# UIP NEWSLETTER,

JUNE 2024





- 1. UIP global road to Buenos Aires 2025 World Congress
- 2. Honour box
- 3. Speaker's Corner
- 4. 2025 UIP World Congress
- 5. Buenos Aires host city
- 6. Phlebology Abstracts
- 7. UIP month 24
- 8. Events under auspices UIP
- 9. Other upcoming events
- 10. UIP Membership: Benefits
- 11. UIP Announcements

As UIP is warming up for enjoying a spectacular 2025 World Congress in Buenos Aires, this month's cover is in celebration of the excellent performance accomplished by the **Flebopanam 2024 meeting**, hosted under the presidency of Dr. Chantal Aguero in Paraguay on June 20-22.

The event gathered together experts from all continents, combining top educational activities in the most welcoming and interactive atmosphere possible: features that will be highly expressed indeed during the **2025 UIP World Congress.** 

IN THIS EDITION

🖸 @uipphlebology

## **UIP GLOBAL ROAD TO BUENOS AIRES 2025**

The **Pan-American Society of Phlebology and Lymphology** held its XX meeting in Asunción, Paraguay, from the 20<sup>th</sup> through 22<sup>nd</sup> of June. It was a historic moment as we were fortunate to have the presence of its last remaining founder, Dr Emilio Agüero Wagner.

Since 1981 this Society incorporated different associations from Latin America and Spain. The representatives of 21 societies, members of SOPFYL participated sharing science and camaraderie.

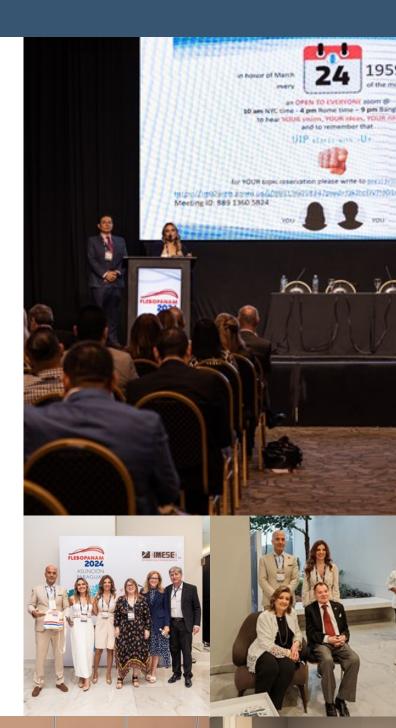
There were different courses organized focusing in the new advances in Sclerotherapy, Ultrasound, Wound care, Compression techniques and Endovascular treatments. Young generations could learn from the leader's expertise.

An academic session with a tutorial on the steps to write articles and publications for young investigators in order to enhance the contribution of Latin America took place.

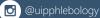
We also had institutional sessions involving the local Ministry of Health, the UIP, the Hematology group, the v-WIN and the Lymphedema patients association.

Of particular importance and honor for us was the representation of all continents: a clear sign that Latin America is getting ready to host the most inclusive UIP World Congress, warming up in advance to make sure all the Globe can join the professional event, while enjoying the social interaction.

> Chantal Aguero Pan-American Society of Phlebology & Lymphology President







## HONOUR BOX

First UIP - International Society of Thrombosis



& Haemostasis Joint Session



#### Prof. Chris Ward, ISTH

The 32nd Congress of the International Society on Thrombosis and Haemostasis (ISTH) is currently taking place in Bangkok, Thailand. This is the first ISTH Congress ever held in Southeast Asia and has attracted a large number of delegates from the Asia-Pacific region and worldwide, with approximately 4000 attendees.

The Congress Planning Committee, led by Prof Chris Ward (University of Sydney), was keen to educate delegates about the rapidly evolving field of mechanical clot retrieval and catheter-directed interventions in acute venous thromboembolism. To facilitate this, two joint sessions were planned between ISTH and UIP and these attracted large numbers of attendees and positive commentary.

The first ISTH-UIP joint session was a State of the Art on Acute VTE Intervention to provide background information on current approaches and emerging technologies. Anna Waterhouse (University of Sydney) spoke on the importance of developing biocompatible materials for stents and other cardiovascular devices. She discussed advances in material science that can influence blood flow and minimize the adherence of platelets and activation of the clotting system, including work from her own laboratory to develop flexible materials that resist cell adhesion.

The next two speakers were experts nominated by UIP to cover interventional approaches in DVT and PE. Nuttawut Sermsathanasawadi (Mahidol University, Bangkok) discussed surgical and endovascular approaches to iliofemoral vein thrombosis and the results of recent clinical trials of catheter directed thrombolysis, Suat Doganci (Turkish Society of Phlebology) covered interventional procedures used for intermediate and high-risk PE, including direct clot aspiration and localised infusion of thrombolytics. He outlined the current evidence for safety and efficacy and the large number of randomized control trials underway that will compare interventional strategies with conventional anticoagulation or systemic thrombolysis.

This was followed by a 2 hour combined meeting of three of the ISTH Scientific and Standardisation Committees (SSC) Control of Anticoagulation, Fibrinolysis and Perioperative and Critical Care Haemostasis. The intent of this session was to explore knowledge gaps in the selection of patients for interventional methods, the relative safety of catheterdirected versus systemic thrombolysis and clinically relevant endpoints to include in future clinical trials. To illustrate some of the current challenges, two clinical cases were presented by Sara Ng (Australia) and Joy Chiasukul (Thailand). The session was chaired by Profs Ward and Lana Castellucci (University of Ottawa, Canada). Our two invited UIP speakers presented data on patient selection in high-risk DVT (Sermsathanasawadi) and delayed surgical procedures to manage post-thrombotic syndrome (Doganci).

Another interventional perspective was provided by Dominic Draxler (Inselspital, Switzerland) a cardiologist running trials of ultrasound-assisted thrombolysis in high-risk PE. For ISTH, Cecilia Becattini (University of Perugia) spoke on medical criteria for selecting patients for intervention, including the limitations of current PE risk scores and the definitions of cardiac dysfunction that underscore most of these. Erik Klok (Leiden University) reviewed international collaborations on patient-reported outcomes and ways to better define the functional results of VTE therapies. He outlined some recent innovations which are simpler to use than conventional quality of life surveys and may better reflect patient perspectives on their recovery and long-term impacts of a thrombotic episode.

The audience participated in a lively discussion of the field, and proposed areas for future collaborations between our societies, including patient criteria for interventional methods and a consensus on outcome measures. We look forward to future meetings on this topic and opportunities to bring medical, imaging and procedural experts together to clarify the optimal treatment pathways for high-risk DVT and PE

## HONOUR BOX

🔌 IS**th202**4

BANGKOK

### **First UIP - International Society of Thrombosis**

### & Haemostasis Joint Session









#### Suat Doganci, UIP

"UIP and ISTH collaboration in 2024 In 2024 ISTH Bangkok meeting, for the first time, UIP and ISTH Societies organized joint sessions about the treatment of Venous Thromboembolism and Pulmonary Embolism in Acute and Chronic Period.

Treatment of these two life-threatening diseases needs a close collaboration by medical and surgical/interventional perspectives. Showing the possible interventional treatment approaches with promising early and late outcomes to the colleagues from medical disciplines, will definitely improve the quality of therapies applied to the patients with DVT and PE. Furthermore it constituted a start for a future collaborations for not only meetings but also new research projects. As UIP we are looking forward collaborating other possible societies."

#### Nuttawut Sermsathanasawadi, UIP

"I am glad to talk on the topic of acute DVT intervention at the joint session between ISTH and UIP. This session will help hematologists understand which patients should be performed thrombus removal in acute DVT. Working together between hematologists and vascular surgeons or vascular interventionists will help patients to get the most benefit and safe treatment. In the future, we could work together to create the standard of care and also guidelines."

#### Sergio Gianesini, UIP

"On behalf of the International Union of Phlebology (UIP), I'd like to deeply thank the International Society of Thrombosis and Haemostasis (ISTH) for the historic first joint session hosted in Bangkok this June. UIP vision is to promote the most appropriate vein-lymphatic care inside and outside the related professional field, developing synergy with the most reliable entities. Exactly in this sense the gratitude of all our Organization goes to ISTH, enjoying what we are sure is just a first step of an evidence-based and best practice road leading toward the most appropriate patient care. For this reason, the honour box of this month is dedicated to the entire ISTH. A special sign of appreciation goes to profs. Ward from ISTH and profs Doganci and Sermsathanasawadi who served as UIP ambassadors, for having represented the two Entities so nicely and pro-actively. Until the next time, at the UIP 2025 World Congress in Buenos Aires, where ISTH will enjoy the same courtesy UIP has just enjoyed so much at the same ISTH event."

## **SPEAKER'S CORNER**

### Thrombotic Risk Assessment in Vein Practice: Considerations for Practioners

The most common procedural complications of varicose vein treatment are pain and thrombosis, including deep vein thrombosis (DVT)<sup>1</sup>. Albeit a low incidence of thrombosis, alternative to universal pharmaco-prophylaxis, which is discouraged, an individualized approach is preferred to consider peri procedural prevention<sup>1</sup>. The data to define which of many scoring systems may be best fit to select candidates to pharmacoprophylaxis remains limited. Moreover, some validated scores, may still need adjustment for optimal use in varicose vein procedures<sup>2</sup>. Aiming to streamline implementation, we can deconstruct the universal thrombosis risk assessment model. the Virchow triad, through the scope of the patients with varicose vein.

As a non-Newtonian fluid, leading from the suspension of cells in plasma, blood will exhibit a changing viscosity depending on hemodynamic conditions. Thus, <u>stasis</u> inherent to the decreased calf venous pump function, varicosities, venous hypertension will be baseline risk factors. Age, a risk factor for incident post procedure thrombosis, is also directly associated with stasis. Among those with added deterrents to flow as obesity, immobility, paralysis, etc; ought to trigger attention to consider mitigation measures. Although a weak recommendation, the current guidelines continue to advocate for post procedure compression<sup>1</sup>, which aids on reducing stasis.

There is intentional and controlled <u>injury</u> to the endothelium during varicose vein treatment. Thus, during mechanochemical ablation (MOCA) for instance, there is damage not only to endothelium but also to shear of medial layer which favors sclerosant flow to enhance its cytotoxic effect<sup>3</sup>. Similarly, endovenous ablation will cause local endothelial damage. In a study with coordinated blood samples in the iliac and cubital veins along ablation, there was no systemic excess of Pselectin, soluble thrombomodulin, fibrin degradation products and D-dimer, suggesting in



Alfonso J Tafur MD MS MBA RPVI FSVM FIUA FACC Director, Vascular Medicine & Cardiovascular Research Endeavor Health, Evanston-IL, USA Vascular Medicine Program Director Clinical Professor of Medicine University of Chicago, Pritzker School of Medicine, USA atafur@uchicago.edu

most patients the effect is only local<sup>4</sup>. While the long-term intent is improvement of the venous hemodynamics and venous endothelium properties towards the ankle, the initial injury is more likely to extend among higher risk patients

Thrombophilia is the third pillar to assess. Some data suggests patients with chronic venous incompetence have a higher prevalences of thrombophilias relative to age- and sex-matched control5. Just as there is a familial selection to have varicose veins, a family history of thrombosis is a robust predictor of risk. Concordantly, the Caprini risk score<sup>2, 6</sup>, which correlates thrombosis prediction after venous procedures, adds points for family history and thrombophilia including factor V Leiden, antiphospholipid, prothrombin mutation, sickle, etc<sup>7</sup>.

## **SPEAKER'S CORNER**

### Thrombotic Risk Assessment in Vein Practice: Considerations for Practioners

Just like Les Trois Mousquetaires was really a story of 4, there is one more consideration worth mentioning pertinent to anticoagulation care.

For patients chronically anticoagulated due to underlying medical conditions such as atrial fibrillation or venous thromboembolism, the prospect of undergoing varicose vein ablation poses a dilemma regarding anticoagulation management. Interrupting anticoagulation therapy increases the risk of thromboembolic events, particularly in highrisk patients. Recent evidence suggests that anticoagulation interruption may be avoided in modern varicose vein treatment techniques without compromising safety, and no definite decrease on efficacy <sup>8-10</sup>. Therefore, "Do I need to stop anticoagulation?" should precede a default interruption plan in all patients<sup>11</sup>.

A simplified perspective on these 4 aspects may serve as reminder of the areas of interest not to miss when doing Thrombotic Risk Assessment in a Vein Practice.

#### References

1. Gloviczki P, Lawrence PF, Wasan SM, Meissner MH, Almeida J, Brown KR, Bush RL, Di Iorio M, Fish J, Fukaya E, Gloviczki ML, Hingorani A, Jayaraj A, Kolluri R, Murad MH, Obi AT, Ozsvath KJ, Singh MJ, Vayuvegula S and Welch HJ. The 2023 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society clinical practice guidelines for the management of varicose veins of the lower extremities. Part II: Endorsed by the Society of Interventional Radiology and the Society for Vascular Medicine. J Vasc Surg Venous Lymphat Disord. 2024;12:101670.

2. Grill MH, Caffaro RA, Grill TA, Junior VC, Kikuchi R, Ribeiro CM, da Silva VS, Tafur AJ, Caprini JA and Ramacciotti E. A Prospective Study Evaluating Patterns of Responses to the Caprini Score to Prevent Venous Thromboembolism After Interventional Treatment for Varicose Veins. Clin Appl Thromb Hemost. 2022;28:10760296221112081. 3. Whiteley MS, Dos Santos SJ, Lee CT and Li JM. Mechanochemical ablation causes endothelial and medial damage to the vein wall resulting in deeper penetration of sclerosant compared with sclerotherapy alone in extrafascial great saphenous vein using an ex vivo model. J Vasc Surg Venous Lymphat Disord. 2017;5:370-377.

4. Fakhry A, AbdRahman M, Nagib S and Zyada A. Biochemical Endothelial Injury and Platelets Activation Detectionin Endovenous Laser Ablation of Varicose Veins. J Angiol Vasc Surg 2021;6: 063.

5. Darvall KA, Sam RC, Adam DJ, Silverman SH, Fegan CD and Bradbury AW. Higher prevalence of thrombophilia in patients with varicose veins and venous ulcers than controls. J Vasc Surg. 2009;49:1235-41.

6. Lobastov KV, Shaldina MV, Matveeva AV, Kovalchuk AV, Borsuk DA, Schastlivtsev IV, Labeko LA and Fokin AA. The correlation between Caprini score and the risk of venous thromboembolism after varicose vein surgery. Int Angiol. 2023;42:477-487.

7. Tafur AJ and Caprini JA. Dissecting the rationale for thromboprophylaxis in challenging surgical cases. J Thromb Haemost. 2024;22:613-619.

8. Chang H, Sadek M, Barfield ME, Rockman CB, Maldonado TS, Cayne NS, Berland TL, Garg K and Jacobowitz GR. Direct oral anticoagulant agents might be safe for patients undergoing endovenous radiofrequency and laser ablation. J Vasc Surg Venous Lymphat Disord. 2023;11:25-30.

9. Sufian S, Arnez A, Labropoulos N and Lakhanpal S. Endothermal venous ablation of the saphenous vein on patients who are on anticoagulation therapy. Int Angiol. 2017;36:268-274.

10. Westin GG, Cayne NS, Lee V, Ekstroem J, Yau PO, Sadek M, Rockman CB, Kabnick LS, Berland TL, Maldonado TS and Jacobowitz GR. Radiofrequency and laser vein ablation for patients receiving warfarin anticoagulation is safe, effective, and durable. J Vasc Surg Venous Lymphat Disord. 2020;8:610-616.

11. Tafur A and Douketis J. Perioperative management of anticoagulant and antiplatelet therapy. Heart. 2018;104:1461-1467.

## **SPEAKER'S CORNER**

### LATAM invites you to the XXI<sup>st</sup> UIP World Congress Buenos Aires 2025

It is an honor for me to be able to contribute to this Speaker's Corner. My name is Fanny Rodriguez Santos, I am a General Surgeon specialized in Phlebology and Lymphology and I currently work as Head of the Phlebology Section of the Hospital Italiano de Buenos Aires, in Argentina.

Although Phlebology is a relatively young specialty, it has a rich history in Latin American countries and is currently represented by 22 Societies in the UIP. However, there is still a pending debt to improve the standards of education in the specialty in the region and to achieve greater participation in the development of research work.

The Covid-19 pandemic was an unprecedented catastrophe in health, social and economic terms. However, one of the opportunities that it left us with is that it brought us closer together digitally. During the pandemic we held numerous virtual meetings and webinars between phlebology societies in Latin America, and even with other regions of the world, such as the LAT-AF webinar series, promoted by the v-WIN Foundation, which continues after 4 years, joining bridges of science and friendship between Latin America and Africa. In 2021 we organized the XIX<sup>th</sup> International Congress of the Argentinean College of Venous and Lymphatic Surgery and IX<sup>th</sup> Interuniversity Congress in a totally virtual way with more than 1500 attendees.



Fanny Rodriguez Santos MD Head of the Phlebology Section Hospital Italiano de Buenos Aires, Argentina. Member UIP EWG

After the pandemic, the international working groups were strengthened, continuing with activities and being able to publish some publications in indexed journals such as the First Latin American Consensus on Superficial and Perforating Venous Mapping in 2023. It is planned to start with the Deep Venous Mapping Consensus next year. We are also currently working on a consensus on infection management in Phlebology together with the regional Phlebology societies of Argentina and the Argentinean Society of Infectology.

We are heading to the XXI UIP World Congress to be held in the beautiful city of Buenos Aires in October 2025, where we expect everyone to share a wonderful, inclusive and interdisciplinary congress, with an exquisite scientific and social agenda.

From the UIP Engagement Working Group we invite you to approach us in any way you consider and share with us your concerns and proposals.

We are at your disposal.

We are all Buenos Aires 2025

## **UIP 2025: BUENOS AIRES, ARGENTINA**



### **YOUR WISHES FOR UIP 2025**



#### Planning has begun for the **UIP World Congress in Buenos Aires** in **2025.**

Start thinking now about what YOU would like to see at the Congress, as we will be releasing our **"Wishing Box" for** your suggestions.



## **UIP 2025: BUENOS AIRES, ARGENTINA**



## **UIP 2025: BUENOS AIRES, ARGENTINA**









**#11 IN THE WORLD** 

## PHLEBOLOGY ABSTRACTS

### New publications in Phlebology

**OnlineFirst Articles** 

### www.journals.sagepub.com

Chronic venous disease of lower limbs in young men at high-altitude: A crosssectional survey

The journal disease

Phlebology

Authors: Li Jiang, Jun Wang, Lihong Ma, Shunbi Liu, Yunming Li, Sheng Ding. Xuelin Yang, Yuanzhang Liu, Siyi He, Hongtao Yan

https://doi.org/10.1177/02683555241263920

<u>11((ps.//doi.org/10.11///02003555241205520</u>

Treatment of varicose great saphenous vein with endovenous laser alone or combined with eco-guided foam sclerotherapy: A randomized controlled trial

Authors: Fabricio Duarte, Diego Mello de Souza, Ademar Regueira Filho. Laércio João Bazzanella, Flávia Del Castanhel, Getúlio Rodrigues de Oliveira Filho

https://doi.org/10.1177/02683555241263224

Elevation of cardiac enzymes and Btype natriuretic peptides following venous recanalization and stenting in chronic venous obstruction



Authors: Yan Yan, Mohammad E Barbati, Efthymios D Avgerinos, Suat Doganci, Michael Lichtenberg, Houman Jalaie

https://doi.org/10.1177/02683555241261321

Application of the Symptoms-Varices-Pathophysiology classification system in patients with pelvic venous disorders



Authors: Neel Gadhoke, Shreeya Bahethi, Gaurav Lakhanpal, Levan Sulakvelidze, Richard Kennedy, Sanjiv Lakhanpal, Peter J Pappas https://doi.org/10.1177/02683555241257155

🖸 @uipphlebology



# Click on the name to access the article!

#### Chronic venous disease: What if everything started with early care? A discussion with experts

Authors: Andrew Nicolaides, Stavros K Kakkos, Jaime G Estrada-Guerrero

https://doi.org/10.1177/02683555241230737

#### Diagnosis of post-thrombotic syndrome: International union of phlebology (UIP) survey of medical specialists



Phlebology

Authors: Nuo Xu, Manisha Siriwardene, Nikita Naidu, David E Connor, Alun H Davies, Peter Gloviczki, Mark H Meissner, Kurosh Parsi

https://doi.org/10.1177/02683555241259616

### Tributary treatment: Foam or phlebectomy?



Phlebology

Authors: Marwah Salih, Matthew Tan, Tristan Lane, Sarah Onida, Alun H Davies

https://doi.org/10.1177/02683555241259638

#### Treatment of vascular leg ulcers with leukocyte- and platelet-rich fibrin (L-PRF): A systematic review

Authors: Amirali Barzegar Amin, Dries Dorpmans, Hozan Mufty, Inge Fourneau

https://doi.org/10.1177/02683555241256543



UIP Newsletter: June 2024

### **UIP MONTH 24**

in honor of March every



an OPEN TO EVERYONE zoom @ 10 am NYC time - 4 pm Rome time - 9 pm Bangkok time to hear YOUR vision, YOUR ideas, YOUR needs and to remember that

UIP starts with «U»



for YOUR topic reservation please write to president@uipmail.org



On behalf of all the International Union of Phlebology (UIP), I'd like to bring to all the healthcare professionals and the public attention the **UIP March 24 initiative.** 

UIP was founded on March 24, 1959 and in the following 64 years it has been surely succeeding in bringing the vein & lymphatic world together, counting now on 81 Scientific Societies from all continents.

In order to honor **UIP March 24, 1959** birthday, every 24 of the month at 4 pm Rome time, myself and eventually available Executive Committee members will have an open to everyone zoom call where all the vein-lymphatic world and the public are invited to join to present their vision, ideas and eventual needs.

This glimpse of the current Phlebo-Lymphology around the world will provide the opportunity to analyze how the UIP can serve at best its member societies, while advocating for both colleagues and patients independently by their belonging or not to the UIP.

It's the UIP hope that you will like to take part in this initiative, so to develop together "present actions" while looking together at the brightest future.

Pre-submitted topics for discussion will have precedence in the hour dedicated to this initiative: in case, feel free to send yours at president@uipmail.org.

## **UIP MONTH 24**

The zoom call will be recorded so to allow everyone to enjoy the content on demand in case.

Looking forward for demonstrating together that **UIP starts with "U"**, UIP looks forward for **listening to "U"** at this zoom link:

https://us02web.zoom.us/j/88913605824?pwd=QklhcDVPd01nQ3YvbTk5WUIMMFNaQT09 Meeting ID: 889 1360 5824 Passcode: 916415

Whatever need, do not hesitate to reach out to me (gnsssrg@unife.it ; t. +393498012304)





UIP Executive Committee 2022-2025

6. vrs

Sergio Gianesini, MD PhD FACS m. gnssrg@unife.it t. +393498012304 UIP 2023-2027 president

## **EVENTS UNDER THE AUSPICES OF THE UIP**

### Another Phlebology 4th International Workshop

and

13th Balkan Venous Forum meeting

With the support of **UIP** 

#### 4-5 October 2024

Hotel Mercure Budapest Castle Hill, Budapest, Hungary

New observations and modifications in the field of phlebology

#### Prof. Imre Bihari and Prof. Sergio Gianesini Chairs of the Workshop

Dear Colleagues,

It is our great pleasure **to invite** you to *Budapest* to participate in the 4th International Workshop called *Another Phlebology*.

**This title** dates back to times when new methods like ultrasound diagnostics and endovenous interventions were introduced. These techniques made significant changes in our discipline so ithas become *another phlebology*. We stick to this title because the development hasn't stopped.



**We are focusing** on *new observations and personal modifications* than repeating well-known results. *We welcome your own ideas, instruments, diagnostic and treatment techniques, tips, experience and surveys* in everyday practice. The aim is to encourage you to develop and show usyour new or *alternative ideas and techniques*, not to denigrate them, because there have been toomany misjudgments in the history of science. *Preliminary reports* can also be accepted for presentation. Discussions are important parts of our meetings.

We, the audience together with each presenter will introduce a new evaluation score system the **novelty factor**. This will help us to find the best paper which will be **awarded by a prize**.

**Main topics:** Open, CHIVA and ablative surgery (laser, radiofrequency, steam, glue, microwave, cryo and any other techniques), sclerotherapy, foam sclerotherapy, aesthetic phlebology, conservative treatment, valve issues and solutions, VTE, post thrombotic issues, crural ulcer.

## **EVENTS UNDER THE AUSPICES OF THE UIP**

### Another Phlebology 4th International Workshop

and

13th Balkan Venous Forum meeting

With the support of **UIP** 

#### 4-5 October 2024

Hotel Mercure Budapest Castle Hill, Budapest, Hungary

New observations and modifications in the field of phlebology

Prof. Imre Bihari and Prof. Sergio Gianesini Chairs of the Workshop

**Experiences of our former meetings:** friendly atmosphere, we know each other (or will by the end of the meeting). Colleagues are present who like to *teach and learn* new ideas. Many of us are from Hungary or from surrounding countries. Not as expensive as other international meetings.

**We look forward to seeing you in Budapest**, which is a busy city with several faces, so you will find some ways to relax. Usually the Parliament, the Gellert hill, the Castle district, the Opera house and the Rock Hospital are recommended, but you can find several other interesting places.

Abstract deadline 15 June 2024 Please send your email address if you are interested in the meeting. We welcome to receive the title of your presentation(s) if you have one.

imre.bihari.dr@gmail.com

Further information: www.phlebology.hu



## **OTHER UPCOMING EVENTS**

One of the main UIP visions is to **promote productive relationships among societies.** With this vision, we report both **events with UIP auspices and events without**, so to inform everyone about possible educational activities. The hope is also to offer a tool useful for the colleagues organizing future meetings, so to avoid overlapping among events.

For more information about events visit: http://www.uip-phlebology.org/events

If you would like your event to appear in the UIP Newsletter, contact us at communications@uipmail.org

### **EVENTS CALENDAR**

#### **JULY 2024**

4th EVMI Meeting - Venous Association of India

13-14 JULY 2024

KOLKATA, INDIA

#### **OCTOBER 2024**

vWINDONESIA Congress 22-26 OCTOBER 2024 BALI, INDONESIA

### **OCTOBER 2024**

Another Phlebology 4th International Workshop & 13th Balkan Venous Forum meeting 4-5 OCTOBER 2024 BUDAPEST, HUNGARY

#### **NOVEMBER 2024**

AFLIPBA IV Provincial Conference 15-17 NOVEMBER 2024 CARILÓ, ARGENTINA



www.uip-phlebology.org

## **UIP SOCIETY MEMBERSHIP: BENEFITS**

# Did you know that as a member of UIP Society you can have access to different benefits?

Access to the Official Journal of the UIP (Free access for Tier 2 and 3)\*

Access to UIP Education Modules (Free access for Tier 2 and 3)\*



Access to UIP Discussion Forums

More features coming soon!

\*Tier: refers to the category of membership. If unsure about the classification of your country, please check on our website.

### **Accessing the Member Portal**

1. Contact your society and ask them to add your name to the members of the UIP website. 2. The society uploads a3. You willmembership list through theirconfirmingsociety page (Instructional Videospassword.available online).available

3. You will receive an email confirming your username and password.

#### **UIP OFFICIAL JOURNAL**

More information coming soon about accessing the Official Journal of the UIP

\*fees apply for Tier 1 countries

#### **UIP Education Modules**

Accessing the UIP Education Modules



1. Go to the **Online Education page.** 

2. Click "Enrol Now".

3. Complete the forms with the information requested.

#### **UIP Discussion Forums**

Accessing the UIP Discussion Forums



1. Log in the UIP website with your username and password.

2. Access the Discussion Forum through the member portal.

## **UIP ANNOUCEMENTS**

### INVITATION FOR NEWSLETTER CONTENT UIP SPEAKER BOX

The UIP is delighted to offer all its members to report a comment in future editions of the UIP newsletter. Topics can be related to evidence based science, phlebolymphology advancement, problem solving in clinical practice. If you are interested in submitting a comment, send a 300 word summary to:

communications@uipmail.org

### **SPONSORSHIP OPPORTUNITIES**

The UIP welcomes sponsorship for its newsletter from Industry. If you are interested in placing and advertisement or sponsoring the UIP newsletter, please contact us at:

execdirector@uipmail.org

### **ABOUT US**



The UIP Newsletter has been produced and distributed from Australia and Argentina, with the contribution of the members of the UIP.

The UIP Newsletter Editor is Gabriela Sfarcich from Argentina.

Advertising opportunities are available, and contributions and enquiries are welcome! f y

U

# SOCIA MEDIA



Follow our social media accounts and make sure you will be notified of updates, deadlines and important news!