



2. VENOUS-LYMPHATIC DIAGNOSTICS

Assessment of leg veins & lymphatic eventual impairment requires a deep knowledge of the topic. A detailed clinical evaluation must be followed by appropriate investigations. An extremely common exam

is the ultrasound scanning: it presents great values in the diagnostic process, but it is also operator-dependent, thus making the expertise of the involved health-professional crucial.

The 10 below listed indications are supported by scientific evidence available for free, together with further educational material, at the herein reported website.

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VENOUS-LYMPHATIC DIAGNOSTICS

1. Echo-Doppler for lower limb venous disease detection must be performed with the patient in standing position. Pelvic sources of the disease must be excluded. Intravascular Ultrasound (IVUS) should always be taken into consideration for possibly treatable conditions.
2. Lower limb venous echo-Doppler report must include the deep, saphenous and superficial system findings.
3. The identification of a venous reflux or dilation is not enough for indicating a treatment.
4. Superficial venous thrombosis identification at the ultrasound must always include both limbs and both the deep and superficial system testing.
5. Ultrasound scanning for deep venous thrombosis detection must include pre-test clinical risk assessment and it should cover all the leg with assessments every 2 cm
6. At the ultrasound, venous flow phasicity with the respiratory act can not exclude thrombosis. Ask your specialist for more information.
7. At the ultrasound, venous cyclic flow is not always a sign of cardiac disease, but proper clinical evaluation of the single case is mandatory. Ask your specialist for more information.
8. after a deep venous thrombosis event a surveillance timeline should be tailored to the specific case
9. Intravenous ultrasound (IVUS) can be extremely beneficial in iliac vein stenosis investigation and treatment planning.
10. A leg ultrasound for venous drainage assessment should always include also an assessment of the eventually coexisting lymphedema and/or lipedema.