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PHLEBOLOGY

Letters

Why Insert the Stripper from High to Low When Performing a Stripping Procedure

Sir, Preoperative duplex ultrasound investigation in patients with lower limb varices reveals that incompetence of the terminal valve of the long saphenous vein may be associated with complete or partial incompetence of the saphenous venous trunk. In many patients, incompetence is present only in the more proximal part of the saphenous vein (in the thigh), with normal valves in the calf. I have divided the long saphenous vein into six sections of equal length, from the sapheno-femoral junction (labelled 0), including the intermediate portion (labelled 3) located at the knee, to the submalleolar region (labelled 6). I found that of 274 preoperative duplex ultrasound examinations for sapheno-femoral junction incompetence, saphenous incompetence extended as far as the ankle in only a small proportion of patients (Table 1). Total saphenectomy (removal of sections 0–6) was indicated in only 17% of patients. The remainder could be treated by partial saphenectomy. Other authors have reported similar findings: in 50 saphenectomies described by Sales et al. [1] he found that total saphenectomy was required in 7% of operations.

When undertaking partial saphenectomy (83% of this series), we usually use the Oesch pin-stripper, 52 cm long, inserted from above downwards. Its stiff metal construction makes it easy to guide into the incompetent saphenous trunk. The surgeon inserts the stripper with the fingertips, via an inguinal incision, with the patient's knee flexed slightly. It often reaches zone 5 (mid–lower calf) and enables the surgeon to perform saphenectomy by a simple phlebectomy incision in the calf.

In cases where total saphenectomy is indicated (17%), the stripper can be passed either from the inguinal incision downwards or from the ankle upwards, using a 5 mm incision over the medial aspect of the ankle. Theoretically, pushing the stripper upwards is more logical since this is in the same direction as the valves. However, there is a greater risk of inserting the stripper into a deep vein via a perforator. When the stripper is inserted from above downwards, it is necessary to have a straight stripper such as a Vastrip 2+ (Astra-Tech, Mölndal, Sweden) which is rigid enough to steer into the saphenous trunk and avoid a posterior collateral or accessory vein. In order to determine the best method of inserting the stripper which would limit the incidence of proceeding in the wrong direction and the need for intermediate incisions, I compared two series of patients undergoing total saphenectomy (Table 2). Group I involved 1300 procedures with systematic insertion of the stripper in an antegrade direction (from the ankle upwards) undertaken in 1992–93, and group II involved 191 procedures with insertion of the stripper from an inguinal incision downwards (1994). If passage of the stripper became obstructed, a second stripper was inserted in the opposite direction to free the first one, allowing passage of one of the two strippers. In the event that this procedure was unsuccessful, an intermediate incision was made at the tip of the stripper. Results show that in group I the stripper passed through more easily (72.6% vs. 56.0%) with less frequent use of a second stripper (5.4% vs. 29.3%). When the stripper was inserted from below upwards a significantly higher number of intermediate counter-incisions was required (χ^2 = 121.98, $p<0.001$). Jacobsen [2] reported a very similar rate of intermediate incisions in his series (18% of 200 cases).

Although this letter describes a personal series of patients and is not a randomized study, it appears that insertion of the stripper from above downwards can reduce the number of intermediate incisions required, but when total saphenectomy is being performed this is at the expense of a longer surgical procedure and requires the use of a second stripper in one out of three cases.

Table 1. Distribution of incompetence from the sapheno-femoral junction of the long saphenous vein (1996 study)

	Section of saphenous vein	*n*	%
Incompetence of the sapheno-femoral junction to the junction of:	0	274	100
Upper third to middle third of thigh	1	11	4
Middle third to lower third of thigh (Hunter)	2	22	8
Knee line	3	41	15
Upper third to middle third of leg (Boyd)	4	126	46
Middle third to lower third of leg	5	28	10
Submalleolar	6	46	17

Table 2. Passage of stripper according to direction of insertion

	1992–3 study (*n*=1300) From below upwards	1994 study (*n*=191) From above downwards
Passage of stripper	72.6%	56.0%
Blockage – second stripper: passage of stripper	5.4%	29.3%
Intermediate incision	21.9%[a]	14.6%[a]

[a]Significant difference, χ^2 = 121.98, $p<0.001$.

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Letter from the President of the Union Internationale de Phlebologie (UIP)

Dear Colleagues, In my last letter I mentioned some of the tasks facing phlebology following the outburst of interest during the past few years. I had assured colleagues that they could count on the full support and backing of the UIP in the fulfilment of these tasks.

I was rather surprised, but delighted, to receive so many requests for the support of the UIP for meetings from societies of phlebology from all corners of the world, which is surely a sign of good health. After a close scrutiny of the programme, it was with pleasure that, in almost all cases, the UIP was able to give its support and sponsorship.

We all know that the return of the different elements of the blood to the heart requires anatomical and physiological mechanisms quite specific to that task and that, although it is part of the circulatory system, phlebology has problems of its own which can only be fully discussed in a forum of its own. It is the meeting point of many specialties, disciplines or fields of interest: 'pure' phlebologists are, of course, well recognized, but, worldwide, phlebology is probably mostly practised as part of another interest (vascular surgeons, dermatologists, angiologists, etc.). This cross-fertilization between disciplines is very enriching but can only be fulfilled in the context of a separate forum dedicated to the numerous aspects of that very special system.

The expansion in interest is reflected in the increase in the number of societies of phlebology throughout the world. This past year alone, the UIP has received applications for membership from newly created societies of phlebology from Greece, China and Russia and has also had the pleasure of welcoming back our Brazilian friends.

One of the very pleasant duties of the President is to represent the UIP at the various meetings that it supports: the welcome is invariably warm and friendly.

In February 1996 I was invited to the back-to-back meetings, in San Diego, USA, of The American Venous Forum, under the Presidency of Robert Kistner, followed by The North American Society of Phlebology, under the Presidency of Wayne Marley. In May 1996, I attended the 3rd Franco-Spanish Phlebology Meeting of the Société Française de Phlébologie and the Capitulo de Flebologia de la Sociedad Espanola de Angiologia y Cirugia Vascular in Biarritz. September 1996 was a very busy month. In the first week, I was guest of honour, in Corfu, at the 'International Congress of Phlebology', under the Presidency of Professor P. Balas, which was the occasion of Greece's application to join the UIP.

It is of course impossible to be in several places at the same time! Thus, I had already accepted an invitation from Brazil for the end of September, when I was invited to an important meeting in Sienna, on the same date, at which Pierre Wallois, Secretary-General, represented the UIP. This was the 'First Joint National Meeting' of the Società Italiana di Flebologia Clinica e Sperimentale, the Società Italiana di Flebolinfologia and the Società Italiana di Flebologia. As a result of the meeting, these three societies have grouped themselves into a single Collegio Italiano di Flebologia, which has applied to be the sole representative of Italian phlebology in the UIP. Much hard work was necessary to accomplish this very welcome union; I congratulate all those concerned and also the first President of this new college, Professor Claudio Allegra. The first meeting of this college will be in Rome, 23–25 October 1997, and I hope we shall all give it our full support.

In Brazil, I was invited to address and participate in the 'IV Congresso Brasileiro de Flebologia e Linfologia' held in Recife under the Presidency of Anacleto de Carvalho. There, the welcome return of Brazil to the UIP was finalized.

The other meeting held concurrently in September, which therefore, regrettably, I could not attend, was the 'Deutscher Phlebologenkongress 1996', under the Presidency of Ulrich Schultz-Ehrenburg, in Berlin; however, the UIP was well represented by one of its Vice-Presidents, Leonel Villavicencio.

I have just returned from Schruns in Austria where I was a guest at 'Venalpina II', the joint winter meeting of the 'Société Suisse de Phlébologie and the Arbeitsgruppe Phlebologie der Österreichischen Gesellschaft für Dermatologie und Venerologie, under the Presidencies of Hugo Partsch, Werner Blättler and Albert-Adrien Ramelet.

To all these societies and their officers, I renew my thanks, on behalf of the UIP, for their kind invitations and their wonderful hospitality together with congratulations on the quality of the programmes they had organized.

It is with great sadness that we have heard of the death, recently, of Professor Leo Widmer from Basle, Switzerland, who did such pioneering work on classification and epidemiology of venous diseases. Others will be writing a full obituary, but, on behalf of the Union Internationale de Phlébologie, I wish to express all our sympathy and sorrow to Mrs Widmer and her family.

After many years as President of the Japanese Society of Phlebology, Professor Shukichi Sakaguchi of Hamamatsu has retired to become its Honorary President. He is succeeded by Professor Shunichi Hoshino of Fukushima City. The UIP is greatly endebted to Professor Sakaguchi for all he has done for phlebology; his charm, courtesy and profound knowledge have made him a very respected friend of all and we look forward to his continued presence at international meetings. We congratulate Professor Hoshino on his election and look forward to meeting him again at the next UIP meeting.

In certain countries there exist national societies of 'Phlébologie Esthétique' which have formed themselves into an international group. We have been informed that, to avoid any confusion with the UIP, the name of this group has been changed to 'Fédération Internationale de Phlébologie Esthétique'; we appreciate this change and address our thanks to the Fédération.

I shall end this letter as I started it – on a note of optimism. There are meetings and discussion groups of all sorts this coming year with programmes that are well thought out and relevant: the UIP will be present and even actually participate as a group – I view all this as a sign of the vigour and good health of phlebology. My best wishes to you all.

GEORGES JANTET
President, UIP