

Vascular News

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Australasian College of Phlebology Scientific meeting: Debates and Consensus in Fiji

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ACP 2024 Fiji Logo

The Australian College of Phlebology (ACP) is a
modern and progressive society with a young and energetic

governance based on a great depth of experience and
expertise of earlier members, a comprehensive training
programme and a dedicated and passionate membership.
The ACP organises annual science-driven dynamic and
innovative congresses, hands on training workshops and
preceptorships.

We are proud to have introduced modern
interventional treatment techniques to Australia and New
Zealand in the past 25 years including ultrasound guided
sclerotherapy, endovenous laser and radio-frequency and
glue (cyanoacrylate) ablation.

The ACP was founded in 1993 as the sclerotherapy
Society of Australia by doctor Paul Thibault. In 1999
the society officially changed its name to the Australian
College of Phlebology to coincide with the introduction of
its formal training programme.

Since then, the ACP has established one of the most
comprehensive phlebology training programmes in the
world. The ACP actively promotes education and research
in phlebology and serves the general public, governments,
insurance providers, regulatory authorities and the industry
as a resource regarding venous disorders.

The ACP fellowship programme mirrors the
multidisciplinary nature of phlebology and includes a

variety of medical specialities such as vascular surgery, dermatology, interventional radiology, haematology, vascular medicine and lymphology.

Other members of the college who include allied health professionals such as sonographers, scientists and nurses with a shared interest in phlebology are welcomed and recognised as part of the team as are students studying in these and other areas.

The 24th Conference was held in Fiji and Chaired by Dr Lisa Marks the ACP president.

Invited International speaker Dr Chris Pittman and Australian invited speaker Dr Chris Rogan contributed immensely to the program and added to the high-quality scientific program.

While there were many exciting and thought-provoking presentations including thoughts about whether CEAP should become PACE and the burdens of venous diseases in developing countries like Fiji in the Pacific, the most stimulating conversations revolved around a series of open debates and consensus statements which are critical to the advancement of the ACP and its aims and objectives.

The first group discussion and consensus revolved around intra-arterial injections as a complication of venous procedures or intervention. This can occur when sclerosant is actually or suspected to be accidentally injected into the arterial side of the circulation or injection in the venous circulation triggers the VAR-VAS response, leading to arterial constriction and subsequent ischemia.

The consensus on this was that early recognition of this phenomenon is paramount with early transfer to a tertiary institution capable of performing urgent angiography and intervention to maximize the chances of limb and tissue salvage. The consensus also suggest division into major and minor ischemic injuries and outlines a flow chart for management in both scenarios. The consensus was put together by primary author Professor Kurosh Parsi with contributions from an international expert panel.

Then followed some very pertinent debates, the first being one about whether there is still a place for cyanoacrylate treatment in phlebology practice. The outcome of this was inconclusive but, leaning toward cyanoacrylate as being a much more biologically

active molecule than first thought, with degradation products including Formaldehyde now being measured in large concentrations in-vitro experiments. Of course, extrapolation to the in vivo or clinical scenario is premature, with much research yet to be done. Whilst it appears that cyanoacrylate closure is becoming a less popular choice of treatment modality for venous disease, one presentation demonstrated the utilisation of cyanoacrylate is increasing in some Australia states. At present, this remains an approved treatment modality but with increasing reports of complications and harmful degradation products, there will certainly be greater scrutiny on longer term outcomes in these cases where cyanoacrylate has been used.

Our second debate was about the benefits of endovenous laser ablation vs radio frequency ablation and the outcome of that was the two modalities are largely comparable in long term outcomes. There are of course, procedural differences with catheter size and stiffness and the ability to access smaller tributaries varying between the two. The debate was waged eloquently by both debaters and provided excellent entertainment and engagement by the audience.

Apart from these there were a number educational sessions and of particular interest was one supported by Sigvaris about how digital technology can be used to help enhance patient centred care and another supported by Clinical Imaging Australia about the importance of clinical photography and why it should still be taken seriously for the clinic and patients.

The Best Presentation by a Trainee was this year sponsored by Getz Healthcare and was awarded to Dr Phoebe Shearman, with a presentation entitled "Is breastfeeding a true relative contraindication for sclerotherapy?" Whilst there was discussion about the further considerations that need to be made to change this recommendation, compelling information was presented that would suggest that these considerations are warranted.

What we and the ACP value most is the openness of our discussions, the encouraged participation of all members and current students in our debates and consensus documents and the continuing camaraderie of all to ensure the best outcomes possible for the patients in terms of holistic an appropriately targeted and sequenced investigations, actions and care.



Dr Chris Rogan speaking during plenary session



Cheers during the gala dinner



Delegates during the Ultrasound Workshop



Teaching during a procedure for the Phlebology Mission