

implantation, establishing an inflow from either the distal abdominal aorta or the iliac arteries. Kinking is of great concern since it may cause acute occlusion, especially in grafts to the celiac axis and superior mesenteric artery because these vessels are directed caudally toward the right. Here, we describe a novel technique to achieve good exposure of the visceral vessels and appropriate graft position.

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#### Left Non-thrombotic Iliac Vein Lesion with a Symptomatic Right Leg

E. Stephen\*, N.R. Pradhan, N. Bit, R.L. Narayanan, S. Agarwal  
*Department of General Surgery - Unit 2 and Vascular Surgery, Christian Medical College (CMC), Vellore, Tamilnadu, India - 632004*

We report a case of left sided May-Thurner's syndrome in a 35 year old female patient with features of chronic venous insufficiency of the right lower extremity in contrast to the more commonly found clinical presentation of involvement of the left lower limb. This patient showed dramatic improvement in relief of pain and swelling of the right lower limb after stenting the May-Thurner lesion with resolution of reflux in the femoral veins.

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#### Regional Femoral Nerve Block Combined with Local Anaesthesia in Day Surgery for Varicose Veins

E. Fiutek<sup>a,\*</sup>, Z. Fiutek<sup>b</sup>

<sup>a</sup> *Medical University of Silesia, Katowice, Poland*

<sup>b</sup> *Private Praxis, Zabrze, Poland*

Three anaesthetic techniques are commonly used in surgery of varicose veins: general anaesthesia, central nerve block and tumescent anaesthesia. In this report we evaluate the efficacy and safety of another method – regional femoral nerve block with additional local anaesthesia. We report the early post-operative outcome in a group of 56 patients managed using this type of anaesthesia. In all cases removal of all incompetent saphenous trunks and varices was accomplished without any operative complication. Two cases of wound infection occurred post-operatively and in three patients skin abrasions were caused by bandages. 62% of patient are asymptomatic 2 months after surgery. We have found this anaesthetic method to be safe, efficient, easy and quick to perform. It offers an alternative to tumescent or general anaesthesia for day surgery in patients with varicose veins.

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