

Journal of Vascular Surgery: Venous and Lymphatic Disorders – March 2019 Audiovisual Summary

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Welcome to the March issue of the *Journal of Vascular Surgery: Venous and Lymphatic Disorders (JVS-VL)*. We have a number of exceptional papers in this issue and will highlight four great ones.

The first paper, "Impact of provider characteristics on use of endovenous ablation procedures in Medicare beneficiaries," by Baber et al from Cornell,¹ determined factors associated with variation in the number of endovenous ablation procedures performed per patient per year in Medicare beneficiaries from 2012 to 2014. There were ~405,000 procedures performed by ~6600 physicians. The distribution of procedures per patient varied greatly in different cities and regions of the U.S. Factors associated with increased utilization were physician training in a field other than surgery, with an odds ratio of 3.35, procedures performed in an office-based location, with an odds ratio of 2.62, and a history of high volume at >75th percentile, with an odds ratio of 8.68. The authors concluded that providers with a history of high volume and those not traditionally associated with the management of chronic venous disease were more likely to perform more endovenous procedures per patient.

The second paper, by Farivar and colleagues, is entitled "Prospective study of cryopreserved placental tissue wound matrix in the management of chronic venous leg ulcers."² The authors compared standard therapy against human viable wound matrix, used every 1 to 2 weeks, in a prospective self-controlled study. Thirty venous leg ulcers were treated initially with standard therapy and then with human wound matrix plus standard therapy. They found that use of human wound matrix, after a mean treatment time of 11 weeks, resulted in 53% of patients having complete ulcer healing versus none who had wound care alone, and the mean reduction in wound size was 79% when human wound matrix was used versus 29% reduction when only standard care was used. The authors concluded that human cryopreserved placental tissue improves healing in venous leg ulcers refractory to standard therapy.

The next paper, "Impact of degree of stenosis in May-Thurner syndrome on iliac vein stenting," by Jayaraj et al,³ is a retrospective cohort study of 202 patients who underwent iliofemoral stenting and were followed for 48 months. Stenosis was classified as severe (>90%), moderate (60%-89%), and mild (<60%). At 48 months poststenting, those with severe stenosis had an odds ratio of 1.3 of recurrence of pain, swelling, and worsening clinical severity score compared with those with moderate and mild stenosis. The authors concluded that patients with severe iliofemoral stenosis due to May-Thurner syndrome should anticipate some late recurrence of symptoms despite successful stenting.

The final paper, "Caliber-targeted reinterventional overdilation of iliac vein Wallstents," by Raju and colleagues,⁴ is a retrospective single-institution study of 274 patients with in-stent restenosis or stent compression who were followed for a mean of 18 months post retreatment. Isodilation to the size of the stent was performed in 24% and overdilation of 2 to 4 mm (10%-20%) was performed in 76%. Those who had overdilation had better clinical outcomes, a better residual iliac vein flow channel, and a better residual stent diameter at 18 months. The authors concluded that overdilation of Wallstents by 2 to 4 mm, or 10%-20%, in patients with restenosis or stent compression is associated with better long-term results.

We hope you enjoy these four papers and the many other excellent papers in the March issue of the *JVS-VL*.

The video accompanying this article may be found online at www.jvsvenous.org.

REFERENCES

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