Monocusp

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Objective. Chronic venous insufficiency (CVI) has been traditionally managed with palliative care including long-duration high force compression hose, professional scheduled wound care, including: local ulcer management debridement/dressing, antibiotics, skin grafting, hyperbaric oxygen (HBO), Unna boot, leg elevation etc. This palliative care has proven expensive and is generally associated with many failures and many dissatisfied patients. Surgical intervention for aggressive CVI is uncommon at this time. However, due to the high palliative care costs and high failure rates, something new is required. Monocusp surgery was developed as a surgical option for this underserved patient group. Results. Twenty-six patients underwent 29 Monocusp surgeries. Long-term follow-up showed the monocusp valves remained competent beyond 5+ years. Symptomatic failures have been rare. The VEnous INsufficiency Epidemiologic and Economic Study (VEINES) classification1 improved over 5 years from 3.3 ± 0.9 to zero ($p < 0.001$. The mean venous reflux scores decreased from 3.8 ± 0.4 to 0.3 ± 0.5 ($p < 0.001$). Conclusion. Monocusp implantation reliably resolved patient symptoms when unusable common femoral vein (CFV) valves were encountered, and resulted in postoperative CFV reflux control. Postoperative warfarin is recommended for 6 months to minimize risks of early deep vein thrombosis and/or pulmonary embolism.