

IN venous-lymphatic VERITAS

Global Consensus Document

- connecting Experts, informing Patients -



Fake-News

Evidence Based

ENG
version

in **V**enous-lymphatic **V**eritas consensus document

Leg venous and lymphatic alterations represent pathological conditions highly present in the population and often underdiagnosed and inadequately managed. **Fake information** is too easily found in the communication media. The present document includes up to **11 validated statements** per each and everyone of the **12 main domains** related to venous & lymphatic disease. This document is the result of an international consensus developed by **71 scientific societies and institutions**, by **more than 150 top experts**, from **83 countries**. Related **scientific references** and **educational content** are available in depth, in **multiple languages** and for both health professionals and population at the following website:

www.vwinfoundation.com/fake-news-free-project/

A full scientific manuscript is published in **International Angiology Journal**.

VEIN-LYMPHATIC DISEASE BURDEN

1. More than 50% of the adults can present leg vein and/or lymphatic issues.
2. In swollen legs both vein and lymphatic drainage must be properly assessed.
3. Venous issues are among the main causes of lymphatic impairment.
4. Aesthetic treatment of leg veins must always be preceded by a careful assessment of the deeper veins by a specialist.
5. Venous ulceration affects more than 1% of the population and it must be promptly and properly assessed by a vascular expert.
6. A clot in a leg vein (*thrombosis*) represents a leading cause of preventable death.
7. Venous thrombosis risk increases rapidly with the age.
8. More than 50% of patients experiencing a leg thrombosis might develop complications in the following years.
9. More than ¼ thrombosis cases recur at 10 years from the first event.
10. Up to 7% of the population presents genetic predisposition to thrombosis.

NO FAKE NEWS in Veins & Lymphatic

HEALTH-PROFESSIONALS & PATIENT INFORMATION





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.



www.vwinfoundation.com/fake-news-free-project/

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 at the ultrasound 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 systems.
5. Ultrasound scanning for deep venous thrombosis detection must include a specialist visit 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.
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.

3. VENOUS PROCEDURES

Industrialized countries population is presenting a constantly increasing mean age, sedentarism and tendency to obesity. These facts parallel the equally constantly increasing demand for leg chronic venous disease interventional treatment. Different techniques can be used:

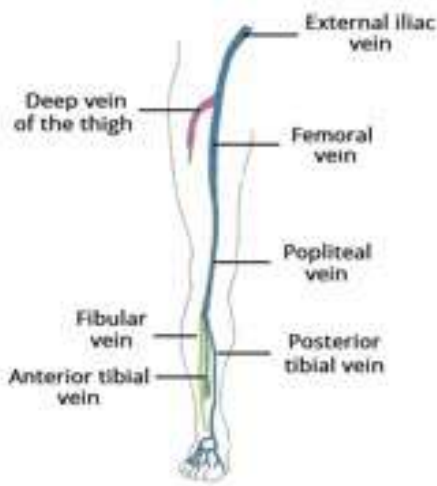


surgery, endovenous thermal ablation (Laser, Radiofrequency, Steam), **endovenous non thermal ablation** (glue, foam-assisted non-thermal ablation), **sclerotherapy** (described in an entirely dedicated section of this document). Two main strategies can be applied: ablation of the diseased vein or restoration of a normal flow by closure of selective diseased vein segments. Evidence-based facts on the topic are reported below, with insights available at www.vwinfooundation.com/fake-news-free-project/



SUPERFICIAL VENOUS PROCEDURES

1. Documented vein signs, symptoms & reflux must be present to indicate a superficial venous procedure.
2. No significant difference in reflux reappearance risk is reported following surgical rather than endovenous thermal ablation of the great saphenous vein. No device has a whole performance better than the others.
3. Preliminary data suggest endovenous thermal ablation of the small saphenous vein leads to a smaller percentage of reflux reappearance compared to surgical ablation.
4. Catheters injecting sclerotherapy while incising the saphenous vein demonstrated to be safe (Clarivein®, Flebogrif®) and inferior to thermal ablation in venous reflux reappearance, but not inferior in some clinical outcomes (Clarivein®).
5. Ablation of the great saphenous vein by steam is safe but more scientific data are needed before recommending it in place of laser or radiofrequency treatment.
6. Ablation of the great saphenous vein by glue has a clinical result not inferior to radiofrequency (Venaseal®) at 5 years and not inferior to laser at 2 years (Venablock®). The patient must be informed the glue will remain as foreign body. Different glues have different scientific validation and this must be clearly stated.
7. In expert hands, procedures not eliminating the saphenous vein can be a valid alternative to procedures aimed to remove the saphenous trunk.
8. All venous procedures bring a small but potentially significant thrombo-embolic risk: individual risk and related prophylaxis must be performed by an expert physician.
9. Right after a venous procedure, certified graduated compression stockings can be beneficial, as long as prescribed by an expert health professional.
10. Superficial venous disease procedures are safe, yet significant complications can happen, therefore only expert physicians should be involved in their management.



4. DEEP VENOUS & MALFORMATIONS

The deep venous system is the main road for the blood to go back to the heart. This section focuses on the pathological change of drainage direction (reflux) and eventual obstruction of the leg deep venous system. A possible cause of obstruction is the formation of a clot (thrombus): an entire separate section is dedicated to the topic.

The below reported statements include also useful information on possible venous dilation (aneurysm) and malformation of the deep venous system.



Insights on all these topics are available here:

www.vwinfoundation.com/fake-news-free-project/

DEEP VENOUS

1. Not only the superficial venous system must be assessed: deep veins of the leg can present a reflux because of spontaneous or post-thrombotic or post-trauma valve damage and/or vein obstruction.
2. Patients with superficial venous insufficiency and deep venous reflux might be candidate for superficial venous treatment, yet an expert evaluation of the specific case is needed.
3. A narrowing of the iliac vein is present in more than 50% of the population: a caliber reduction alone is not an indication to treatment per se. Only specialized centers should treat iliac vein stenosis and only after careful evaluation of the risk and benefit.
4. Ilio-femoral venous stenting for obstruction must be performed after specialist careful evaluation and only in patients affected by severe compromise.
5. Deep venous reflux can be managed by proper elastic compression and, eventually, by superficial reflux treatment. Deep venous reflux surgical treatment is to be performed only in highly specialized centers and it's still in need of strong scientific validation.
6. Popliteal vein dilation must be carefully evaluated by a specialist for surgical treatment or lifelong anticoagulation or conservative follow up.
7. Venous malformations are often underdiagnosed and require expert evaluation, together with at least ultrasound and, potentially, magnetic resonance assessment.
8. An arterial component inside a venous malformation should always be excluded before designing the treatment strategy.
9. A pre-operative careful evaluation is mandatory before treatment of veins along the lateral side of the leg since they could represent a venous malformation.
10. Conservative treatment, mainly by compression, is to be taken into consideration for most asymptomatic lower limb venous malformations, together with a follow up by experts in the specific malformations field.

5. PELVIC VENOUS DISORDERS

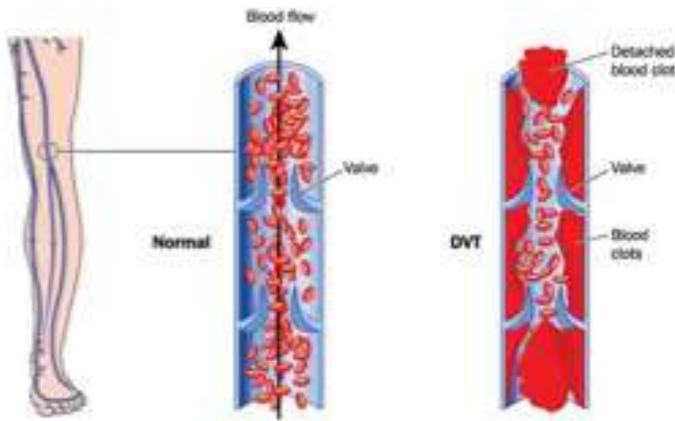
Like for the varicocele in the male gender, the female can be affected by venous reflux in the pelvic region. The phenomenon can be asymptomatic or associated with a significant symptomatology.

The condition is extremely frequent, yet too often underdiagnosed and/or managed inadequately. Awareness of this condition is mandatory for both health professionals and public. Detailed information based on scientific data are available here: www.vwinfoundation.com/fake-news-free-project/



PELVIC VENOUS DISORDERS

1. Pain in the lower abdomen and/or back can be caused by a pelvic venous reflux requiring proper expert assessment, including by a vascular specialist.
2. Pelvic venous disorder is among the main cause of pelvic pain. Increasing awareness about it among the public is crucial.
3. The following symptoms could be associated with a pelvic venous disorder: chronic pelvic pain for more than 6 months, flank pain, pain during sexual intercourse, alterations during the menstrual cycle, difficult/painful urination. Pelvic venous disorder can be also asymptomatic.
4. Pelvic venous disorder can manifest itself by dilated veins in the genital and/or lower limb region, as well as by vaginal swelling and/or discharge, menstrual cycle alteration, blood in the urine, hemorrhoids.
5. More than 3 pregnancies, prolonged standing and abdominal efforts can increase the risk of pelvic venous disorders. A genetic predisposition might be involved but more research is needed on the topic.
6. Pelvic venous disorder diagnosis requires a detailed history and clinical evaluation, followed by expert ultrasound scanning of the abdominal and pelvic region, together with the lower limbs. Magnetic Resonance and/or Computed Tomography might be helpful. Venography is an invasive test and must be performed only after proper risk/benefit evaluation.
7. Indication to treatment must be preceded by a venography performed in a high expertise medical center and can not be based just on venous dilation finding.
8. Embolization of pelvic veins by coils and sclerotherapy is a safe but severe complications can happen. Only expert Centers must perform these procedures.
9. Left flank or pelvic pain and blood in the urine can be caused by an anatomical compression of the left renal vein (Nutcracker syndrome): the management of the condition require a highly specialized center.
10. Pelvic symptoms improvement can require some months after the treatment. A specialist must reassess along time the condition.



6. VENOUS THROMBOSIS

Venous thrombosis is the formation of an obstruction inside the venous system. When it happens into the leg it can create fragments (emboli) travelling to the lungs and potentially leading to death.

One in four people around the world dies from conditions related to thrombosis. Correct diagnosis and management is fundamental.

Further info: www.vwinfoundation.com/fake-news-free-project/



VENOUS THROMBOSIS

1. Venous thromboembolism is a blood clot of the veins of the legs (deep venous thrombosis), or lungs (pulmonary embolism,). Patients should be informed about their risk factors.
2. Symptoms of a deep venous thrombosis in the arms or legs include pain, swelling, redness, tenderness, fever, bulging veins, and skin discoloration. Symptoms of a pulmonary embolism include chest pain, fast heart rate, coughing up blood, and shortness of breath.
3. Patients who are obese or who have varicose veins are at increased risk of blood clots.
4. Genetic testing may be suggested in a first episode of unprovoked thrombosis for patients under 50 years old, thrombosis with the only risk factor of hormonal therapy or pregnancy, and recurrent VTE if it will affect the further clinical decision on treatment and prophylaxis.
5. Venous thrombosis is common in cancer patients, and must be treated with anticoagulation. A specialist should discuss options for anticoagulation.
6. Superficial venous thrombosis brings the risk of deep venous thrombosis and pulmonary embolism.
7. Special venous catheters can be used by qualified experts to treat specific cases of thrombosis. Guidelines vary among countries and require careful specialist evaluation of the risks and benefits.
8. Pharmaco-mechanical thrombolysis is clot treatment and removal through a catheter. This treatment is safe in expert hands after proper consideration of the risks and benefits. A careful specialist evaluation must be performed to avoid treatment when not appropriate.
9. Before starting anticoagulation (blood thinner) therapy, all patients should have a thorough laboratory workup. Patients with severe kidney disease can use warfarin for anticoagulation. Patients with cancer also need a laboratory workup, and may be eligible for treatment with oral anticoagulants or low molecular weight heparin.
10. Direct oral anticoagulants (DOAC) are the first-line options for most adults for venous thrombo-embolism treatment. Before starting a DOAC, a thorough laboratory workup, including tests for kidney function, should be performed.

7. VENOUS ULCER

A leg skin lesion caused by venous disease (ulcer) is far more frequent than what usually thought, involving up to 3% of the population. Proper awareness and management is mandatory, also to avoid complications significantly affecting the quality of life. An effective collaboration between the expert physicians, health-professionals and the same patient is the key to prevention and eventually prompt healing of the lesion.

Together with the ten evidence-based statements reported below, further insight is available here:

www.vwinfoundation.com/fake-news-free-project/



VENOUS ULCER

1. Approximately 70% of skin ulcer has a venous origin. 1/5 ulcers have a multi-factorial component that has to be investigated by an expert physician.
2. Proper assessment of a venous ulcer must report location, size, shape, surrounding area description, type of floor, edge & discharge.
3. Proper ulcer diagnosis requires detailed anamnesis, clinical visit, arterial & venous ultrasound scanning, lymphatic function assessment, and ankle-brachial index calculation.
4. Culturing and systemic antibiotics are indicated only in presence of signs and symptoms of infection. Antimicrobials are not recommended in only contaminated wounds.
5. In case of atypical appearance, a biopsy must be performed to exclude malignancy, vasculitis or arterial sclerosis.
6. Compression is the mainstay of ulcer healing and can be performed by proper bandage, graduated compression stocking and adjustable compression use, following expert prescription and application. In difficult healing cases, intermittent pneumatic compression can provide a valuable option.
7. Early restoration of superficial venous reflux is indicated in venous ulcer management.
8. Advanced wound dressings might improve ulcer healing process, but no strong evidence is supporting one product over another.
9. Skin grafting, Negative Pressure Therapy, Stem cells therapy can be valuable options in specific cases assessed by experts, but more scientific evidence is needed for supporting their use in ulcer healing.
10. Ulcer recurrence remains frequent. Proper compression and management can reduce the risk of ulcer reappearance. A specialist follow up is needed.



8. DRUGS for VENOUS DISEASE

Leg venous and lymphatic drainage impairment is as common as misinformation on related pills and topicals unfortunately is.



False claims can confer properties to substances not validated by scientific data. Evidence-based content is reported below and at this website: www.vwinfoundation.com/fake-news-free-project/

DRUGS FOR VENOUS DISEASE

1. An excess of products in the market are claiming activities on the venous–lymphatic system that are not properly scientifically demonstrated. Relying on the available evidence and research as well as expert physicians advise is mandatory.
2. Micronized Purified Flavonoid Fraction (MPFF) demonstrated to be potentially beneficial in all chronic venous disease clinical classes, improving several signs and symptoms.
3. Sulodexide demonstrated to significantly control chronic venous disease signs and symptoms, to favor venous ulcer healing, to reduce the risk of thrombotic recurrence in specific context, to potentially reduce the impact of COVID-induced inflammation.
4. Ruscus aculeatus demonstrated to be potentially beneficial in chronic venous disease related symptoms and edema improvement. More evidence is needed to position it as the most recommended drug.
5. Rutosides demonstrated to potentially reduce swelling and pain. Some studies suggest it can reduce symptoms after a deep venous thrombosis, but there is no high-quality evidence suggesting its use for post-thrombotic syndrome prevention.
6. Calcium Dobesilate demonstrated to potentially reduce venous incompetence related swelling, edema and pain, but more evidence is needed.
7. Pentoxifylline can be used in venous ulcer management. International guidelines are not univocal in its indication: the drug use must follow proper evaluation of the expert physician.
8. Topical cream can bring an empirical benefit in venous and/or lymphatic symptoms/signs management, but the scientific literature is lacking strong evidence. An expert physician indication to the right product is mandatory.
9. Specific topicals containing medical honey demonstrated to be useful in partial thickness burns and infected post-operative wounds, while no robust evidence support their use in other type of lesions at the current moment.
10. Up to the knowledge of this experts panel, no supplement or dietary derived has demonstrated to significantly improve venous and or lymphatic function in a significant way.
11. The duration protocol of the above report substances intake must follow the single case prescription of the expert physician, taking into account the drug registration documents.

9. COMPRESSION

Venous and lymphatic return from the leg toward the heart has to overcome the force of gravity. Proper certified compression tools demonstrated to be of potential great help. Evidence-based statements are reported below and at this website:



www.vwinfoundation.com/fake-news-free-project/

COMPRESSION

1. Compression graduated stocking must be certified, report the exerted pressure in millimeters of mercury and be indicated by an expert health-professional.
2. If properly prescribed and applied, compression stockings are highly tolerable. Specific devices can help donning and doffing them.
3. An expert health professional must educate the user of graduated compression stocking on why should them use it and how to use them at best.
4. Specific certified compression stockings demonstrated to be useful for swelling and subjective comfort control also in healthy subjects subjected to more than 30 minutes standing up or sitting conditions and to pregnancy.
5. Specific certified compression stockings demonstrated to be beneficial in all the stages of leg venous disease, in venous ulcer recurrence reduction, in lymphatic disorders, in thrombo-embolism and post-thrombotic prevention and management.
6. Certified compression stockings can be useful after a procedure on the venous system. Only expert health-professionals can recommend specific compression type and duration.
7. Bandages with different features can be helpful in customizing a compression therapy on the specific need of the venous-lymphatic patient. Only expert professionals can apply bandages properly and at the desired pressure level.
8. A specific adjustable compression wrap demonstrated clinical and cost effectiveness superiority in ulcer healing and leg venous-lymphatic edema compared to bandaging.
9. Intermittent pneumatic compression represents a valuable option in leg venous ulcer, thrombo-embolism prophylaxis and edema management. The timing and dosage is variable and must be indicated by the expert health-professional based on the single specific case.
10. Properly prescribed compression is safe. Possible contraindications are: neuropathy, skin alterations, heart failure, severe limb asymmetry. In peripheral arterial disease compression can be of benefit in specific cases, after careful evaluation.

10. LYMPHEDEMA - LIPEDEMA

Leg lymphatic drainage alteration (lymphedema) is so frequent and so often under-diagnosed to be called “the hidden epidemic”. Leg fat alteration (lipedema) is often confused with lymphedema. Evidence-based facts are

reported below and at the dedicated website

www.vwinfoundation.com/fake-news-free-project/



LYMPHEDEMA - LIPEDEMA

1. Lymphedema is a chronic fluids accumulation. Lipedema is an inflammation of the leg fat tissue, possibly associated with lymphedema.
2. Lymphedema is a progressive disease whose stage must be precisely identified by an expert.
3. Lymphedema can manifest as swelling, redness, skin infections, abnormal tissue proliferation. At least ultrasound scanning must be performed, eventually together with more advanced techniques based on the specific case.
4. Lymphedema management includes conservative multi-specialty expert assessment, validated protocols of patients education, skin hygiene, compression, mechanical lymphatic drainage, specific physical exercises. Mesotherapy is not a validated option. No drug has been currently validated to increase lymphatic drainage, including diuretics.
5. Lymphedema surgical treatment must be performed only in highly experienced centers and once the conservative approach have demonstrated to be insufficient.
6. Prevention of lymphedema is crucial and possible by appropriate skin hygiene, healthy lifestyle, compression tools use and adequate follow-up visits, always supervised by expert health-professionals.
7. In the diagnosis of lymphedema always exclude heart and renal conditions, malnutrition, malformations, tumors, lipedema, arterial and venous disease and post-traumatic swelling.
8. Leg swelling leg can be caused by fat tissue alteration (lipedema). The condition affects both limbs, it spares the feet and hands and it's associated with pain at pressure on the skin
9. Lipedema conservative management is similar to lymphedema one and require highly specialized health-professionals. Specifically dedicated liposuction techniques can be taken into consideration if conservative measurement alone failed and must be performed by expert professionals.
10. Lymphedema-lipedema most often become chronic: they generally require lifelong care and proper support by expert health-professionals.

11. SCLEROTHERAPY + AESTHETIC PHLEBOLOGY

Sclerotherapy is a safe and effective technique for therapeutic and aesthetic management of the leg veins. It remains the most frequently practiced approach around the world. Proper expertise is mandatory in its practice: indeed, poking a vein is an easy act many people can perform, while knowing where and how to poke and what to inject is a medical gesture requiring top knowledge. Similar consideration can be done for laser use in aesthetic phlebology: a growing practice, requiring proper expertise.

Validated info are reported below and at the website:

www.vwinfoundation.com/fake-news-free-project/



SCLEROTHERAPY and AESTHETIC PHLEBOLOGY

1. Sclerotherapy is a safe effective therapy for leg veins affected by chronic venous disease, provided it is performed by experts professionals.
2. Foam produced by expert hands, using proper syringes and method is standardized, reproducible, safe and effective.
3. Sclerotherapy is indicated in all stages of leg chronic venous disease. It is absolutely contraindicated in case of known allergy to the sclerosant drug, acute deep venous thrombosis and pulmonary embolism, local infection in the injection area or systemic infection, long-lasting immobility, known symptomatic right to left shunt in case of foam formulation. An expert physician must assess the single case for eligibility to sclerotherapy.
4. Up to 20% of cases can present post-injection hyperpigmentation. The phenomenon is usually transient.
5. Sclerotherapy injection must be accompanied by proper patient thrombotic risk assessment and life-style adaptation as per the evaluation of the expert physician.
6. Sclerotherapy is the first-line treatment for leg anti-aesthetic veins. Specific lasers use can be taken into consideration for vessel smaller than 1 mm.
7. Laser treatment of leg anti-aesthetic veins must be performed by highly expert physicians limiting possible complications such as skin burns and pigmentations.
8. Up to the knowledge of this experts consensus, carboxytherapy and ozone therapy have not demonstrated to improve venous-lymphatic function and appearance.
9. Thermal coagulation of the vein can be an option in aesthetic leg vein treatment, but further data are needed before recommending it over sclerotherapy.
10. No aesthetic vein treatment can be considered definitive since venous disease can present recurrence. A proper ultrasound scanning should always precede an aesthetic vein treatment.

12. LIFE-STYLE, SPORT, NUTRITION



Life-style, sport & nutrition can all be considered like drugs: harmful or helpful based on how they are practiced. Evidence-based statements on the related venous-lymphatic field are reported. Insights available here:

www.vwinfoundation.com/fake-news-free-project/

LIFE-STYLE, SPORT, NUTRITION

1. Obesity, postural defects, physical inactivity are risk factors for leg chronic venous disease.
2. Oral and injectable hormone use can increase the risk of venous thrombo-embolism. Transdermal administration can reduce the thrombo-embolic risk but more investigations are needed for a final recommendation.
3. Up to the knowledge of this experts panel, no food, drink or supplement has scientifically demonstrated to improve venous-lymphatic circulation. Relying to the expert physician is of paramount importance before using whatever supplement.
4. Up to the knowledge of this experts panel, no specific diet has been scientifically validated for venous-lymphatic improvement. A diet aimed to avoid obesity, oxidative stress and excessive venous-lymphatic dilation should be preferred and customized on the specific subject case.
5. Physical activity requiring progressive, gentle activation of leg calf muscle can facilitate venous drainage. Physical activity requiring sudden activation of the calf muscle, possible leg constriction or trauma can harm venous drainage. A specialist consult can help identifying the correct exercise type.
6. Certified properly prescribed graduated compression can improve perceived exertion after walking and subjective comfort after prolonged sitting. Prescription by a health-professional is recommended.
7. Certified properly prescribed graduated compression stockings can reduce leg swelling after 4 hours flight. Patients at risk of venous-thromboembolism should wear certified compression stockings prescribed by an expert health-professional.
8. Neuromuscular electrical stimulation has shown preliminary evidence of potential benefit in leg venous drainage. More data are needed to validate its use, for which an indication of the expert physician is suggested.
9. Specifically standardized aquatic exercises demonstrated to be beneficial for leg venous-lymphatic drainage. SPA/aquatic not specific walks are still needing proper scientific validation.
10. Medical information is heavily subjected to fake news: relying always on validated scientific papers and experts health professionals is crucial.

auspices from **71** SCIENTIFIC SOCIETIES

DUBAI HEALTH AUTHORITY

INTERNATIONAL SOCIETY OF LYMPHOLOGY

INTERNATIONAL UNION OF ANGIOLOGY

WORLD UNION OF WOUND HEALING SOCIETIES

ITALIAN ASSOCIATION OF DIETETICS-CLINICAL NUTRITION

ITALIAN NATIONAL FEDERATION OF MEDICAL BOARDS

Academia Mexicana de Flebologia y Linfologia

American Vein & Lymphatic Society

American Venous Forum

Asian Venous Forum

Colombian Vascular Surgery Association

Costa Rica Peripheral Vascular Surgery Society

Associação Brasileira de Flebologia e Linfologia

El Salvador Vascular Surgery Society

Association of Vascular Surgeons of Ukraine

Australian & New Zeland Phlebology Society

Austrian Society of Phlebology

Balkan Venous Forum

Baltic Society of Phlebology

Bangladesch Vascular Society

Benelux Association of Phlebology

Bulgarian Society of Vascular Surgery

Canadian Society of Phlebology

Capítulo Español de Flebología y Linfología

Chile Foundation of Phlebology & Lymphology

Chinese Society of Phlebology (CINA)

Colegio Argentino de Cirugía Venosa y Linfática

Colegio de Medicos Cirujanos J. Raymond Tournay

Bolivian Society of Phlebology

Czech Society of Phlebology

Egypt Africa Venous Lymphatic Association

Egyptian Venous Forum

Foro Venoso Mexicano

French Society of Phlebology

Georgian Association of Vascular Surgery

Hellenic Phleboogical Society

Hungarian Venous Forum

Indonesia Venous Forum



auspices from 71 SCIENTIFIC SOCIETIES

International Compression Club
International Vascular Endovascular Research Consortium
Italian Association of Phlebology
Italian Chapter of the International Society of Lymphology
Italian Society of Clinical and Experimental Phlebology
Italian Society of Phlebo-Lymphology
Japanese Society of Phlebology
Kazakh Society of Phlebology
Latin America Venous Forum
Middle East Venous Forum
National College of Phlebology Russia
Near East North Africa venous-lymphatic forum
Polish Society of Phlebology
Romanian Society of Phlebology
Russian Phlebological Association
Saint Petersburg Venous Forum
Serbian College of Phlebology
Sociedad Chilena de Flebología y Linfología
Central America Vascular Surgery Society
Dominican Society of Vascular Surgery
Mexican Society of Vascular Surgery
Sociedad Panamericana de Flebología y Linfología
Sociedad Paraguaya de Flebología y Linfología
Sociedad Peruana de Flebología y Linfología
Portuguese Society of Vascular Surgery
Society for Vascular of Singapore
South Africa Lymphatic & Venous Society
Swiss Society of Phlebology
Thai Society of Phlebology
Thai Vascular Association
Turkish Society of Phlebology
Uruguay Society of Phlebology & Lymphology
Vascular Surgery Society of Egypt
Venous Association of India





This no profit educational project was officially presented during the
Universal Expo (World Fair, Dubai, Feb 5, 2022).

A dedicated publication on International Angiology Journal is available for
Health Care Professionals.

V-WIN foundation expresses the deepest gratitude to ALL the involved ones.

