

# We are..Education

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July 23, 2022



# Importance of Education to Members

- Learning new skills/competency
- Keeping up to date on recent innovations and areas of controversy
- Best practices and appropriate use
- Obtaining with CME that is *AMA PRA Category 1 Credit(s)*<sup>™</sup>
- Interacting with experts in the field





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LYMPHATIC SOCIETY

# Educational initiatives

SVP Classification for  
pelvic venous  
disease: publication,  
app, workbook

CEAP Classification  
workbook

Immersive  
Educational courses  
with virtual reality

AVLS presents:  
Educational  
webinars

Online educational  
subscription plan  
(ePass)

Improving wisely

COVID resource  
library

Transition from  
virtual to hybrid  
annual congress

Upcoming: 2023  
World UIP congress

➤ J Vasc Surg Venous Lymphat Disord. 2021 Jan 30;S2213-333X(21)00071-8.

doi: 10.1016/j.jvsv.2020.12.084. Online ahead of print.

# The Symptoms–Varices–Pathophysiology (SVP) Classification of Pelvic Venous Disorders A Report of the American Vein & Lymphatic Society International Working Group on Pelvic Venous Disorders

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Philippe H Nicolini<sup>14</sup>, Waleska M Pabon-Ramos<sup>15</sup>, Melvin Rosenblatt<sup>16</sup>

- Manuscript available online and in print (open access)

*Journal of Vascular Surgery Venous & Lymphatic Disorders*

*Phlebology*





## ARTÍCULO ESPECIAL

Selección del editor



### Clasificación Síntomas-Várices-Fisiopatología de los trastornos venosos pélvicos: Un informe del Grupo de Trabajo Internacional de la American Vein & Lymphatic Society (Sociedad Americana Venosa y Linfática) sobre trastornos venosos pélvicos

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#### RESUMEN

A medida que se ha ido reconociendo la importancia de los trastornos venosos pélvicos (PeVD, por sus siglas en inglés), los avances en este campo se han visto limitados por la falta de un instrumento de clasificación válido y fiable. La nomenclatura histórica engañosa, como los síndromes de May-Thurner, congestión pélvica y cascánueces, a menudo no reconoce la interrelación de muchos síntomas pélvicos y su fisiopatología subyacente. Basándose en una necesidad latente, la Sociedad Americana Venosa y Linfática (American Vein and Lymphatic Society) convocó un panel internacional y multidisciplinar encargado de desarrollar un instrumento de clasificación discriminatorio para PeVD. Este instrumento, la clasificación Síntomas-Várices-Fisiopatología (SVP, en inglés) para PeVD, incluye tres dominios: Síntomas (S), Várices (V) y Fisiopatología (P), y el dominio de la fisiopatología abarca las características Anatómicas (A), Hemodinámicas (H), y Etiológicas (E) de la enfermedad del paciente. La clasificación individual de un paciente se designa como SVPA,H,E. En el caso de los pacientes con signos o síntomas de origen pélvico en las extremidades inferiores, el instrumento SVP es complementario y debe utilizarse junto con la clasificación Clínica, Etiológica, Anatómica y Fisiológica (CEAP). El instrumento SVP define con precisión las diversas poblaciones de pacientes con PeVD; un paso importante para mejorar la toma de decisiones clínicas, desarrollar una medición de desenlaces específicos de la enfermedad e identificar poblaciones homogéneas de pacientes para realizar ensayos clínicos. (J Vasc Surg Venous Lymphat Disord 2021;9:568-84.)

Phlébologie 2022, 75, 2, p. 9-30

Article original  
Original paper



> J Vasc Surg Venous Lymphat Disord. 2021 May;9(3):568-584. doi: 10.1016/j.jvs.2020.12.084. Epub 2021 Jan 30.

### The Symptoms-Varices-Pathophysiology classification of pelvic venous disorders: A report of the American Vein & Lymphatic Society International Working Group on Pelvic Venous Disorders

Mark H Meissner <sup>1</sup>, Neil M Khilnani <sup>2</sup>, Nicos Labropoulos <sup>3</sup>, Antonios P Gasparis <sup>3</sup>, Kathleen Gibson <sup>4</sup>, Milka Greiner <sup>5</sup>, Lee A Learman <sup>6</sup>, Diana Atashroo <sup>7</sup>, Fedor Lurie <sup>8</sup>, Marc A Passman <sup>9</sup>, Antonio Basile <sup>10</sup>, Zaza Lazarshvili <sup>11</sup>, Joann Lohr <sup>12</sup>, Man-Deuk Kim <sup>13</sup>, Philippe H Nicolini <sup>14</sup>, Waleska M Pabon-Ramos <sup>15</sup>, Melvin Rosenblatt <sup>16</sup>

Affiliations + expand

PMID: 33529720 DOI: 10.1016/j.jvs.2020.12.084

<https://pubmed.ncbi.nlm.nih.gov/33529720/>



### La classification Symptômes-Varices-Physiopathologie des pathologies veineuses pelviennes : Rapport du groupe de travail international de l'American Vein & Lymphatic Society sur les pathologies veineuses pelviennes.

Meissner M.H.1, Khilnani N.M.2, Labropoulos N.3, Gasparis A.P.3, Gibson K.4, Greiner M.5, Learman L.A.6, Atashroo D.7, Lurie L.8, Passman M.A.9, Basile A.10, Lazarshvili Z.11, Lohr J.12, Man-Deuk Kim 13, Nicolini P.H.14, Pabon-Ramos W.M.15, Rosenblatt M.16



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# SVP Classification App

Link on AVLS  
website

Available for  
Android or  
iPhone



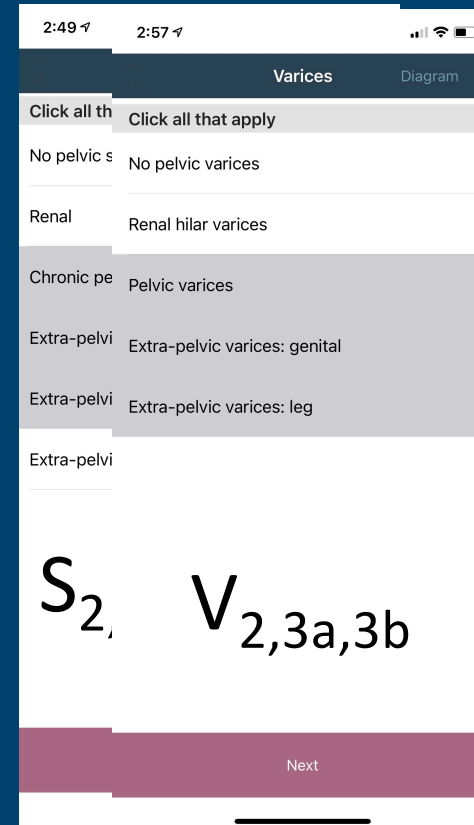
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SVP Classifier

Begin

# SVP Classification

- S: Symptoms in pelvis, vulva, leg:
- V: Varices in Pelvis, Transition Zone, Leg



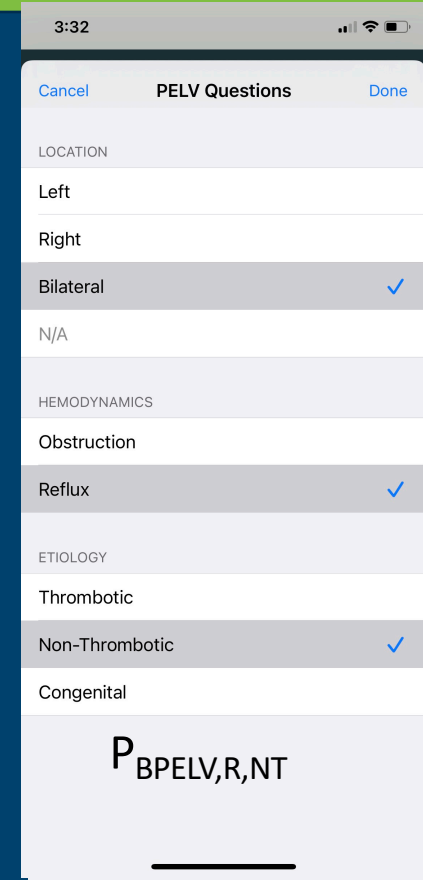
The screenshot shows a mobile application interface for SVP Classification. At the top, there are two time slots: 2:49 and 2:57. Below the times, there are two tabs: 'Varices' and 'Diagram'. The 'Varices' tab is active. The interface is a checklist with the following items:

- Click all that apply
- No pelvic varices
- Renal hilar varices
- Pelvic varices (checked with a red checkmark)
- Extra-pelvic varices: genital (checked with a red checkmark)
- Extra-pelvic varices: leg (checked with a red checkmark)
- Extra-pelvic

Below the checklist, the classification code is displayed as  $S_2, V_{2,3a,3b}$ . At the bottom, there is a 'Next' button.

# SVP Classification

- P, Anatomy: Left ovarian vein, left common iliac vein, left internal iliac vein, pelvic escape veins
- P, Hemodynamics: Obstruction (O), Reflux (R)
- P, Etiology: Thrombotic (T), Nonthrombotic (NT), Congenital (C)



3:32

Cancel PELV Questions Done

LOCATION

Left

Right

Bilateral ✓

N/A

HEMODYNAMICS

Obstruction

Reflux ✓

ETIOLOGY

Thrombotic

Non-Thrombotic ✓

Congenital

P<sub>BPELV,R,NT</sub>

# Summary Classification

Result



S<sub>2,3a,3b</sub>V<sub>2,3a,3b</sub>P<sub>LGV,R,NT;</sub>  
LCIV,O,NT; LIIV,R,NT; BPELV,R,NT

New Classification

CEAP clinical class: C2 (s) C3 (s)  
HASTI symptoms: heaviness, aching,  
swelling, itching

# SVP (and CEAP) Workbooks

Educational platform developed to teach the classification scheme

Provides case examples where the user enters the SVP classification for the case, and obtains immediate feedback

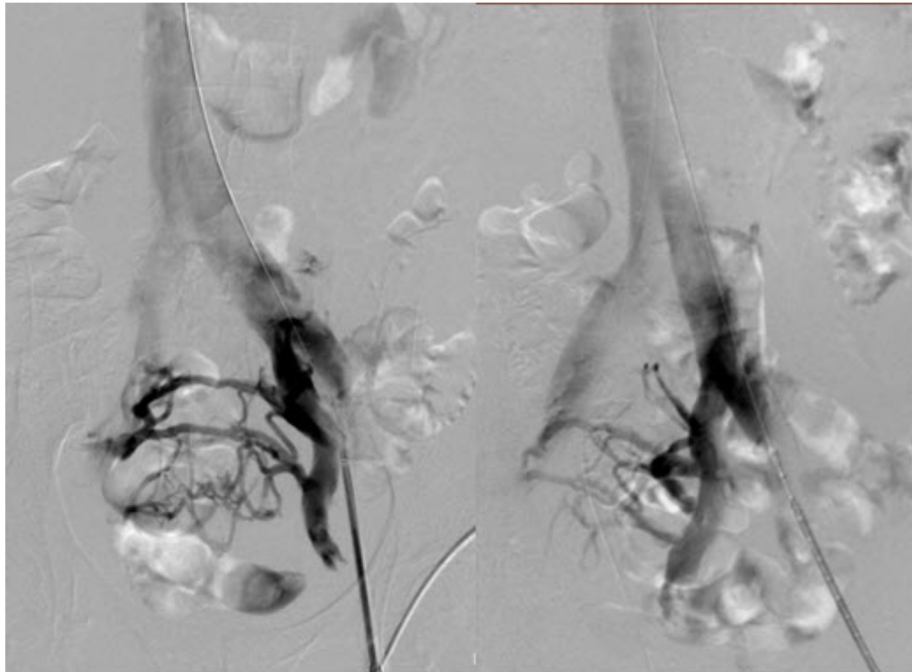
Rationale outlined after each case is answered

CME is available for the activity *AMA PRA Category 1 Credit(s)*<sup>™</sup>

## Venography:

Venography shows left common iliac vein without stenosis, and cross pelvic and lumbar collaterals. There was retrograde flow in the left internal iliac vein.

Left renal venography was normal and there was no evidence of reflux in the left ovarian vein.



- Landing page
- Scoring sheet resource
- Case presentation (patient presentation, physical exam, imaging)



# SVP Workbook

## Explanation

This patient presents with symptomatic pelvic varices and left posterior thigh varices. Because she has both leg and pelvic symptoms, completion of both the SVP and the CEAP classifications are needed. On the right leg, she has no visible varicose veins and no symptoms. Her symptoms include pelvic pain  $S_2$ , vulvar pain  $S_{3a}$ , and nonsaphenous leg pain  $S_{3b}$ . Imaging and physical exam show no renal hilar varices, presence of pelvic varices, no visible vulvar varices, and posterior thigh varices, of a non-saphenous source. Her “V” designation is therefore  $V_{2,3b}$ . She has no renal vein compression, iliac vein compression or ovarian vein reflux. The etiology of her varices are described in the pathophysiological designations for bilateral internal iliac reflux, with pelvic (transitional) reflux leading to left posterior thigh varicosities -  $P_{BIIV,R,NT,BPELV,R,NT}$ . By convention, anatomic segments included in the “P” designation should be listed in descending order starting at the left renal vein.

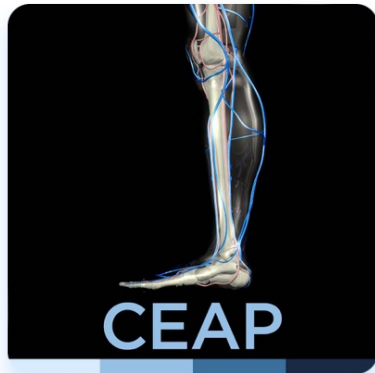
As this patient also has leg symptoms (on the left only), a CEAP designation is also required, and one would not necessarily be needed on the right as she has no visible varicose veins on that side. It is included, however, for instructive purposes— R:  $C_{0(as)}E_{si}A_sPr_{(GSV)}$ ; L:  $C_{3(s)}E_{si}A_dPr_{(BIIV,PELV)}; o_{(CIV)}$ . There are visible or palpable signs of venous disease with edema ( $C_{3(s)}$ ); the etiology is due to more proximal disease affecting venous hemodynamics ( $E_{si}$ ); the underlying anatomic abnormalities are in the deep pelvic veins (Ad) with reflux in the pelvic and left internal iliac veins.

- Prompt for user to complete SVP
- User gets 3 tries to get correct answer and gets a brief explanation/feedback for that domain
- Full explanation given at the end of the case exercise



# CEAP Classification workbook

## Venous Classification Workbooks



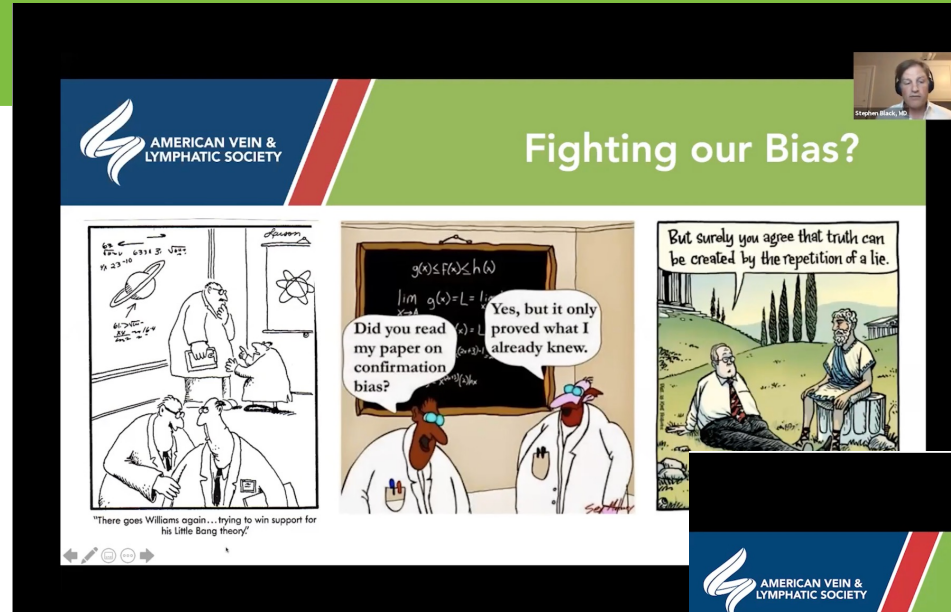
CEAP Classification

[Learn More](#)

[Order Now](#)

- Developed in conjunction with AVF (as was the SVP)
- Review of venous classification with real patient cases
- Earn CME
- Layout of workbook similar to SVP

- Offer Live and Enduring content (on demand)
- Many are free to members



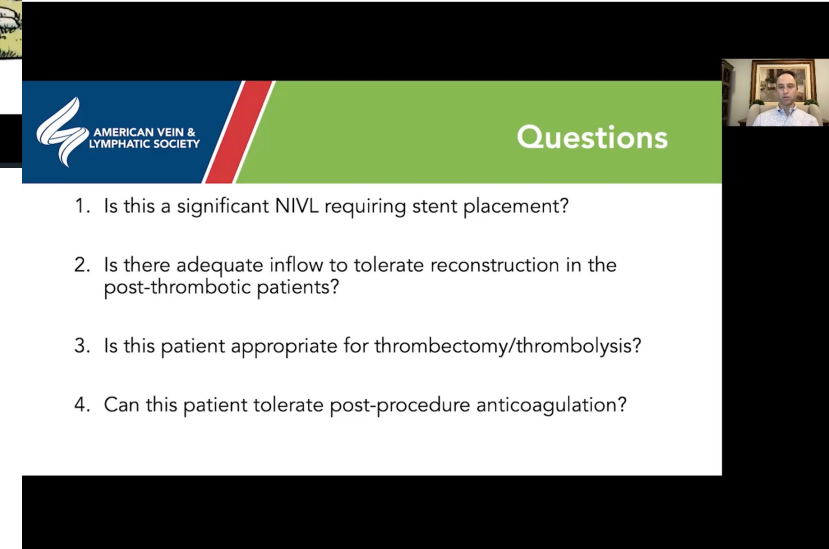
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## Fighting our Bias?

Panel 1: A man in a lab coat stands next to a chalkboard with a diagram of a planet. A speech bubble says: "There goes Williams again... trying to win support for his Little Bang theory!"

Panel 2: Two men in lab coats are in a classroom. One asks: "Did you read my paper on confirmation bias?" The other replies: "Yes, but it only proved what I already knew." The chalkboard shows the equation:  $\lim_{x \rightarrow a} g(x) = L = f(a)$ .

Panel 3: A man in a lab coat sits on a bench, looking thoughtful. A speech bubble says: "But surely you agree that truth can be created by the repetition of a lie."

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## Questions

1. Is this a significant NIVL requiring stent placement?
2. Is there adequate inflow to tolerate reconstruction in the post-thrombotic patients?
3. Is this patient appropriate for thrombectomy/thrombolysis?
4. Can this patient tolerate post-procedure anticoagulation?

# Recent Educational Webinar topics

- Venous Stents: Appropriate use and Clinical landscape
- SVP Classification
- Primary Lymphedema
- Understanding the Glycocalyx
- Comparing US and European Lipedema consensus
- Understanding CEAP C4c disease

# AVLS VR 360: Immersive Education



**Margaret Mann,  
MD, FAAD, FAVLS**  
Sclerotherapy, 2nd Ed.



**Vinay Satwah, DO,  
RPVI, FSVM**  
Introduction to Venous  
Insufficiency





- Annual subscription to all webinars and short courses
- Content updates automatically as courses become available
- Most will have CME credit  
*AMA PRA Category 1*  
*Credit(s)<sup>TM</sup>*



**Original Investigation** | Surgery



December 14, 2021

## Evaluation of a Physician Peer-Benchmarking Intervention for Practice Variability and Costs for Endovenous Thermal Ablation

David P. Stonko, MD, MS<sup>1,2</sup>; Chen Dun, MHS<sup>1</sup>; Christi Walsh, MSN, CRNP<sup>1</sup>; Marlin Schul, MD, MBA<sup>3</sup>; John Blebea, MD<sup>4</sup>; Edward M. Boyle, MD<sup>5</sup>; Martin A. Makary, MD, MPH<sup>1,6</sup>; [Caitlin W. Hicks, MD, MS<sup>7</sup>](#)

» [Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2021;4(12):e2137515. doi:10.1001/jamanetworkopen.2021.37515

# COVID Resource Library

## AVLS Webinars

Past	<b>Best Practices for Employers Regarding COVID-19 by Fischer &amp; Phillips LLP</b>	<a href="#">View Recording</a>
Past	Do's and Don'ts of Telemedicine by Shumaker, Attorneys at Law	<a href="#">View Recording</a>
Past	Navigating the COVID-19 Pandemic and the Government's Response - An AVLS Legal Townhall by FisherBroyles, LLP	<a href="#">View Recording</a>
Past	Navigating the Financial Turmoil of COVID-19 by Shumaker, Attorneys at Law	<a href="#">View Recording</a>
Past	The Physician Employee by Shumaker, Attorneys at Law	<a href="#">View Recording</a>
Past	The Future is Here, Introducing the Hybrid Practice by ClinicGrower	<a href="#">View Recording</a>
Past	Coming Out of the COVID-19 Crisis: Modifying Your Digital Marketing Strategy by MD Connect	<a href="#">View Recording</a>
Past	Marketing Strategies To Implement Now For Your Vein Practice by Healthcare Success	<a href="#">View Recording</a>
Past	The Five Pillars of a Successful Virtual Practice by Doctor.com	<a href="#">View Recording</a>
Past	Beyond Groundhog Day: Moving Forward with your Practice	<a href="#">View Recording</a>



# Upcoming meetings.....

A promotional banner for the AVLS 2022 congress. The background is a purple-to-red gradient with a faint cityscape of New Orleans on the left and a jazz-themed illustration on the right. The AVLS logo is on the left, and the event details are in the center. A "REGISTER" button is at the bottom center.

 **AMERICAN VEIN & LYMPHATIC SOCIETY**

 **AVLS**  
36<sup>TH</sup> ANNUAL CONGRESS  
**2022**

**OCTOBER 13-16, 2022**  
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# Upcoming meetings.....



# UIP 2023

Connecting the Continent... Welcoming the World