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Key Points on Vascular Surgery - Concurrent Workshop Repeated

Friday, 21 June 2013

Start 2:00pm

Duration: 55mins

Monet

Start 3:05pm

Duration: 55mins

Monet



The logo for Rotorua GP CME 2013, featuring a stylized blue and red graphic to the left of the text. The text includes "Rotorua GP CME 2013" and the NZMA logo (New Zealand Medical Association).

General Practice Conference & Medical Exhibition

20-23 June 2013 | Energy Events Centre | Rotorua

KEY POINTS IN VASCULAR SURGERY

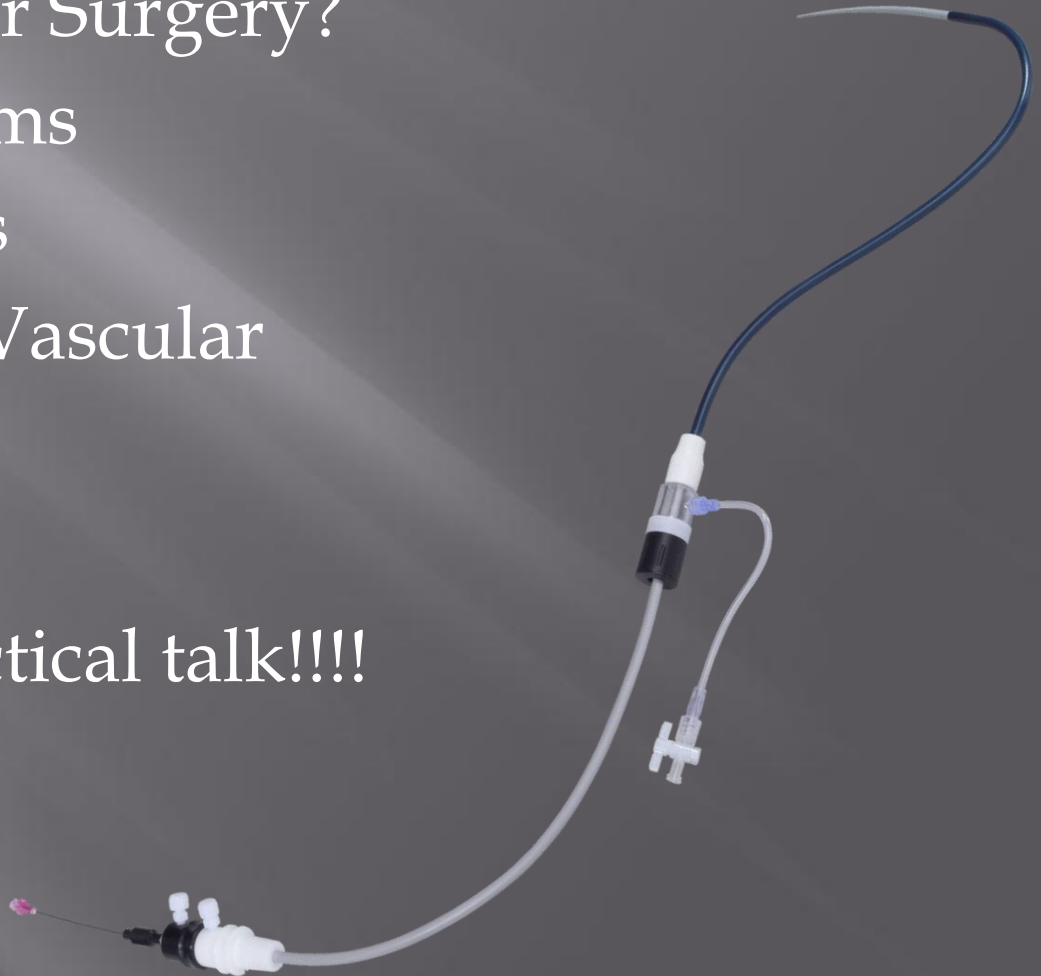


Carl Muthu
Vascular Surgeon

Overview

- ▣ What is Vascular Surgery?
- ▣ Aortic Aneurysms
- ▣ Carotid Stenosis
- ▣ Leg Problems ?Vascular
- ▣ Venous Disease

- ▣ Interactive practical talk!!!!



What is Vascular Surgery

- ▣ It is its own specialty
- ▣ Definition: Treatment of diseases of arteries and veins (excluding the heart and brain)

What Conditions do Vascular Surgeons Treat?

- ▣ Aortic Disease
(aneurysms, occlusions, dissections)
- ▣ Carotid Disease
- ▣ Lower Limb Arterial Disease
(claudication, ulcers, rest pain, gangrene)
- ▣ Venous Disease
(varicose veins, proximal DVT, venous insufficiency)
- ▣ **Others:** Dialysis access, trauma, portacaths, hyperhidrosis, transplants, spinal exposure

What do Vascular Surgeons Do

- ▣ Open Surgery
- ▣ Endovascular Procedures
- ▣ Conservative management (medications, surveillance programs, reassurance)

Aortic Aneurysms

- ▣ There is an aneurysm of the infra-renal aorta measuring 4cm AP, 4.5cm transverse and 10cm in length and contains a large amount of mural thrombus
- ▣ ?Concerned
- ▣ No – written referral
- ▣ Size threshold = 5.5 cm
- ▣ “Leakers vs Creakers”

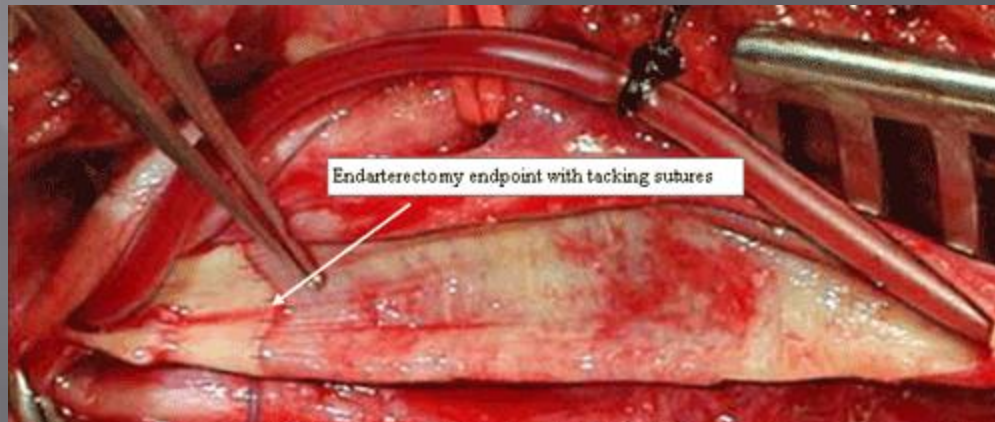


Aortic Aneurysms

- ▣ Screening ?males>65
- ▣ Family History
- ▣ Best imaging – not AXR, CT -> USS
- ▣ Role of clinical examination
- ▣ Surveillance programme
- ▣ Post op imaging – none for open, lifelong for EVAR

Carotid Stenoses

- ▣ TIA – refer to hospital
- ▣ Amourosis Fugax
- ▣ Asymptomatic carotid bruit – refer for ultrasound
- ▣ Dizzy patients – refer to neurology



Claudication

- ▣ Clinical diagnosis
- ▣ Exercise induced leg pain
- ▣ Does not occur at rest
- ▣ Does not occur immediately on walking
- ▣ Reproducible
- ▣ Worse if up hill or faster



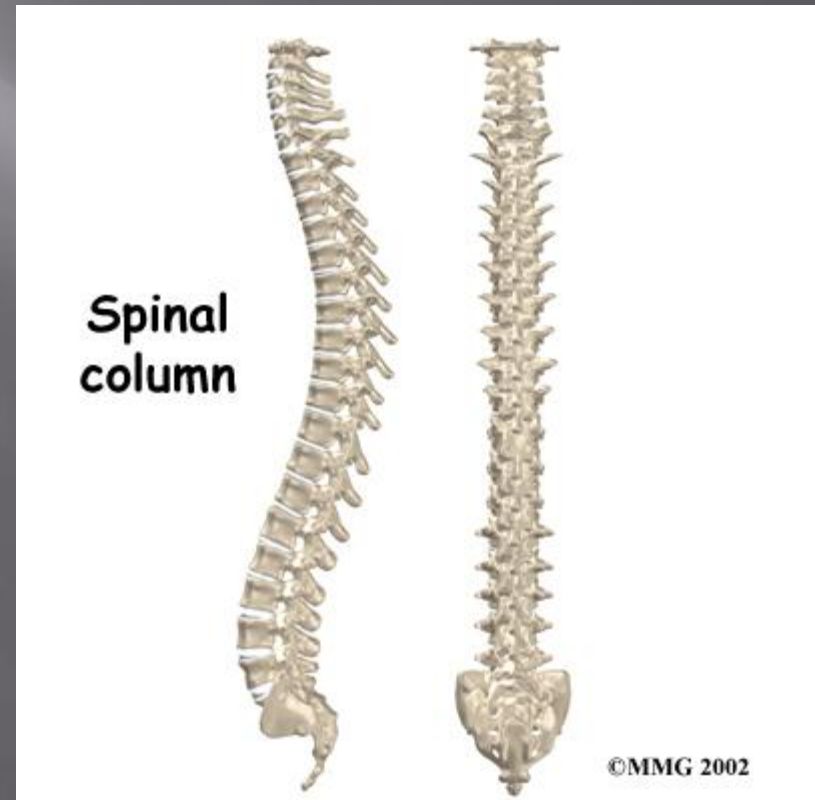
Claudication

- ▣ Usually have decreased pulses – but not always
- ▣ Usually have decreased ABIS – but not always
- ▣ Choice of imaging modalities vary between centres: USS, MRA, CTA, or angiograms



Claudication Differential Dx

- ▣ Spinal Pathology
- ▣ Musculoskeletal
- ▣ Stain Myopathy



Claudication

- ▣ Benign condition
- ▣ Only 5% progress to critical limb ischaemia (diabetic, smokers etc..)
- ▣ Exercise Programme
- ▣ Medical vascular risk factor management
- ▣ Leave alone if non-disabling

Vascular Risk Factor Management

- ▣ Aspirin (or other anti-platelet agent)
- ▣ Statin
- ▣ Stop these agents if side effects
- ▣ BP control
- ▣ Diabetic Control
- ▣ Stop smoking – NRT, Champix, support groups
- ▣ Regular Exercise

Claudication Treatment

- ▣ If disabling – consider intervention
- ▣ Angioplasty or Surgery
- ▣ Huge range of procedures
(vary in risks and effectiveness)

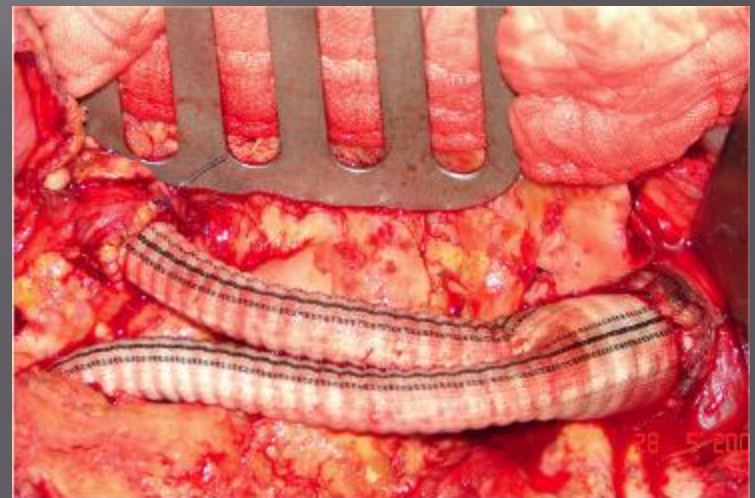
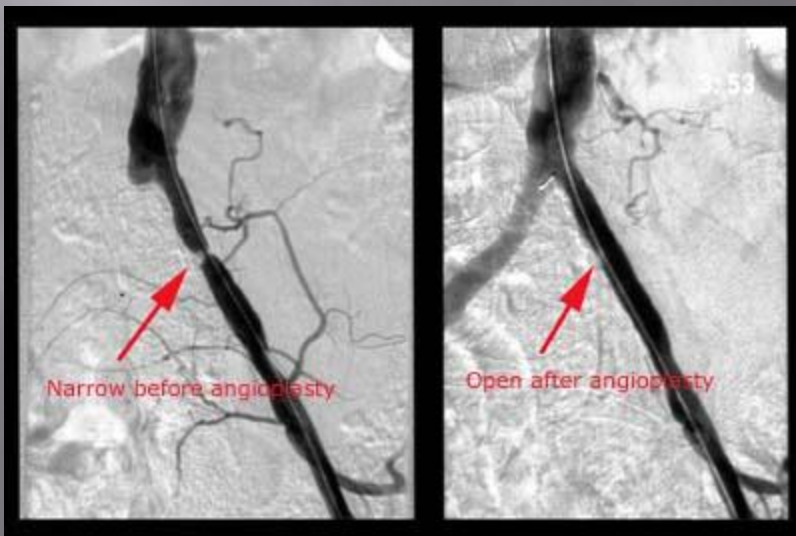


Figure 1. Open repair of AAA with a laparotomy wound.

Painful Feet

- ▣ Peripheral neuropathy main differential diagnosis
- ▣ Ischaemic rest pain –severe pain, hang foot over bed
- ▣ Ischaemic rubor – not a normal looking foot
- ▣ Don't label as cellulitis – elevate foot – if becomes pale its ischaemic (Burgers test)

Numb feet

- ▣ Not a vascular symptoms
- ▣ Almost always neuropathy
- ▣ Idiopathic and diabetes most common cause
- ▣ Trial amitryptiline, gabapentin

Blue feet

- ▣ Usually not ischaemic
- ▣ COPD or heart failure
- ▣ Erythromyalgia

Cold Feet

- ❑ Not usually a vascular symptoms if chronic and no ischaemic rubor
- ❑ Beware of acute ischaemia though



No pulses but Asymptomatic

- ▣ Foot care advice
- ▣ Useful to document

- ▣ Absent radial pulse – don't measure BP on that arm

Diabetic Feet

- ▣ If any ulceration and no pulses – vascular referral
- ▣ Foot care and podiatrists best for preventative measures

Leg Ulcers

- ▣ Severe impact on quality of life
- ▣ Essential to ensure adequate arterial supply
- ▣ Venous ulcers most common treatable cause even if no varicose veins – treat with compression +/- surgery
- ▣ Some patients may have to learn to live with ulcers



DVT

- ▣ If involves common femoral vein, or iliac vein consider vascular referral for thrombectomy
- ▣ If good risk patient
- ▣ Trap re “superficial femoral vein”
- ▣ Stocking very important
- ▣ Grade 2 compression stockings

Thrombophlebitis

- ▣ Ultrasound warranted – exclude DVT, exclude involvement of saphenofemoral junction
- ▣ Treat symptomatically, but if close to SFJ consider short course of clexane
- ▣ Thrombophlebitis in the absence of varicose veins should prompt a search for thrombophilia or occult malignancy

Varicose Veins

- ▣ Which is the best treatment: Surgery, Laser treatment, injection sclerotherapy
- ▣ It depends all have a role to play



Varicose Veins

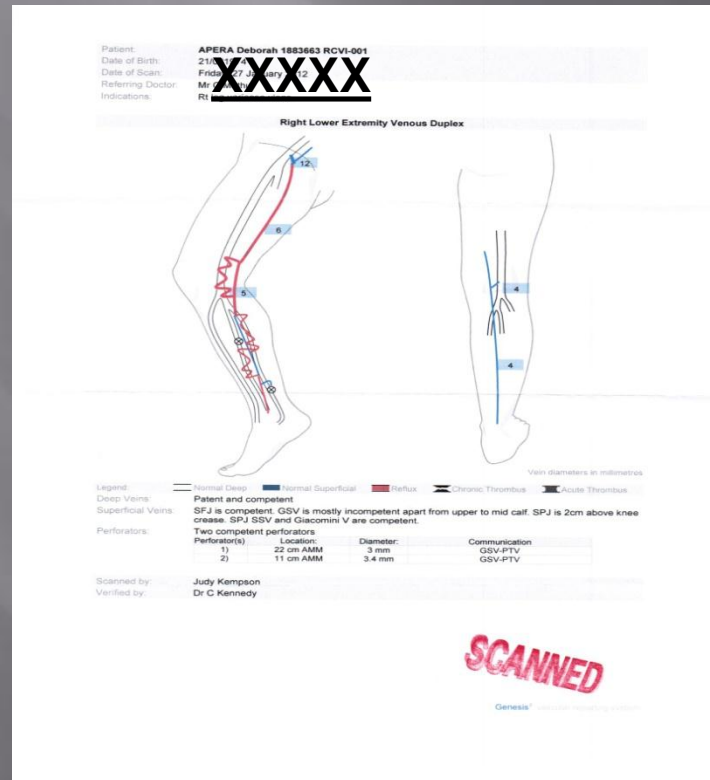
- ▣ Reassurance is the most under-used treatment modality!!!
- ▣ Won't I get an ulcer – not if no skin changes
- ▣ Won't I get a clot – no increase risk of DVT, if superficial thrombophlebitis occurs can then consider treatment
- ▣ Won't they bleed – no, but if do then treat
- ▣ My legs ache – stocking, exercise, weight loss

Varicose Veins

- ▣ The people who benefit most from varicose vein surgery may be ones who don't have any visible varicose veins!!!
- ▣ Ulcers, exzema, skin changes
- ▣ Other medical indications: bleeding thrombophlebitis, (pain)
- ▣ Incurable disease

Ordering Venous Duplex

Order venous duplex: “?varicose veins, pre-surgical scan”, do not order as a DVT scan



Conclusions

- ▣ Vascular Surgeons are here to help = refer to the clinic
- ▣ AAAs found on ultrasound
- ▣ Carotid bruits once ultrasound done
- ▣ Claudication is a clinical diagnosis
- ▣ Venous ulcers