



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**

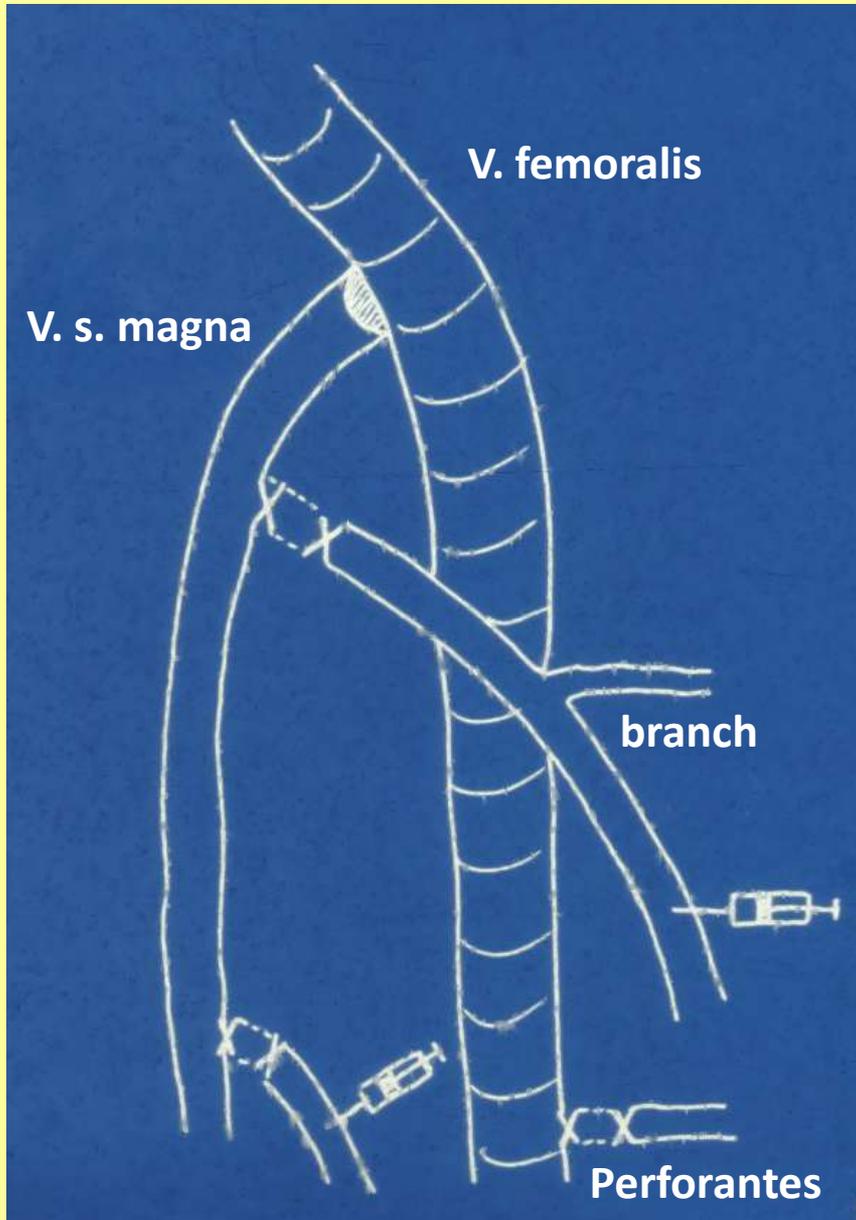
1. Part: Phlebotomy
is fast to understand and to learn

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





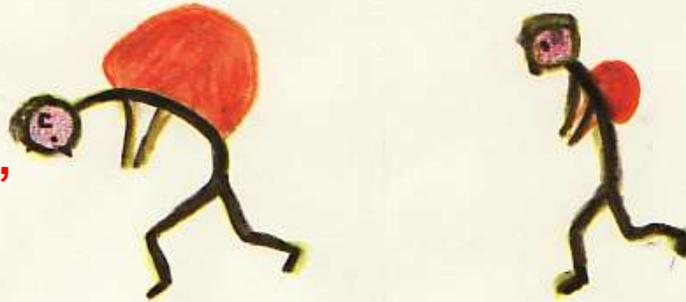
COMBINED TREATMENT

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

Minisurgical therapy concept

50 kg load,
the man drops.

The man is insufficient,
but just relative!



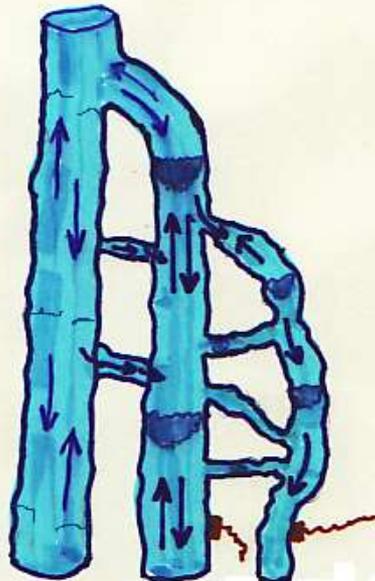
10 kg he can carries,

So he is just relative
insufficient

The man would be
absolutely insufficient, if
he could not carry even
10kg.

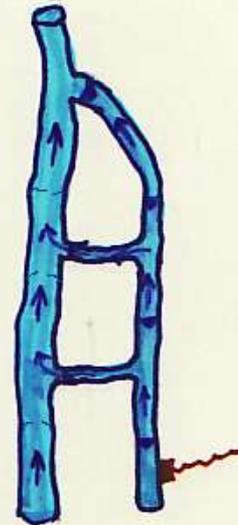
Through the large
amount of blood
the vein walls are
enlarged.

The valves and
the walls are
insufficient, but
just relative! An
accumulation of
blood occur.



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.

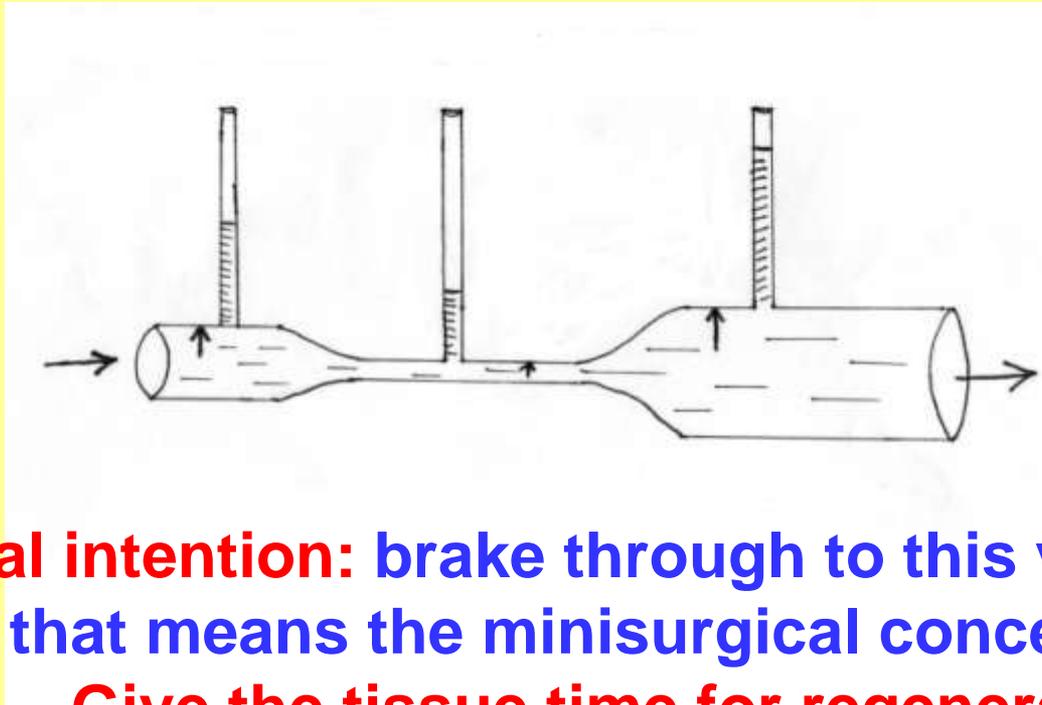


With the patient in a **standing** position large varicose veins are visible, which disappear when the leg is **elevated**, because the venous pressure drops.



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



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 0,89¹²cm

After the minisurgical treatment of huge varicose veins (Böhm)



Diameter of the saphena in the middle of the thigh

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

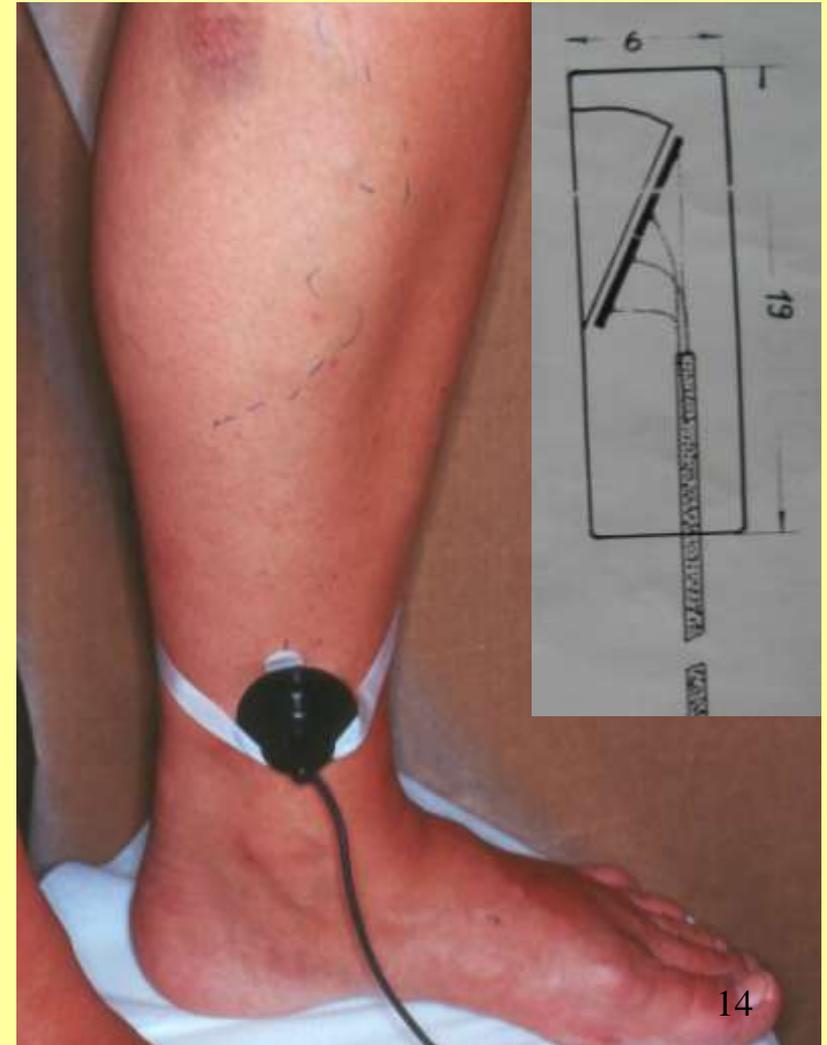
The **bloody phlebodynamometry** produces very accurate results but it is semi-invasive.

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.

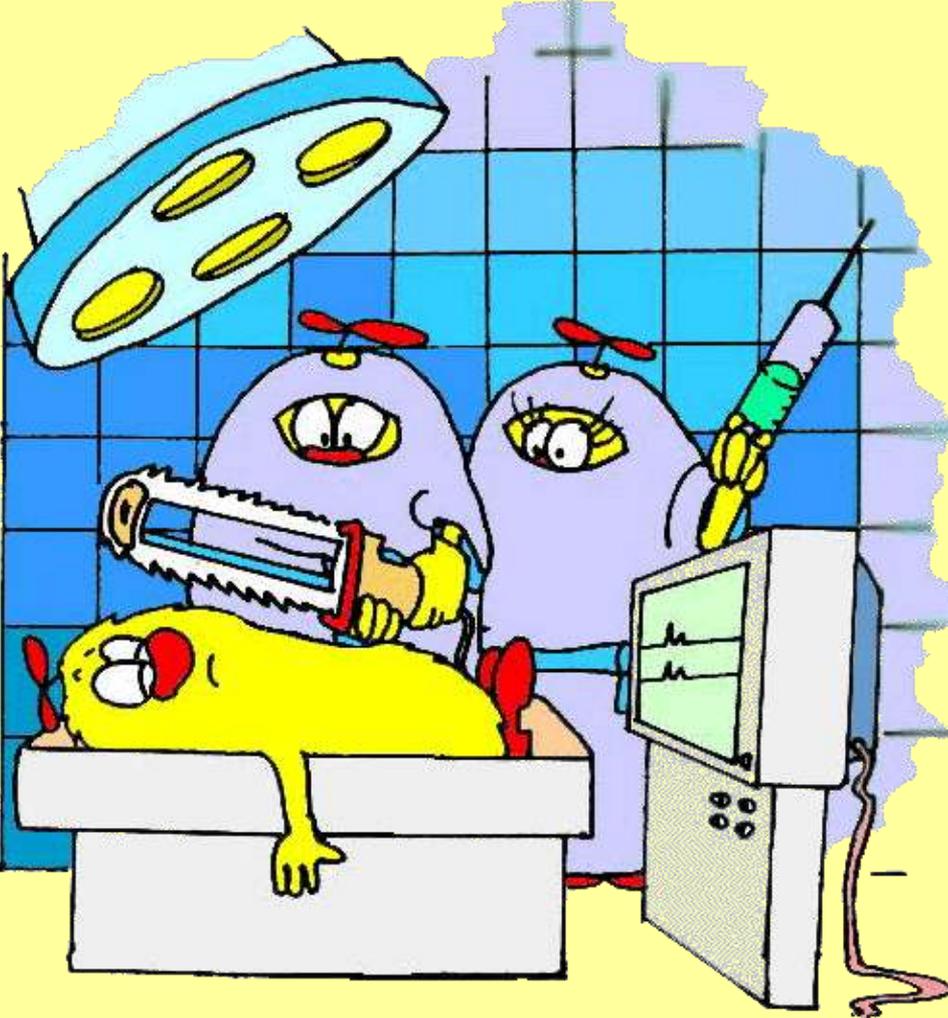


After stripping and crosssectomy besides that many develop **edema** because of the **destruction of lymphatic vessels**.

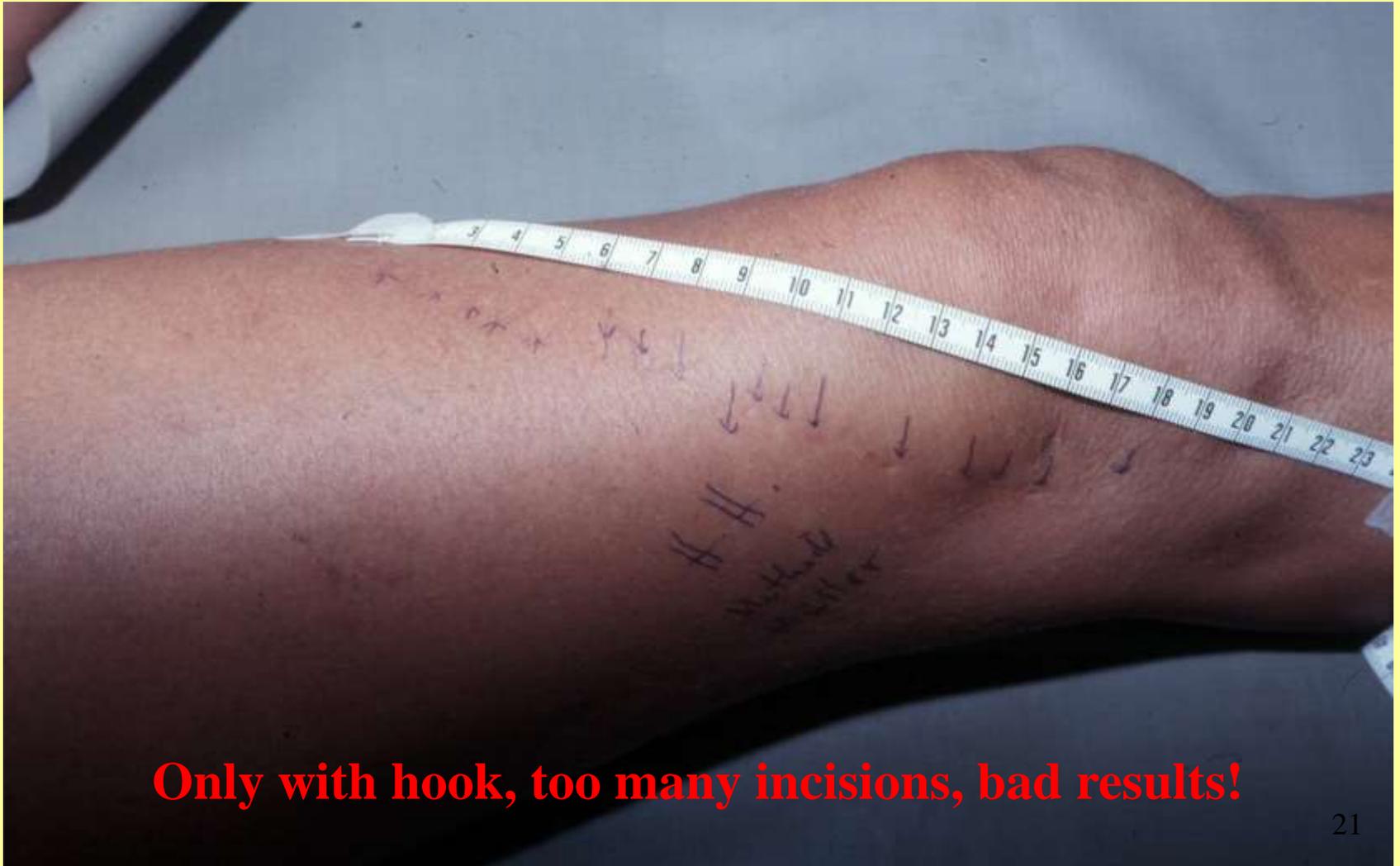


**You can often
ask yourself,
if a great
effort,**

**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.**

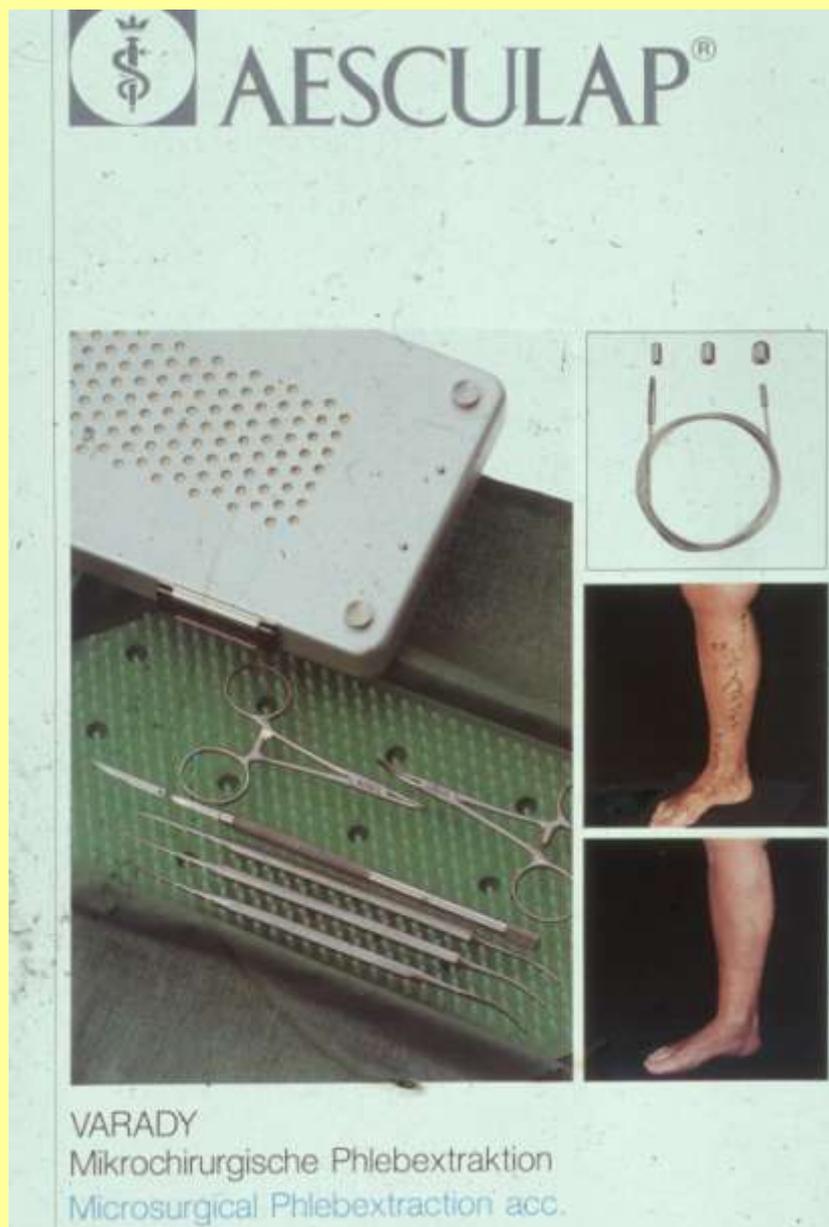


Therefore **neither the technique nor the instruments** were suitable to get any further in this problem.

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 advertisement features the Aesculap logo at the top left. Below it, a large image shows a surgical tray with various instruments, including a pair of forceps and several long, thin hooks. To the right of the tray is a diagram of a circular hook and two photographs of a patient's leg showing the results of the procedure. At the bottom, the text reads: VARADY Mikrochirurgische Phlebextraktion Microsurgical Phlebextraction acc.



The Varady hook is well known worldwide as atraumatic hook. 23

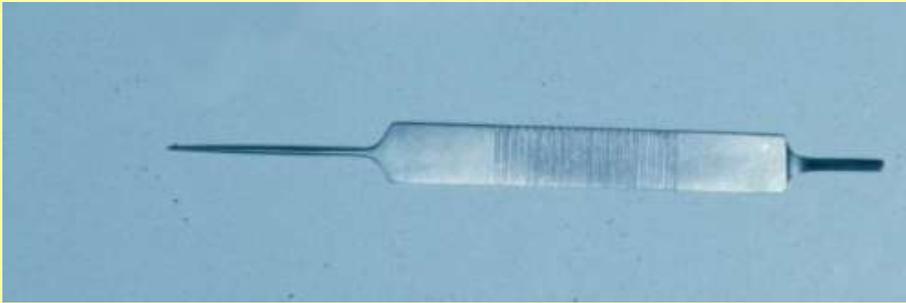
It is the first method **based on surgical principles** together with matching surgical instruments.

The Phlebextractor and the Phlebodissector

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

Producer: Aesculap (Germany), Medicor (Hungary)



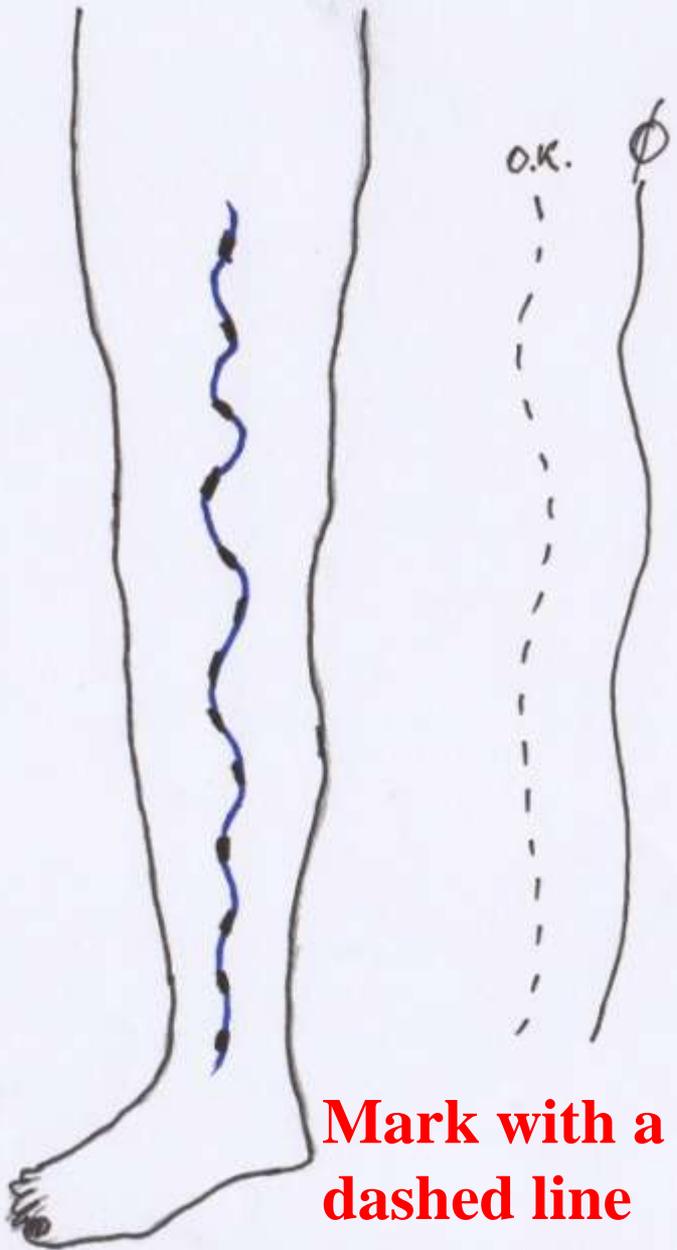


The spatula is necessary to loosen the vein.

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!



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.

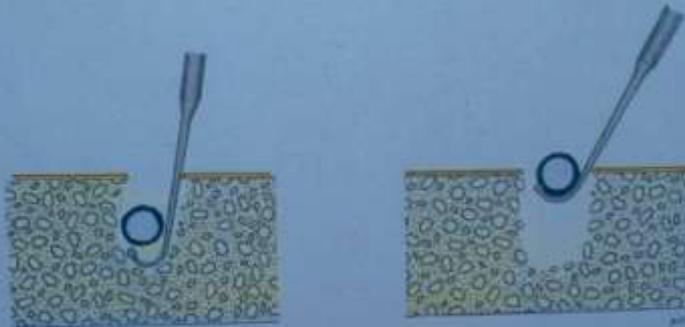
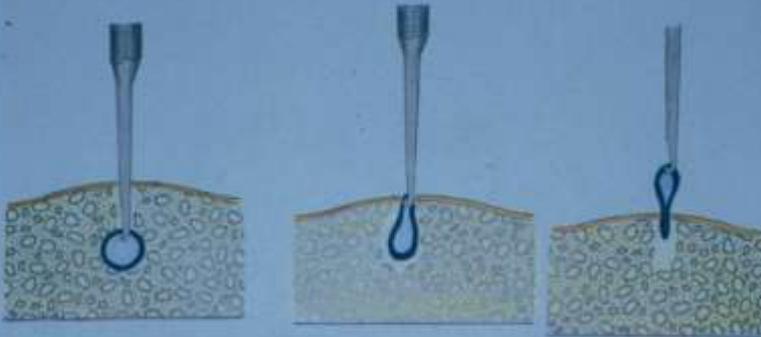
**Minisurgery (Phlebectomy) has no cuts, only small intisions!
Using the spatula and hook: few incisions, good results !**



One day after operation:

Such method and instruments were able to gain their place in surgery.

Only the vein wall will be hooked.



This hook needs a larger incision.

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



Sie können dieses Blatt nach der Sitzung erhalten



Aesculap

Germany

Special Characteristics of the Phlebextractor (1) and Phlebodissector (2)

All construction attributes are carefully considered and meet particular purposes



Hungary

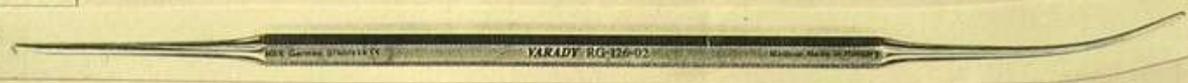
The hook is not too sharp, no injuring of tissue, no danger of injuring for the operator, no laceration of veins, thus no bleeding

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

Ideal length to grasp the vein

The handle part is hexagonal and grooved for an ideal handling

1.



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.

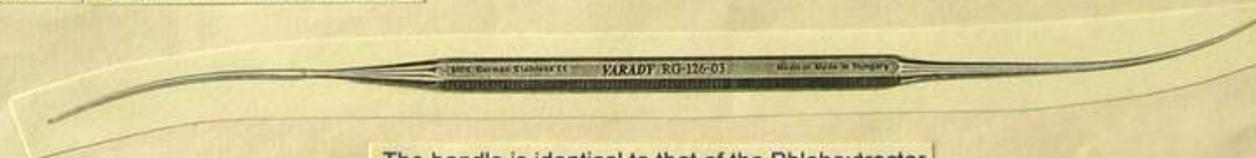
Aesculap

FB 120 Várady Phlebodissector
FB 121 Várady Phlebextractor
FB 122 Várady Phlebextractor
FB 125 Várady Mikro-Phlebextractor
FB 126 Várady Mini-Phlebextractor

Medicor

RG-126-01 Várady Phlebextractor
RG-126-02 Várady Phlebextractor
RG-126-03 Várady Phlebodissector
RG-126-04 Várady Mikro-Phlebextractor

2.



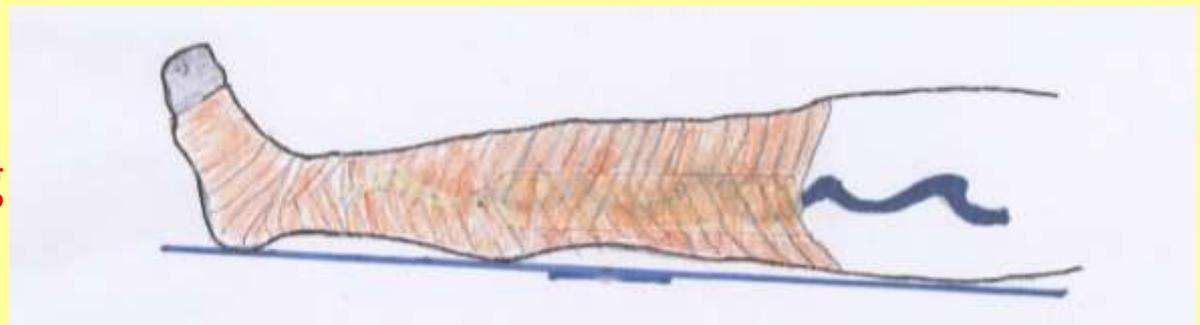
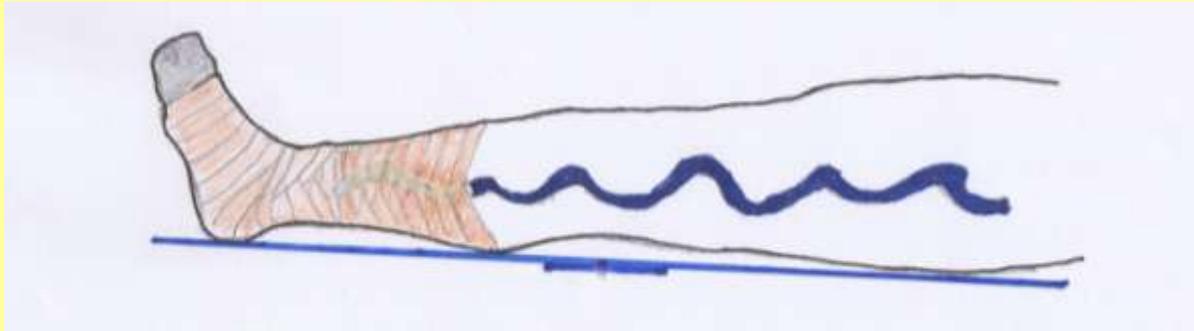
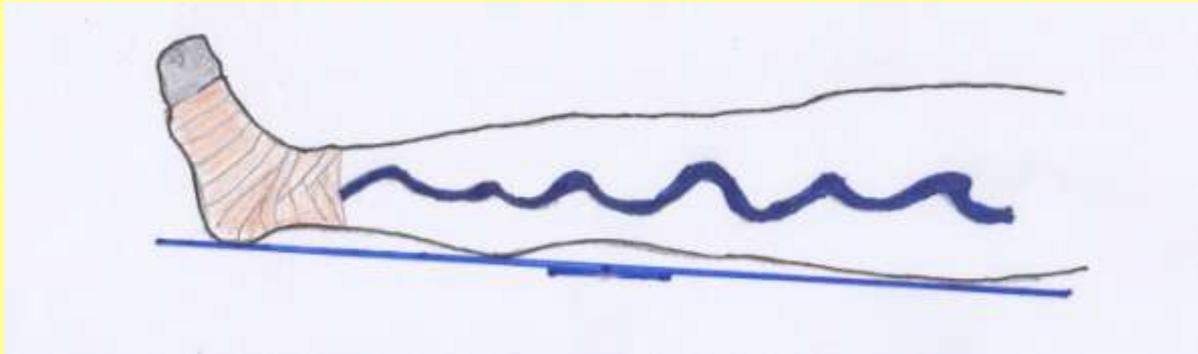
The handle is identical to that of the Phlebextractor

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.



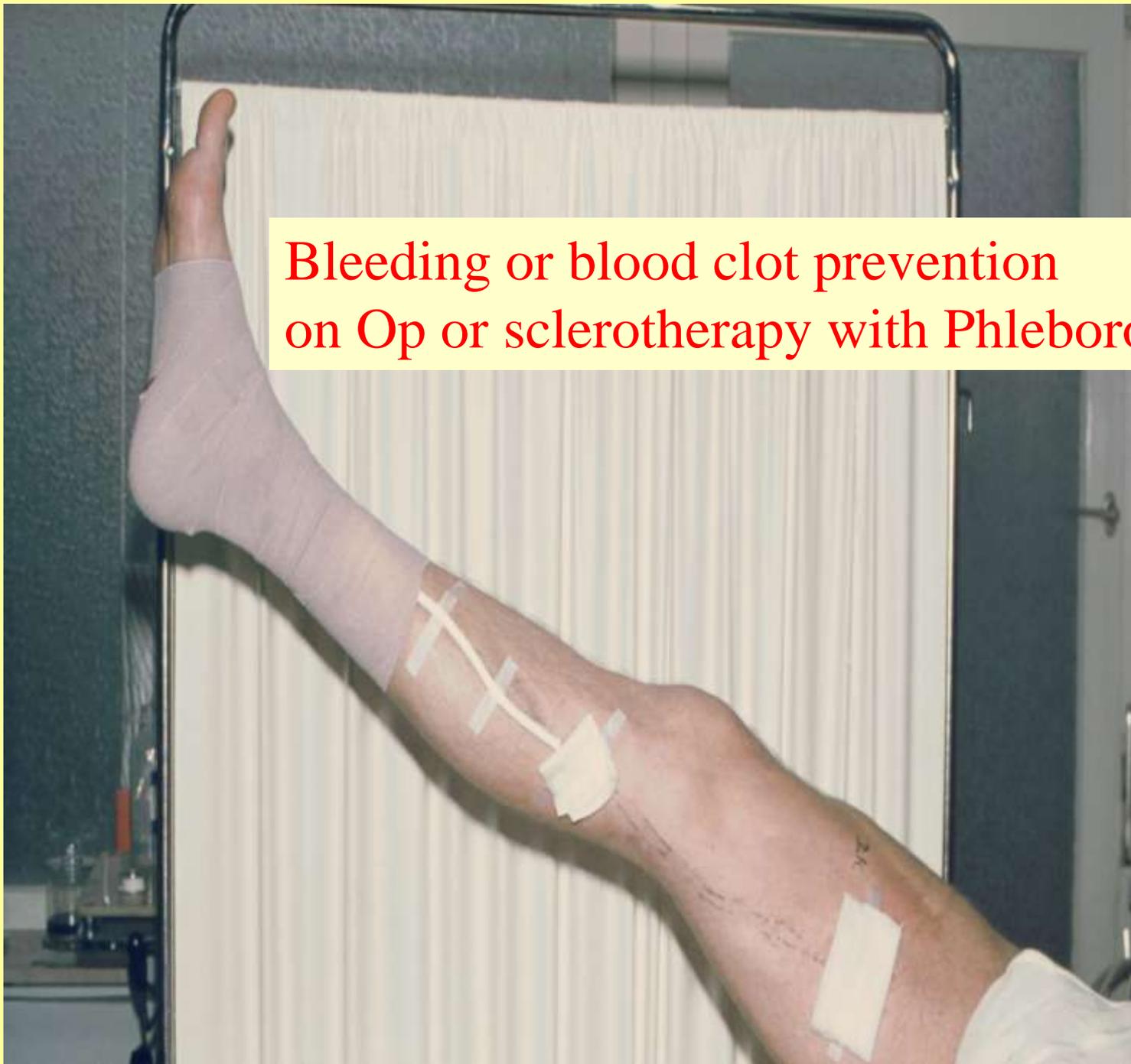


**Continuous wrapping
prevents bleeding
during operation**

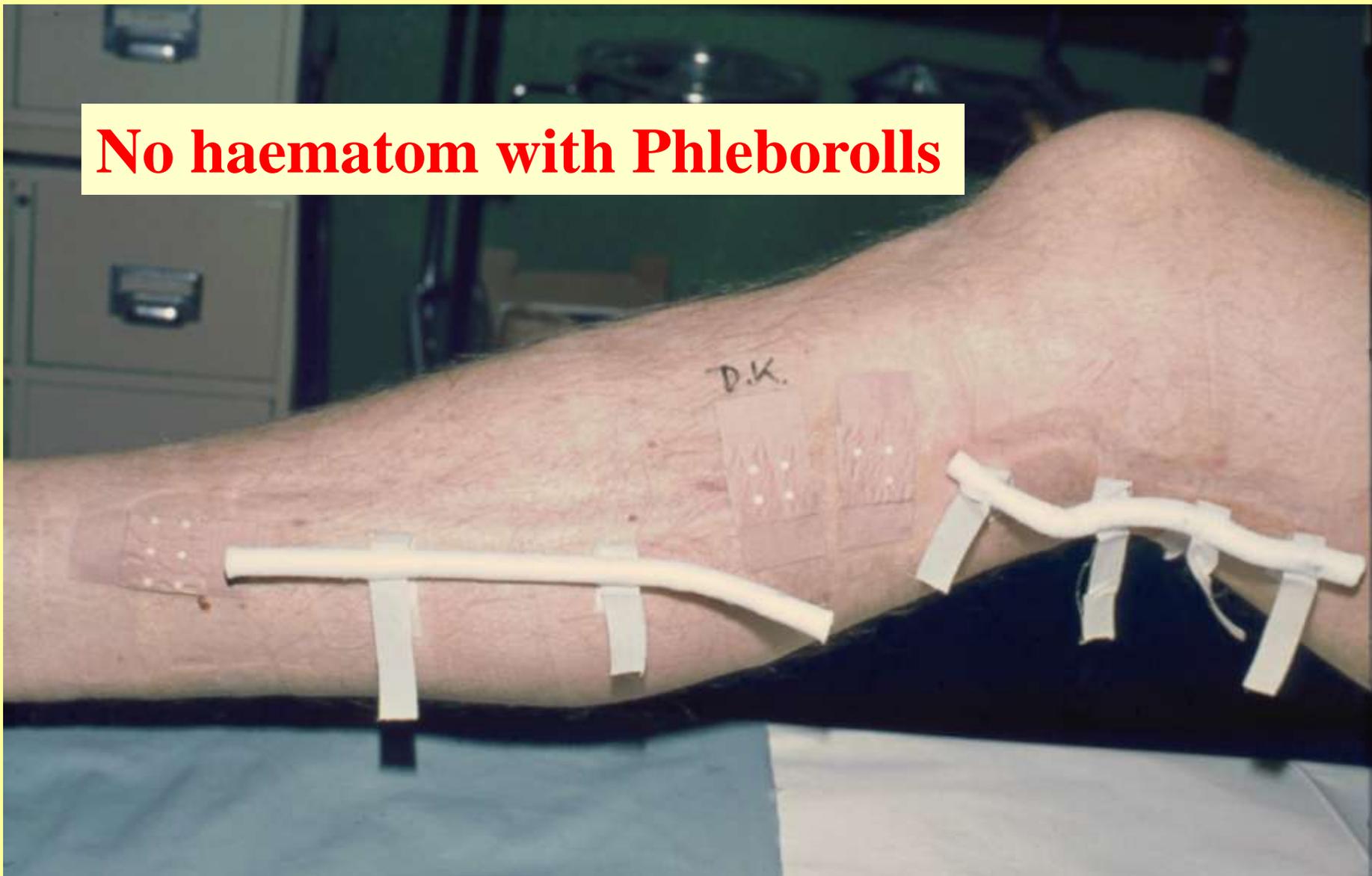
Exemple: without wrapping



**Bleeding or blood clot prevention
on Op or sclerotherapy with Phleborollen**



No haematoma with Phleborolls



The minisurgery concept can mean 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.

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

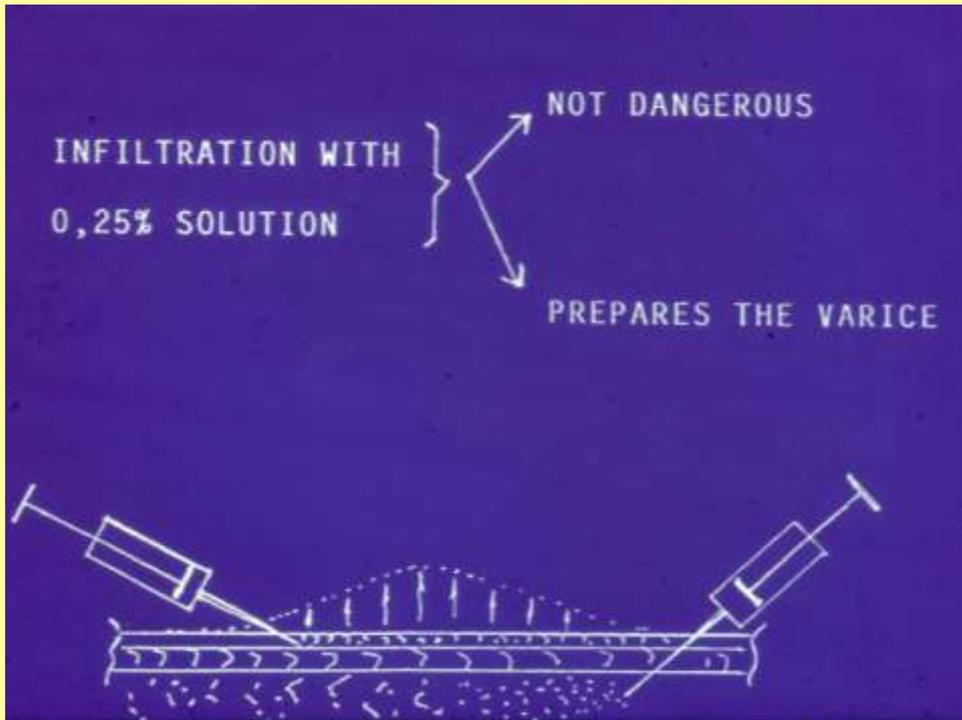
- 10 each week
- 40 each month
- 480 each year
- 9600 in 20 years

operated

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

Local Anesthesia

Skin lift is well visible:



local anesthesia



METHOD OF SURGERY

Tiny incisions are made with a special **micro scalpels** blade with which no big cuts can be made accidentally.



Micro scalpels



We use these Micro scalpels

1,2 mm



Admix Needle

1,6 mm



BAYHA 11



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.**



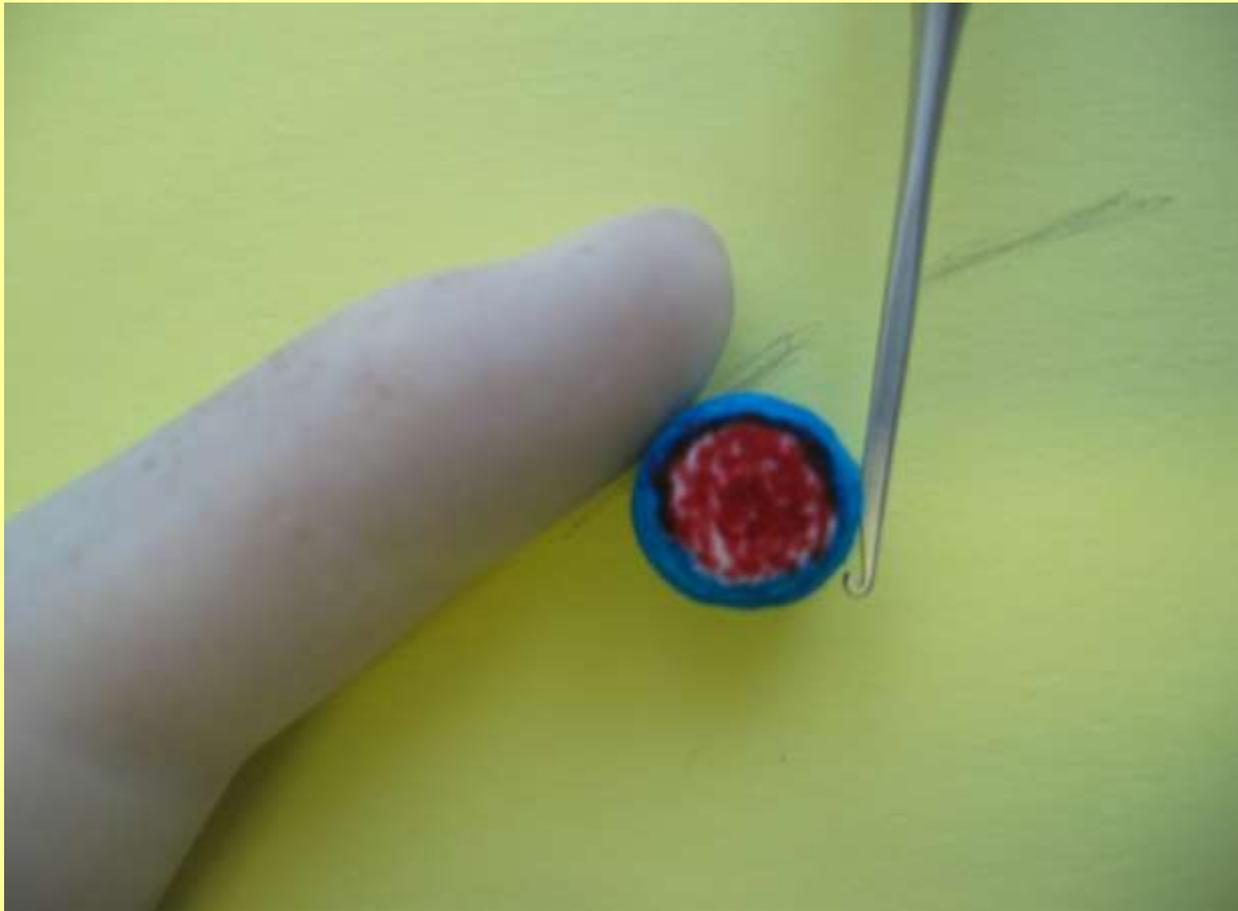
METHOD OF SURGERY

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 saphenus vein insuffizient are liminated.
Good clinical and haemodynamical result after treatment.



Radical treatment does not prevent recurrency, 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:



**Typische Astvarikose :Saphena ist
suffizient, daher als intakt behalten.
(Op.Böhm)**



**Resultat eindwanfrei, kleine Vene werden
noch verödet, Saphena intakt behalten.**



Medicor



Aesculap





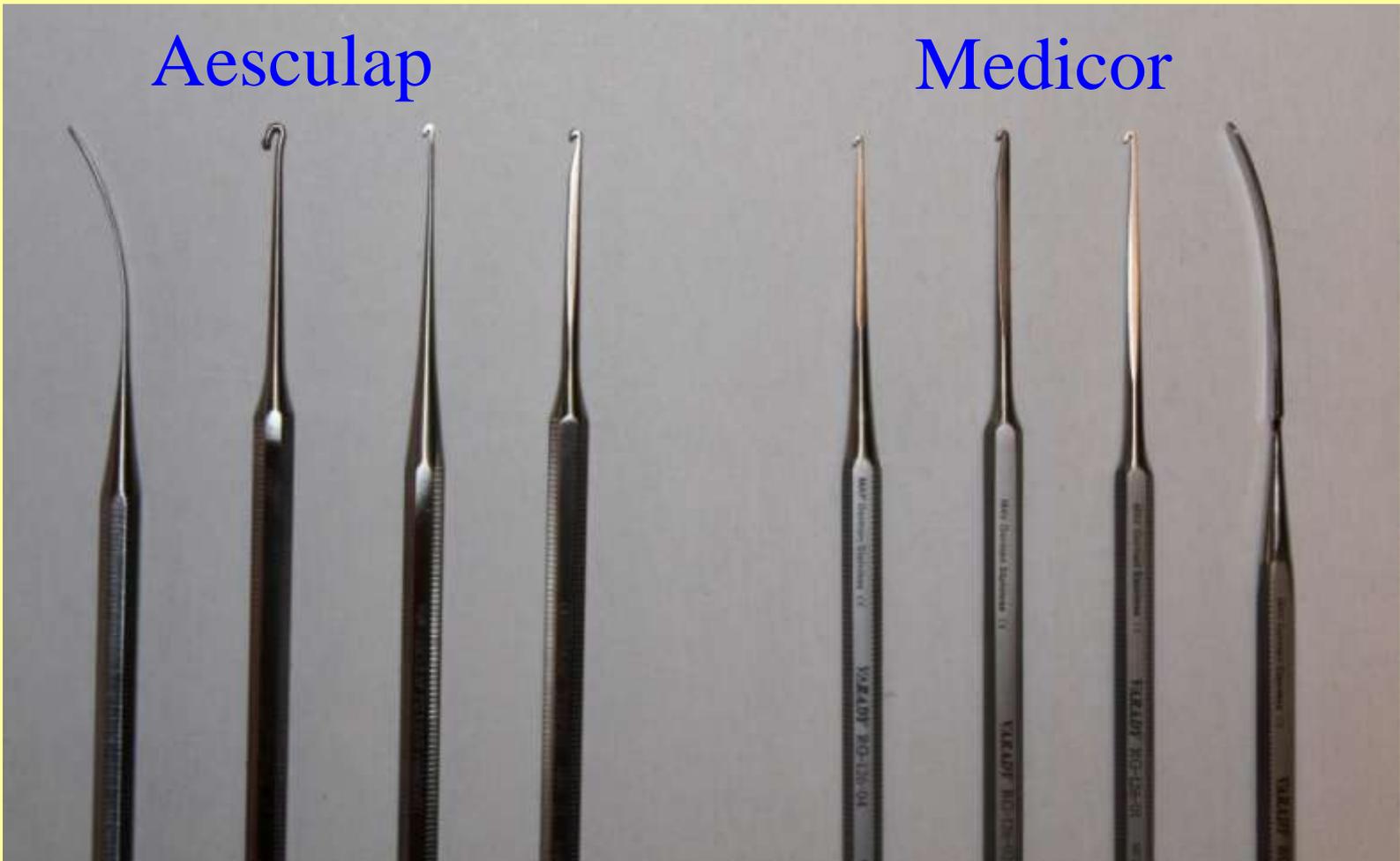
Ideal length to grasp the vein 17-19-19,5 cm

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

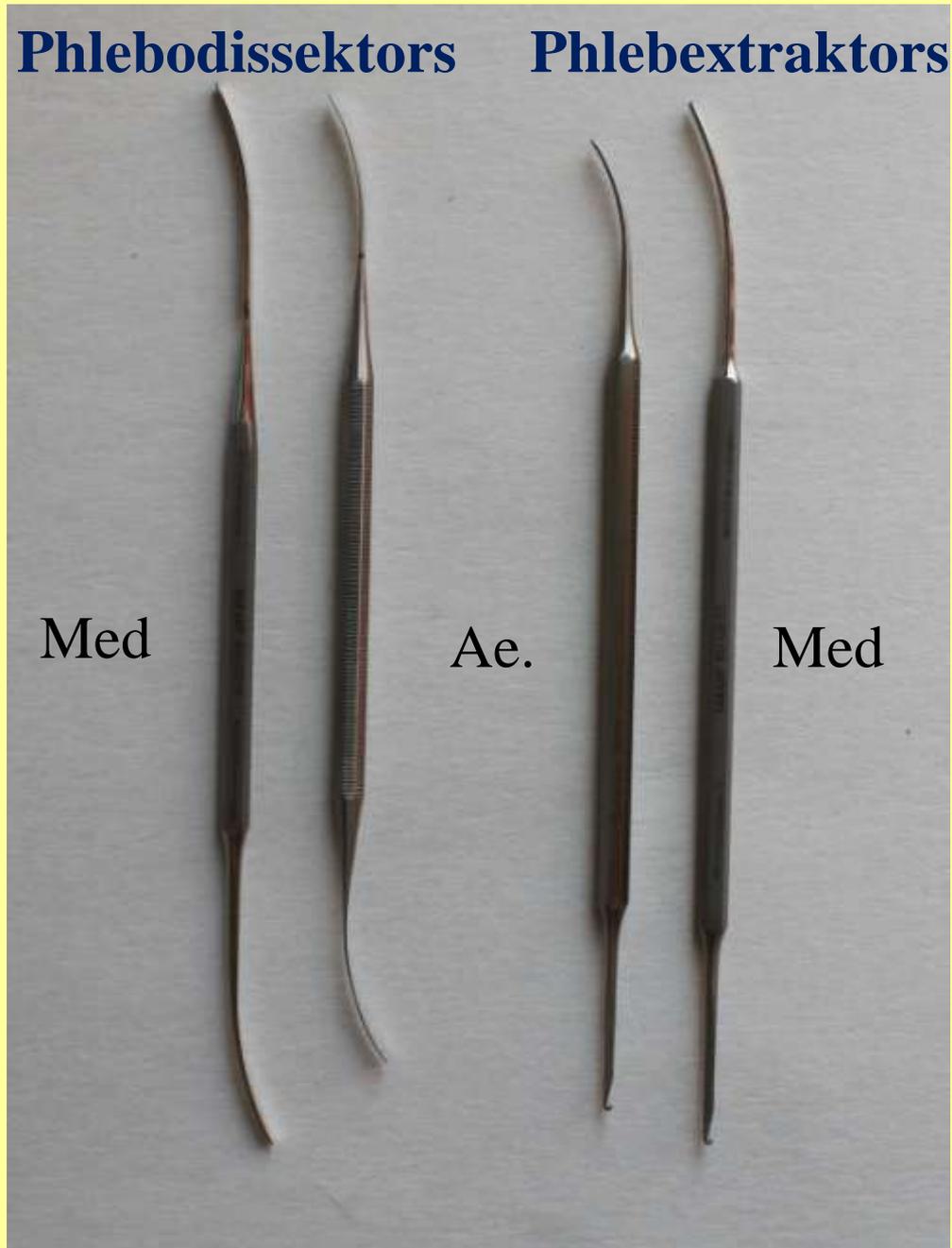
The hook is open opposite to the curve of the spatula, thus its position is always clear when inserted.

Aesculap

Medicor



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.



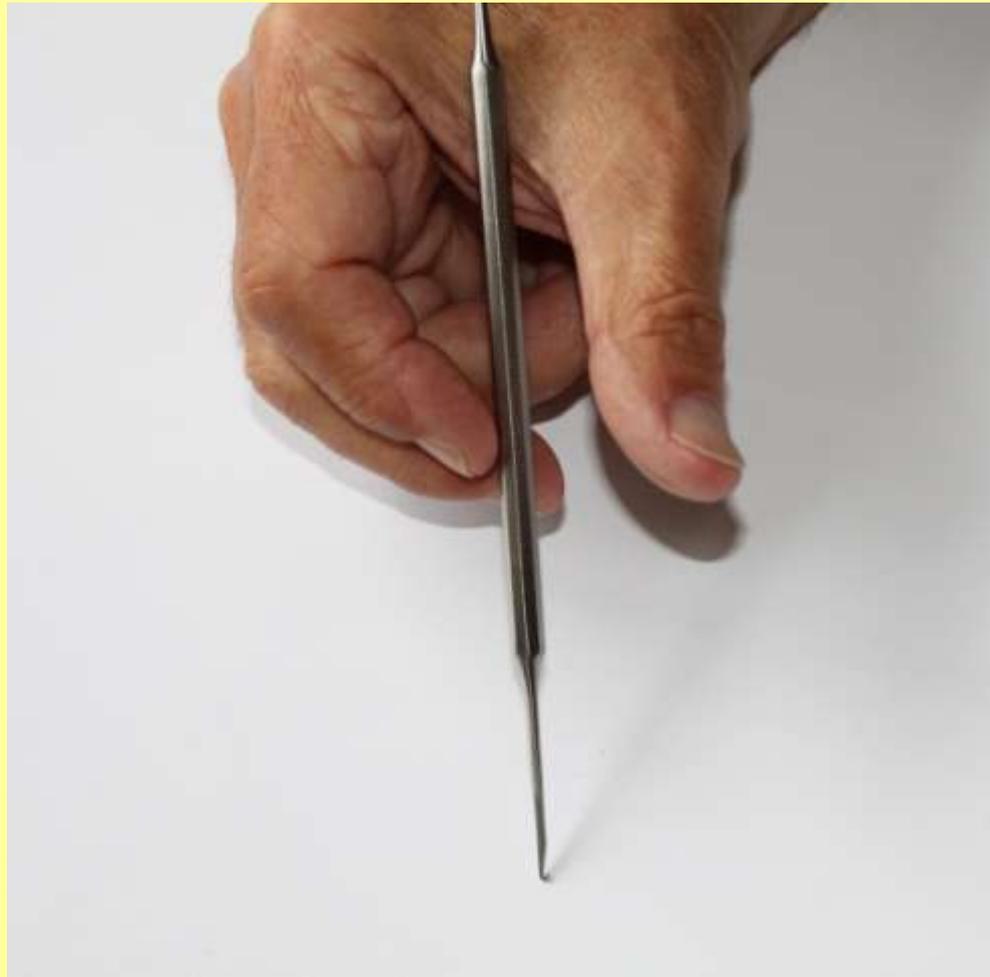
**Some years before the “CHIVA”
time I had made with this hook
by even the same method that I
left, and developed the
phlebectomy and mini surgery.**

**My discarded method and
instrument were as “CHIVA”
rediscovered, because the
Frenchs wasn’t able to read my
in German written works.**

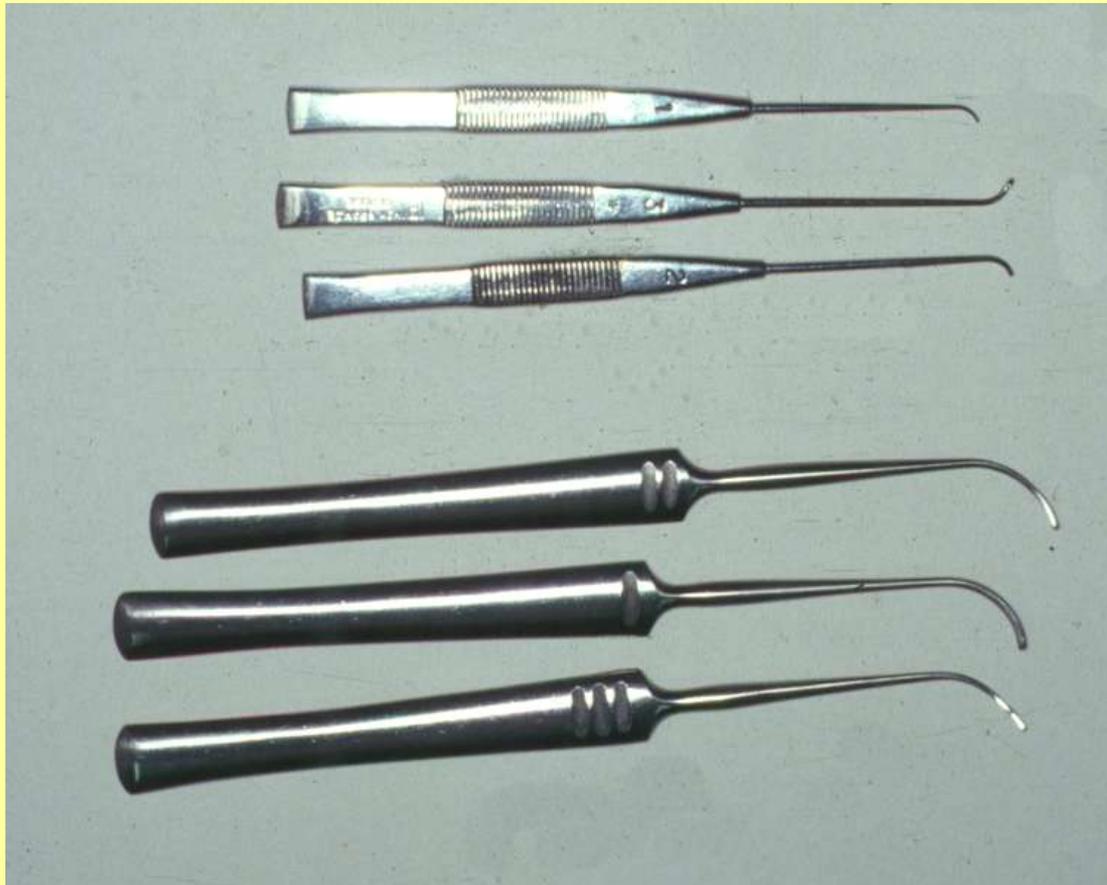


It is held like a pencil.

**Hold in the three fingers and
rotate **with feeling** the instrument.**



My mini-surgery instrument is located on the middle finger.



**If you use only hook,
you don't need
any expensive instrument.
That does an crochet hook.**



**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.

Ministriper for straight branch varizes.



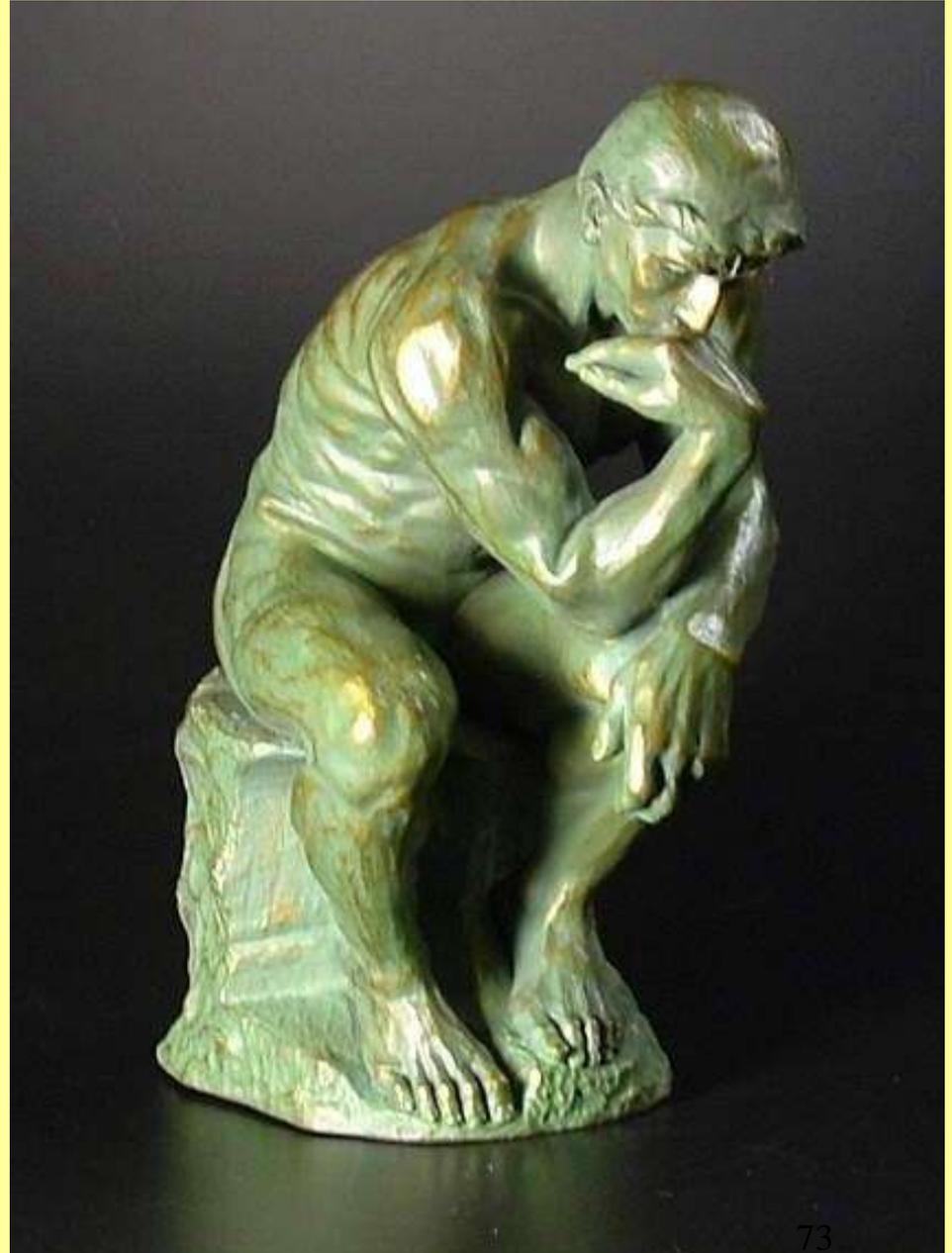
Postoperative advantages of minisurgery compared to traditional surgery:

- 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:

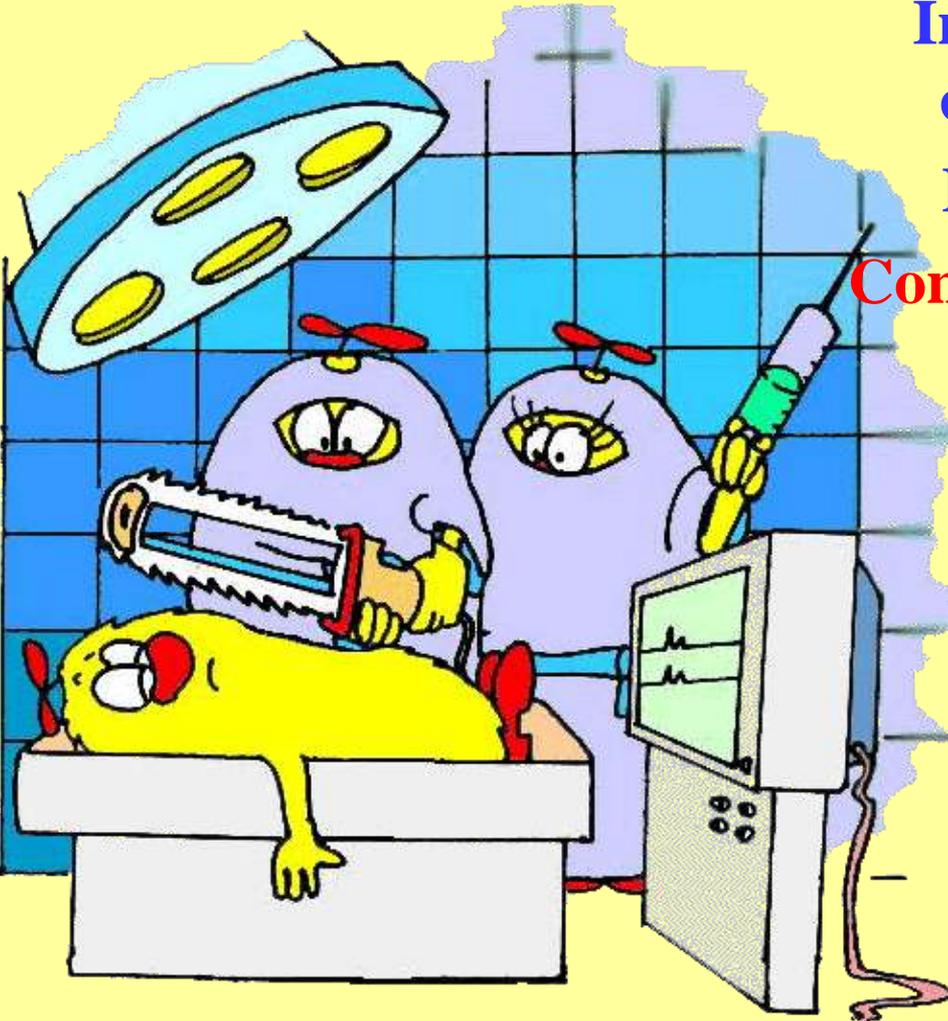
**Inpatient with anaesthesia,
crossotomy und stripping.**

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.**

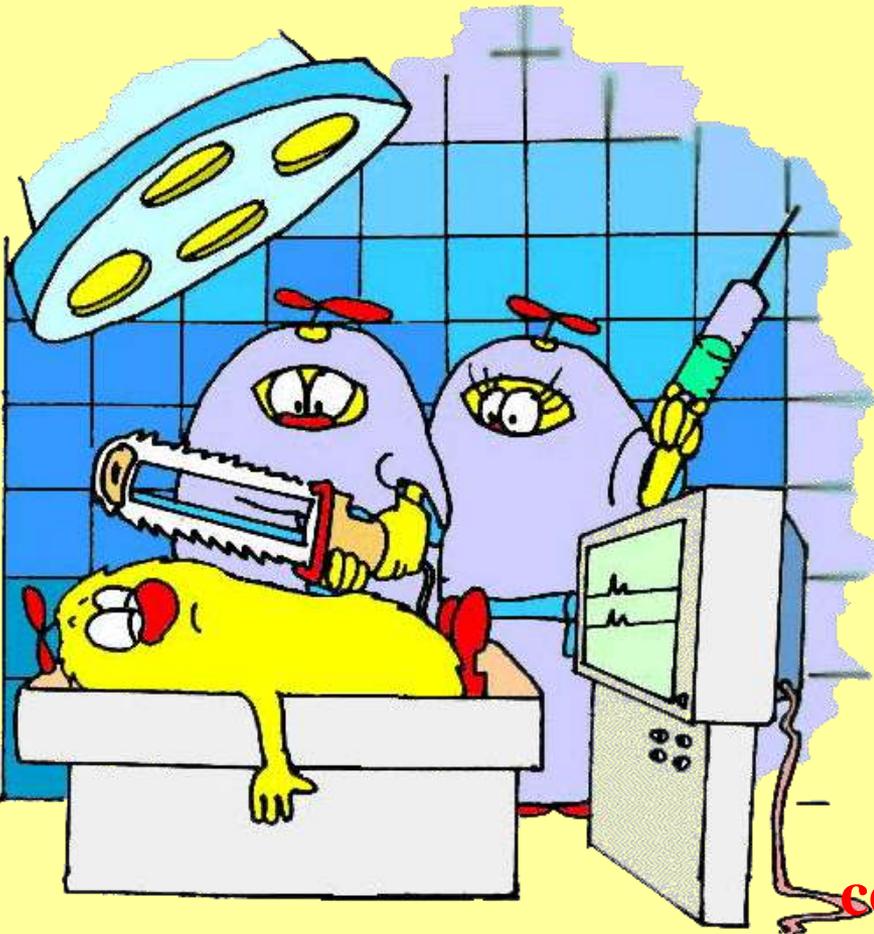
Aftercare rarely required!

Recurrences:

**Traditional therapy again:
inpatient with anaesthesia,
recrossotomy, 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 $\frac{1}{2}$ - 3 year
so good results!**

SUMMERY

Minisurgery – Phlebectomy

(Microsurgery, AT vein surgery)

Acc. to Várady

Using hook and spatula

suitable for:

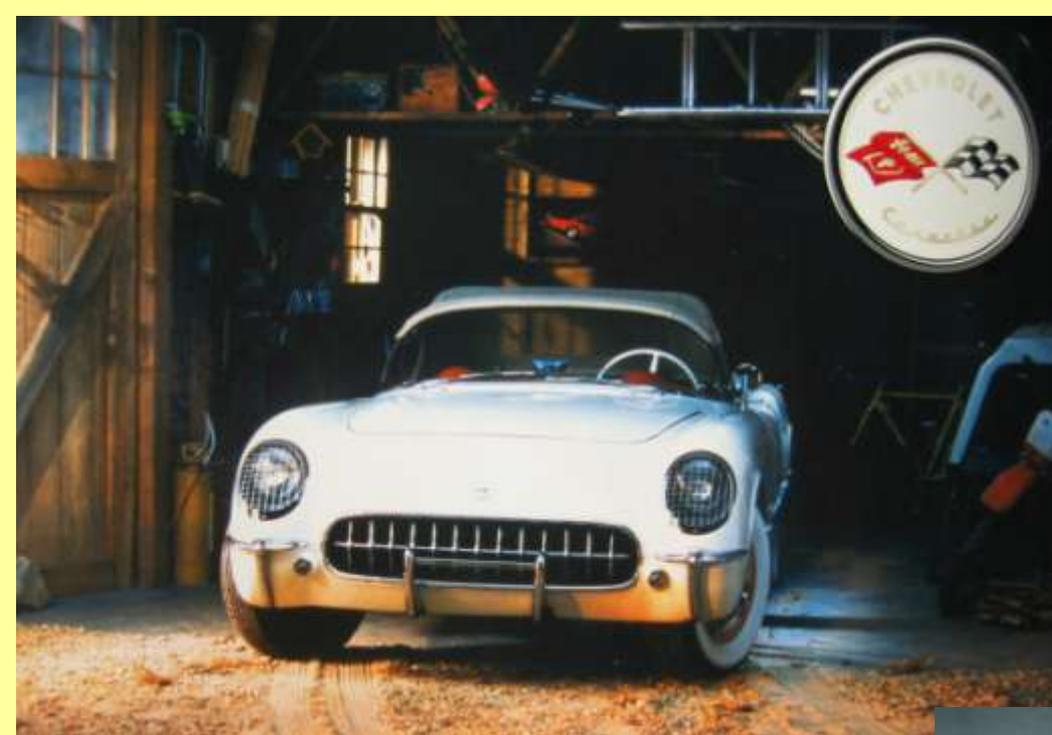
- **All forms of varicose veins**
- **All areas of the leg**
- **All situations**
- **Ambulatory or stationary treatment**

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.

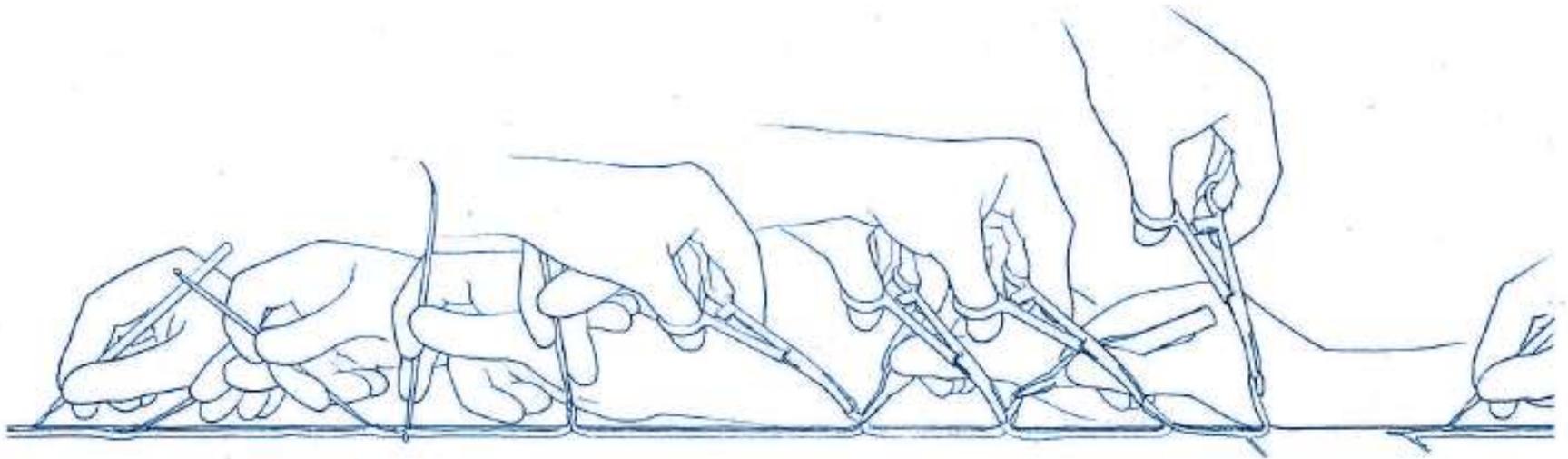
So I invite you to our next meeting or in our clinic, to see the method in an appropriate way.



**Moderne Minichirurgie
nach Várady**

**Oldtimer
Amb. Phlebektomie**





**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.**

**Geburtstagsgeschenk von Professor Bihari.
Birthday present from Professor Bihari.**



**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.**

**Venenklinik
Prof.Dr.Z.Böhm - Prof. Dr. Z.Várady
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**Phone: 00 49 69 28 40 44 Fax: 00 49 69 29 79 702 Email:
ProfVarady@aol.com**



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

intendend cooperation with:



Academia Mexicana de Flebologia y Linfologia



Baltic Society of Phlebology



Centro Medico Venoso y Linfático 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

Organisation: Prof. Várady - Venenlinik Frankfurt - ProfVarady@aol.com - www.phlebo-varady.de
Dr. Morales - Cancun Hospital Galenia - artmoba@hotmail.com - www.varicesencancun.com

intendend referees

Dr.	Baricza	H
Dr.	Barusch	MEX
Prof. Dr.	Bihari	H
Prof. Dr.	Böhm	D
Dr.	Brito	MEX
Prof. Dr.	Campos	USA
Dr.	Chunga	PE
Prof. Dr.	Cornely	D
Dr.	Delgadillo	MEX
Prof. Dr.	Diaz	MEX
Prof. Dr.	Flor	A
Prof. Dr.	Gulyás	H
Dr.	Handal	HN
Dr.	Martinez	ES
Dr.	Martinez	MEX
Dr.	Maurips	LV
Dr.	Morales	MEX
Dr.	Navarro	CO
Dr.	Sanchez	MEX
Dr.	Soriano	MEX
Dr.	Toxqui	MEX
Prof. Dr.	Várady	D
Prof. Dr.	Vega	MEX
Dr.	Velasco	MEX
Doz. Dr.	Zernovicky	SL



Thank you very much!