Mini Surgery techniques for Crosssectomy

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Advances in modern Phlebology have made of old Stripping surgery (virtually the only option for treating varicose veins in past), a technique almost in disuse
Currently venous surgery has different variations with the new Technologies

LASER ABLATION
RADIOFREQUENCY
STEIM ABLATION
Although this technics are successful, they are expensive and no usually accessible for all doctors in all places.
By other hand, they has been replaced by methods such as:

Foam

or

glue
The most current surgical procedures need the identification of reflux sources and venous hemodynamic studies (Color Doppler USG)
Mini surgery techniques have been successful since according to international literature. Dr Varady says:

“The majority of vein problems, including the great saphenous, do not originate from the saphenofemoral junction”
The ideology of prof. Varady to solve varicosities removing the great saphenous branches and thus achieving an improvement is effective, but not always yield the expected results, specifically when there is reflux in the great saphenofemoral junction.
When insufficiency in ostial valve is demonstrated by Doppler USG, or in other places (Hunter’s or Boyd’s areas, or sapheno-popliteal junction), the procedure consists in the disconnection of the reflux points.
However, you may use the procedures and concepts of mini-surgery and apply them to big trunks surgery:

Local Anesthesia
Small incisions
Be soft and careful
Ligation of the proximal ends
Minimal use of suture
Gentle handling of tissues
These principles can be applied to SFJ ligation and then to be completed with endostriping, laser, foam, etc. similarly to partial resection of the saphenous segment in the thigh or leg, with excellent cosmetic results and functional recovery.
Crossectomy and endostripping with minisurgery technics
(Varices and Ulcers Clinic of Mexico)
Procedure:

Anesthesia:  Klein formula
Hydrodissection
Vasoconstriction
Low Lidocaine dosis

Small incisions:
Best cicatrization time and cosmetic look
Be soft and careful
The patient is fully awake

Ligation of the proximal ends
Ligation
Section or not
Endostripping, FOAM, Laser, or partial resection (10 cm) to distal branch

Gentle handling of tissues
For fast recovery
Differences between our mini-phlebectomy (left) and the classical Saphenectomy by other surgeon (right)
Distal saphenectomy with mini-surgery techniques (Varady’s instrument)  Varices Clinic of Mexico
CONCLUSION:
This approach means:

THERE ARE NOT VENOUS SURGICAL PROCEDURES WHICH CAN NOT BE PERFORMED WITH THE BASICS CONCEPTS OF MINI PHLEBECTOMY
The former concepts imply:

Faster recovery
Lower surgery cost
Better esthetic aspect
Less aggression to nerves and lymphatics
Performed more easily anywhere in the world
These procedures must be completed with Sclerotherapy or cutaneous laser for reticular, spider veins or branches that they require.
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