatment of Varicose Veins acc. Várady
Minisurgery of the varicose veins

one hand phlebectomy and

other hand an atraumatic concept of treatment
1. Part: Phlebectomy is fast to understand and to learn

The method and the instruments: „hook and spatula“ broadened very fast all over the world with great success
2. Theory: minisurgical concept of treatment

I needed many years till all controls and experiences were positive
Minisurgical treatment-concept includes:

- Clinical checkup, very important
- Diagnostics (haemodynamic situation)
- **Combined therapy:**
  - Operation (optionally several proceedings)
  - + sclerotherapy
    - less and low concentration with Aethoxysclerol
- Postoperative treatment (sclerotherapy)
- Periodical control, therapy when necessary
- Preventive measures
  - These concept avoids recurrence
COMBINED TREATMENT

1. easy
2. without cuts
3. minimal op-stress
4. lokal anaesthetics
5. sclerosis hardly neccessary, 05-1%
6. preserves sufficient valves
7. patient fit for work
8. no / minimal haematomas
Minisurgical therapy concept

50 kg load, the man drops.
The man is insufficient, but just relative!

Through the large amount of blood the vein walls are enlarged.
The valves and the walls are insufficient, but just relative! An accumulation of blood occur.

10 kg he can carries, So he is just relative insufficient.
The man would be absolutely insufficient, if he could not carry even 10kg.

Normal amount of blood. The vein walls and valves regenerated.
No insufficiency, no accumulation of blood. It would be an absolute insufficiency, when the tissue could not regenerate.
With the patient in a **standing** position large varicose veins are visible, which disappear when the leg is **elevated**, because the venous pressure drops.
Principle acc. to Bernoullie: The velocity is reciprocally proportional to the pressure at the walls of the vessels.

As more veins are diletated, as slower is the velocit of the blood flow. So more veins become enlarged

[Diagram]

Therapeutical intention: brake through to this vicious circle, that means the minisurgical concept!

Give the tissue time for regeneration, instead of stripping ore closure!

Requiers time from the doctor and patient!
Before the minisurgical treatment of huge varicose veins (Böhm)

1. operation 03.05.06

Diameter of the saphena in the middle of the thigh:
18.04.06 0,89 X 0,89 cm
After the minisurgical treatment of huge varicose veins (Böhm)

Diameter of the saphena in the middle of the tigh

- 18.04.06: 0.89 x 0.89 cm
- 12.06.06: 0.84 x 0.83 cm
- 10.07.06: 0.65 x 0.74 cm

Controll 10.07.06
The bloody phlebodynamometry produces very accurate results but it is semi-invasive. Patient absolves a movement program. We developed a flat Doppler probe which is attached to the skin with an adhesive tape. With it the patient can absolve the same movement program.
My two methods had changed the Phlebology fundamentally, as the jet planes the aviation.
The **majority** of patients suffering from varicose veins are **women**, and this implies that not only **medical** but also **cosmetic** aspects have to be considered.
In many cases scars after traditional surgery are more annoying for the patient than varicose veins from before.
Oftentimes **stripping** is combined with more or less large and numerous cuts to extract branches.

The leg looks worst as before.
After stripping and crossectomy besides that many develop edema because of the destruction of lymphatic vessels.
You can often ask yourself, if a great effort, is really useful for the medical necessity and the success.
Many had thought of removing varicose veins through micro incisions. Using more or less appropriate small hooks it was tried to extract varicose veins without considering that veins are fixed.

Only with hook, too many incisions, bad results!
Therefore neither the technique nor the instruments were suitable to get any further in this problem.

Only hook, minimosquito, scalpel 11: large incisions, poor results
More than 30 years ago I developed a method for which the company Aesculap provides the necessary instrumentation.

The Varady hook is well known worldwide as atraumatic hook.
It is the first method based on surgical principles together with matching surgical instruments.

The Phlebextractor and the Phlebodissector

by which modern minisurgery of the varicose veins could be established.

Producer: Aesculap (Germany), Medicor (Hungary)
The spatula is necessary to loosen the vein.

Only the instrument of Prof. Degni (Sao Paulo) had already the spatula but it was too short.

He took my instruments.
In cases of oedema the traumatic radical veinsurgery is strictly forbidden.

according to leading Lymphologist

Prof. Földi (Germany),
Prof. Cossio (Madrid),
Prof. Malan (Rio de Janeiro),
Prof. Degni (Sao Paulo) and others

only the Minisurgery acc. to Várady is recommended.
Mark with a dashed line otherwise tattoo!
Therefore it is of the greatest importance to have one method in mind which contains both the medical and the cosmetic aspects as well.

The goal must be: achieving the best result through the lowest possible effort.
Minisurgery (Phlebectomy) has no cuts, only small intisions!
Using the spatula and hook: few incisions, good results!

One day after operation:
Such method and instruments were able to gain their place in surgery.

Only the vein wall will be hooked.

They are accessible by a large number of colleagues and for the first time could be taken for serious as a true surgical technique.

This hook needs a larger incision.
The hook is not too sharp, no injuring of tissue, no danger of injuring for the operator, no laceration of veins, thus no bleeding.

The hook is open opposite to the curve of the spatula, thus its position is always clear when inserted.

The handle part is hexagonal and grooved for an ideal handling.

The hook has an ideal size to be inserted through the small opening and a special shape which allows for grasping the venous wall without tearing it off.

The spatula is rigid and smooth for good tissue penetration. Ideal length for sufficient preparation range and good stability while being shaped slim (if the spatula is too long it gets clumsy because of inevitably sturdier dimensions). It bears a curving which permits easy insertion and preparation and it also makes it possible to feel the tip under the skin.

The spatulas are thin and flexible with the option to bend them to permit adaption to the anatomical situation. More length against the spatula of the Phlebextractor permits a longer preparation range.

It is used after prepreparation with the rigid spatula of the Phlebextractor.
Thus more than 30 years ago to specialists all over the world a method was offered which cannot be imagined to be absent.
Continuous wrapping prevents bleeding during operation
Exemple: without wrapping
Bleeding or blood clot prevention on Op or sclerotherapy with Phleborollen
No haematoma with Phleborolls
The minisurgery concept can meant to replace stripping or sclerotherapy, or as phlebectomy can be used to treat adequate veins.

It is used since many years as an important therapeutic form of the varicose vein disease all over the world.

It combines the advantages of surgery and sclerotherapy without having their disadvantages.
"New aspects to vein surgery without stripping"
Citation from a publication:
1987 „Phlebology“
(already at that time the right therapy recommended)

5501 Operation in 4 years
We abstain from stripping, because it belongs to blind surgery, while tearing out the veins all collaterals, perforators, anastomosis and the saphenous nerve are tearing out too.... sometimes severe bleedings and trophic skin damages....
„We refuse the stripping method, because this procedure belongs to the blind surgery, within collaterals, perforating veins, anastomosis and the saphenous nerve will be teared out and damaged ....“
The extension of stripping with the necessary incisions resulting in unaesthetic sometimes in obstructive scars.

At that, it is expensive.
even radical treatments in vein surgery do not prevent from the recurrent varicosis
In 20 years I have been

• 10 each week
• 40 each month
• 480 each year
• 9600 in 20 years

6 Crossectomies, sometimes stripping, otherwise all of them have preserved the saphena
Local Anesthesia

Skin lift is well visible:

INfiltration with 0,25% solution prepares the varice

Not dangerous
local anesthesia
METHOD OF SURGERY

Tiny incisions are made with a special micro scalpels blade with which no big cuts can be made accidentally.
We use these Micro scalpels

Admix Needle 1,2 mm

BAYHA 11 1,6 mm

Scalpel 11 is too wide.
For minisurgery acc. Várady is inapplicably.
METHOD OF SURGERY

With using the spatula end of the phlebextractor veins are exposed in each direction of the incision.

The main difference between the old method and mine is the use of the spatula.
If you are using a spatula, then you are working with my method - a surgeon will automatically recognize that varicose veins cannot be removed without a spatula.
METHOD OF SURGERY
Thereafter the instrument is turned around and with the opposite end (hook-ended) the vein is pulled out.
With your fingers you can imprint the skin in order to better feel and find the vein.
The vein is between the finger tip and the hook and so easy to palpate.
METHOD OF SURGERY
The exposed vein is grasped with the Minimosquito forceps, followed then by ligation and separation.

It is important not to dilate the incision with the Mini – Mosquito in order not to lacerate the skin with consecutive cicatrism.
METHOD OF SURGERY
Under continuous tension the vein is further prepared with the help of the phlebextractor or the phlebodissector.

In case the vein is turned out maximally a second incision is made 5-15 cm apart from the first one.
Varicose vein and saphenous vein insuffizient are liminated. Good clinical and haemodynamical result after treatment.
Radical treatment does not prevent recurrence, it has just risk:
Varicose veins and insuf. points are eliminated, saphena and valves can regenerate.
Extensive feet varicosis will be removed:

Even in this region, the veins can be removed without problems, but carefully!

This area optimal for Phlebectomy
At this area is the same solution:
Resultat eindwanfrei, kleine Vene werden noch verödet, Saphena intakt behalten.

nach erster Operation

Endergebnis
Ideal length to grasp the vein 17-19-19,5 cm

The handle part is hexagonal and grooved for an ideal handling.

The hook is open opposite to the curve of the spatula, thus its position is always clear when inserted.
The hook has an ideal size to be inserted through the small opening and a special shape which allows for grasping the venous wall without tearing it off.
The spatula of Phlebextraktor is rigid for good tissue penetration. Therefore is used first one.

The spatulas of Phlebodissektor are thin, flexible and longer. It permits a longer preparation range. We use these second one.

Both of them have optimal curving.
Some years before the “CHIVA” time I had made with this hook by even the same method that I left, and developed the phlebectomy and mini surgery.

My discarded method and instrument were as “CHIVA” rediscovered, because the Frenchs wasn’t able to read my in German written works.
It is held like a pencil.

Hold in the three fingers and rotate with feeling the instrument.
My mini-surgery instrument is located on the middle finger.
These so-called "instruments" you hold with full hand, thereby one feels the vein bad.

Without spatula can one tear out only small pieces of veins.

If you use only hook, you don’t need any expensive instrument. That does an crochet hook.
Ministriper for straight branch varizes.
Postoperative advantages of minisurgery compared to traditional surgery:

- No scarring
- No imprints
- No bleeding
- Short postoperative treatment
- Short hospitalisation or
- Ambulatory treatment
Postoperative advantages of minisurgery compared to sclerotherapy:

- No pigmentation
- No painful induration
- No painful incisions necessary because no thrombotic convolutes develop
To achieve good results, it is not necessary to use complicated and expensive methods, but to use your brain and the skills of your hands.
If someone finds some harmful aspects, as many stiches, swelling, pain etc. that means, that either:

not my method was used or my method was used but in a wrong way.
Traditional Therapy:
Inpatient with anaesthesia, crossectomy und stripping.
Huge cuts and big effort
Consequence: possible edemas, paraesthesias, bad cosmetic result.
No medical necessity.
Aftercare required!
Minisurgical therapy:
ambulatory,
local anaesthesia,
no cuts and
less effort and time

Consequence: nice legs,
good medical and cosmetic results.

Aftercare rarely required!
Recurrences:
Traditional therapy again:
inpatient with anaesthesia, recrossectomy, huge cuts and big effort
Consequence: worsening of the edemas, paraesthesias, cosmetical problems.
Live long therapy necessary; as compression stockings, bandaging, compression machines and drugs!
Recurrences after Minisurgical Therapy:
Sclerotherapy, sometimes again a minor operation without cuts, less time and effort, little stress for the patient, fast recovery
no edemas, normal haemodynamic situation.

Control ½ - 3 year so good results!
SUMMERY

Minisurgery – Phlebectomy
(Microsurgery, AT vein surgery)

Acc. to Várdy
Using hook and spatula

suitable for:

• All forms of varicose veins
• All areas of the leg
• All situations
• Ambulatory or stationary treatment

advantage:

• Only few incisions
• Method based on surgical principles
Many colleagues claim to proceed my method of treatment, but in fact, they are often far away from that.

So I invite you to our next meeting or in our clinic, to see the method in a appropriate way.
Oldtimer
Amb. Phlebektomie

Moderne Minichirurgie nach Várady
Von einer Künstlerin gezeichnete Minichirurgie,
Geschenk von Professor Brunner.
By artist designed Minisurgery, Present from Professor Brunner.
Vergoldeter Phlebextractor. Geschenk von Professor Brunner.
Gold-plated Phlebextractor. Present from Professor Brunner.
Die grosse Erfindungen bleiben immer nur wir werden alt.
The big things remain eternally, only we grow old.
Invitation

International Forum for Minisurgery of Varicose Veins
28th. annual meeting in Frankfurt Germany
on March 028. – 029. 2014

You are cordially invited to Frankfurt Germany
to view and learn all methods.

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Announcement

International Workshop for Phlebology, Lymphology and Angiology

1st in Cancun – Mexico
18. – 19. October 2013

Meeting of the International Forum for Minisurgery of Varicose Veins and Phlebectomy

with more than 1400 members worldwide, one of the largest phlebological societies

Sponsorship and cooperation with:

Academia Mexicana de Flebologia y LinfoLOGIA

Baltic Society of Phlebology

Centro Medico Venoso y Linfatico A.C.

German Professional Association of Lymphology

Hungarian Venous Forum

Polish Phlebological Society (PTF)

Sociedad Mexicana de Angiologia y Cirugia Vascular

Sociedad Mexicana de LinfoLOGIA

Place: Hotel Krystal - Cancun - Paseo Kukulcán Km 9 - www.krystal-hotels.com

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Thank you very much!