Surgical creation of a monocuspid valve

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Disclosures

• None

Deep venous reconstruction involves

Valve reconstruction
Non-refluxing segment creation

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In primary deep venous insufficiency (E_p)

In secondary deep venous insufficiency (PTS) E_s

Basically, the choice depends on the ethiology of the reflux:

- Primary [E_p]
- Secondary [E_s]
- Congenital [E_c]

In rare cases the valve is still repairable but outcomes prove less satisfying.
In secondary deep venous reflux (PTS), the valve cusps are usually destroyed and valvuloplasty is not feasible.

Congenital deep venous insufficiency (cDV):
- Agenesis
- Hypoplasia

Valves are absent or rudimentary:
- Transposition
- Valve transplant

In PTS and in valve agenesis the options are:
- New competent axis
- Neovalve

The Neovalve


It consists in creating an antireflux mechanism by means of parietal dissection.

The Neovalve is obtained by dissecting the vein wall in order to create a pocket able to work as a valve.

On certain occasions it is pre-formed.
On other occasions it represents a challenge.
It offers two advantages:
- A wash action into the pocket
- A mobile flap

A neovalve stent based on competing flow is at the moment among our fields of research.

Thank you.