

## Ultrasound VENOUS INSUFFICIENCY

<b>Patient Position</b>	<b>standing with weight on contralateral limb being elevated. Reverse Trendelenberg position can be used if patient is unable to stand.</b>
Special notes:	Create a detailed map of superficial system and identify the highest source of reflux.
	Augmentation with squeezing of calf musculature should be used.
	The Valsalva maneuver may also be used in a persistent effort for locating reflux.
<b>Procedure: GREATER SAPHENOUS VEIN</b>	The entire length of the vein should be examined and the presence, absence, and location of reflux recorded. Circumflex veins, accessory veins, varicosities, and abnormal perforating veins should be documented including diameter of each vessel at different levels along the vein. PW Doppler with augmentation and diameter of vein should be documented at a minimum at the following levels.
	A. SFJ :Sapheno-Femoral junction
	B. Prox, mid, distal thigh GSV
	C. GSV at knee
	D. Prox, mid, distal calf GSV
	E. GSV at ankle
<b>SMALL SAPHENOUS VEIN</b>	PW Doppler with augmentation and diameter of vein should be documented at a minimum at the following levels:
	A. SPJ: Sapheno-Popliteal junction
	B. SSV at knee
	C. Prox, mid, distal calf SSV
	D. SSV at ankle
	E. VOG: Vein of Giacomini (if seen)
<b>REFLUX VALUES</b>	Deep veins - CFV, FV, POPV = > 1 sec
	Tibial veins and perforations = > 0.5 sec
	GSV and SSV = > 0.5 sec
<b>NORMAL GSV and SSV DIAMETER</b>	GSV = 3-4 mm
	SSV = 3 mm