



THE FREQUENCY OF VARICOUSE DISEASE IN SPECIALIZED AMBULATORY UNIT AND FAMILY DOCTORS PRACTICE

F. CĂDARIU*, I. O. AVRAM*, AI. ENACHE*, G. CĂDARIU***,
F. ENACHE****, M. MURARIU**, A. GLĂVAN**, S. GRAURE **

* U.M.F. Timișoara,
** Family Doctors,
*** G.N.M.
**** I.P.J.

ABSTRACT:

In the last years the ambulatory surgery has developed in Timisoara. The ambulatory practice shows us a higher frequency of varicose disease, so between 30 and 40% of patients treated ambulatory suffered of varicose disease. In these cases we have performed ambulatory flebectomy Muller, thrombectomy and sclerotherapy.

The postoperative evolution was very good and encourages us to develop this surgical technique. The phlebologic patients represent an important part of activity for the family doctors. Even with the Romanian costs in medicine, the costs of venous disease are important. In conclusion we must prevent the varicose disease by all means because the treatment is expensive.

KEYWORDS
varicose disease, flebectomy

1. INTRODUCTION

The changes brought by the last years of practice in specialized units led to a modern approach to the ambulatory surgical treatment of patients with venous problems.

In this paper we share our experience in the field of varicose disease ambulatory surgery, presents aspects regarding the surgical treatment of varicose veins in specialized ambulatory units, by performing Muller phlebectomy and/or sclerotherapy.

In our town there are 11 private Clinics and 4 Polyclinics in which the surgeons of Timisoara can perform ambulatory techniques of phlebology and proctology surgery.

2. METHODS

Over the last 5 years we have treated a number of patients with a varicose disease. We have performed Muller minimal phlebotomy (in 16 of

the cases) or phlebectomy of the thrombosed varicosis (in 21 of the cases), according to the clinical findings, and the evolutive stage of the disease.

In addition to the flebectomy, in 22 cases we also performed catgut endovenous inclusion, according to the Brinzeu procedure.

Local anesthesia has been used in all the interventions.

We have performed sclerotherapy for reticular varices and for the recidive of the varices after saphenectomy in 50 cases.

3. RESULTS

Few post-surgical complications appeared, e.g. small haematomas developed in 5 of the cases, but they didn't require surgical reintervention, as we solved the problem by medical care.

The prognosis after five years is good, with no clinical symptomatology and minimal scars.

In all cases we also took in consideration the patient's desire for an aesthetic outcome.

4. CONCLUSIONS

The ambulatory venous surgery is well accepted in all cases, being less expensive than hospital surgery.

Surgical ethics imposed that we take in consideration, first of all, the functional result, both in establishing the surgical technique and the treatment protocol.

The aesthetic results were very good in all cases of varicous disease.

In selected cases is a very good method of therapy, the best results being obtained using associated methods of varicous therapy.

This approach is a new alternative for varicous disease surgery and hemoroidal disease surgery in our country. The good results obtained encourage us to develop the ambulatory surgery.

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