CHAPTER 16

SURGERY OF VENOUS SYSTEM DISEASES

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INTRODUCTION

Historically, varicose veins of the lower extremities were first mentioned thousands of years ago in the Eber papyri in 1552 BC (1). The long varicose vein is clearly visible, engraved in stone, in the National Museum in Athens. In Arab sources, it is mentioned that in the 400th year AD, the skin is cut, the varicose is exposed, a surgical shaft is placed between it and the heir is pulled out (2). There is a case of venous thrombosis in a Norman man from 1282 in the national library in Paris (1).

When venous system diseases are mentioned, we are talking about chronic venous insufficiency (CVI) and deep/superficial venous thrombosis seen in the lower extremities. These two clinical conditions are an important clinical picture that can adversely affect the quality of life of individuals and have epidemiological and socioeconomic consequences.

ANATOMY-PHYSIOLOGY

The lower extremity venous system consists of superficial veins, deep veins and perforating veins connecting them. The deep veins are located in the deep

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available should be preferred (Strong Recommendation IIa-Evidence B) (42). The recommendation for the same patient group was given as IIc in The Society for Vascular Surgery and the American Venous Forum 2012. In addition, in the presence of limb threatening venous ischemia (phlegmasia cerulea dolens) in iliofemoral DVT with or without femoropopliteal venous thrombosis, early thrombus removal strategy has been suggested as IA (54).

As a result, medical treatment should be started in all types and stages of DVT. PMT and CDT have benefits in appropriate indications and these patients should be given anticoagulant therapy together.

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