

Quan i perquè derivar un pacient amb insuficiència venosa crònica d'EEL a un Centre Hospitalari

Dr Daniel Gil i Sala, MD, PhD
Angiologia i Cirurgia Vasculat, ICCV
Hospital Clínic de Barcelona

1. Derivació URGÈNCIES

2. Derivació PREFERENT

3. Derivació NORMAL

1. Derivació **URGÈNCIES**

2. Derivació **PREFERENT**

3. Derivació **NORMAL**

1. Derivació **URGÈNCIES**



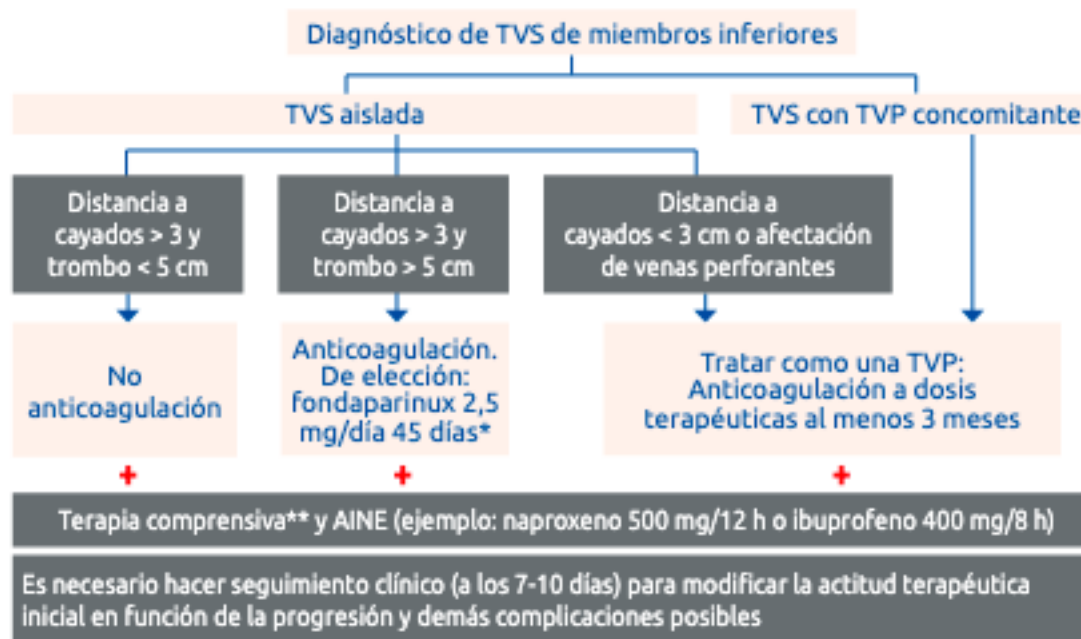
1. Derivació URGÈNCIES



1. Derivació URGÈNCIES

Trombosi venosa superficial

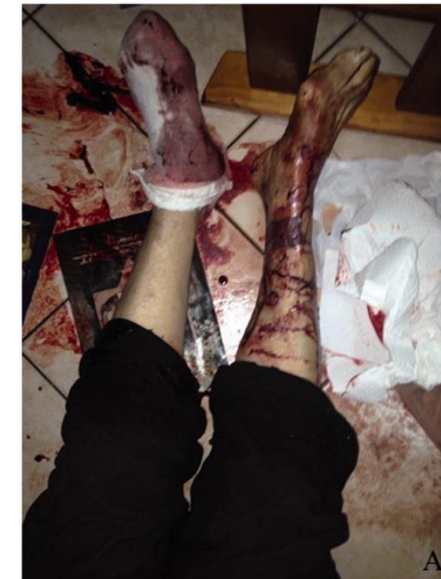
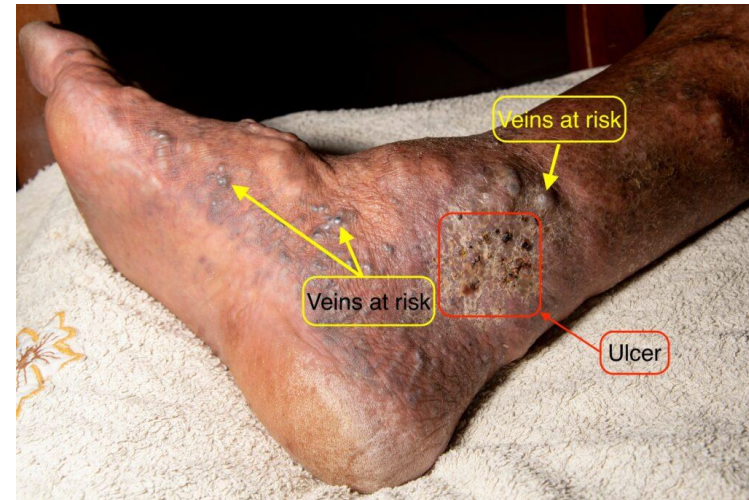
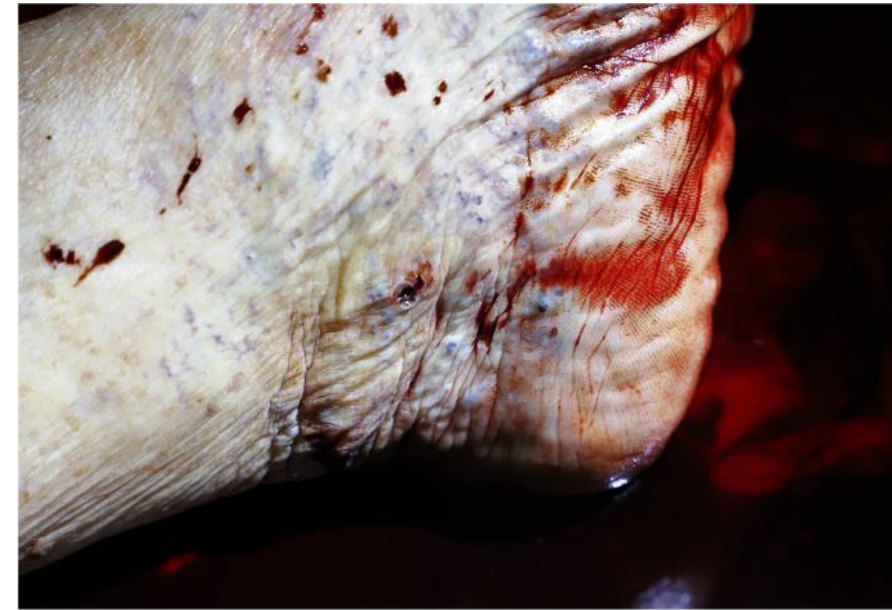
Anexo 1 Algoritmo de tratamiento



*Otras opciones con menor nivel de evidencia: HBPM en dosis profilácticas o terapéuticas 30-45 días, Rivaroxabán 10 mg 45 días

** Si la TVS se asocia a enfermedad crónica venosa, el tratamiento compresivo ha de ser indefinido

1. Derivació URGÈNCIES



1. Derivació URGÈNCIES

Varicorràgia

CLINICAL RESEARCH STUDY | SUPERFICIAL VENOUS DISEASE · Volume 13, Issue 1, 101988, January 2025 · Open Access

[Download Full Issue](#)

Protocol-based treatment of spontaneous hemorrhage from varicose veins prevents recurrence of bleeding

[Richard Bock, MD](#) ^a [Danielle Fontenot, MD](#) ^a · [Spencer Bock, MS](#) ^b · [Gwyn Eiler, RVT](#) ^a · [Kristie Worley-Fry, CMA](#) ^a ·

[John Blebea, MD, MB](#) ^c

[Affiliations & Notes](#) [Article Info](#)

Clinical Practice

Bleeding from varicose veins: advice in primary care and referral

Bruce Campbell, Chris Dilley and Manj Gohel

British Journal of General Practice 2022; 72 (722): 448-449. DOI: <https://doi.org/10.3399/bjgp22X720677>

Tractament inicial

1. Calma
2. Pressió
3. Elevació
4. Paciència
5. Embenatge
6. Derivar a URG

1. Derivació URGÈNCIES

Varicorràgia

CLINICAL RESEARCH STUDY | SUPERFICIAL VENOUS DISEASE · Volume 13, Issue 1, 101988, January 2025 · Open Access

[Download Full Issue](#)

Protocol-based treatment of spontaneous hemorrhage from varicose veins prevents recurrence of bleeding

[Richard Bock, MD](#) ^a [Danielle Fontenot, MD](#) ^a [Spencer Bock, MS](#) ^b [Gwyn Eiler, RVT](#) ^a [Kristie Worley-Fry, CMA](#) ^a · [John Blebea, MD, MB](#) ^c

[Affiliations & Notes](#) [Article Info](#)

Clinical Practice

Bleeding from varicose veins: advice in primary care and referral

Bruce Campbell, Chris Dilley and Manj Gohel

British Journal of General Practice 2022; 72 (722): 448-449. DOI: <https://doi.org/10.3399/bjgp22X720677>



1. Derivació URGÈNCIES

Varicorràgia

CLINICAL RESEARCH STUDY | SUPERFICIAL VENOUS DISEASE · Volume 13, Issue 1, 101988, January 2025 · Open Access

[Download Full Issue](#)

Protocol-based treatment of spontaneous hemorrhage from varicose veins prevents recurrence of bleeding

[Richard Bock, MD](#) ^a [Danielle Fontenot, MD](#) ^a [Spencer Bock, MS](#) ^b [Gwyn Eiler, RVT](#) ^a [Kristie Worley-Fry, CMA](#) ^a ·

[John Blebea, MD, MB](#) ^c

[Affiliations & Notes](#) [Article Info](#)

Clinical Practice

Bleeding from varicose veins: advice in primary care and referral

Bruce Campbell, Chris Dilley and Manj Gohel

British Journal of General Practice 2022; 72 (722): 448-449. DOI: <https://doi.org/10.3399/bjgp22X720677>



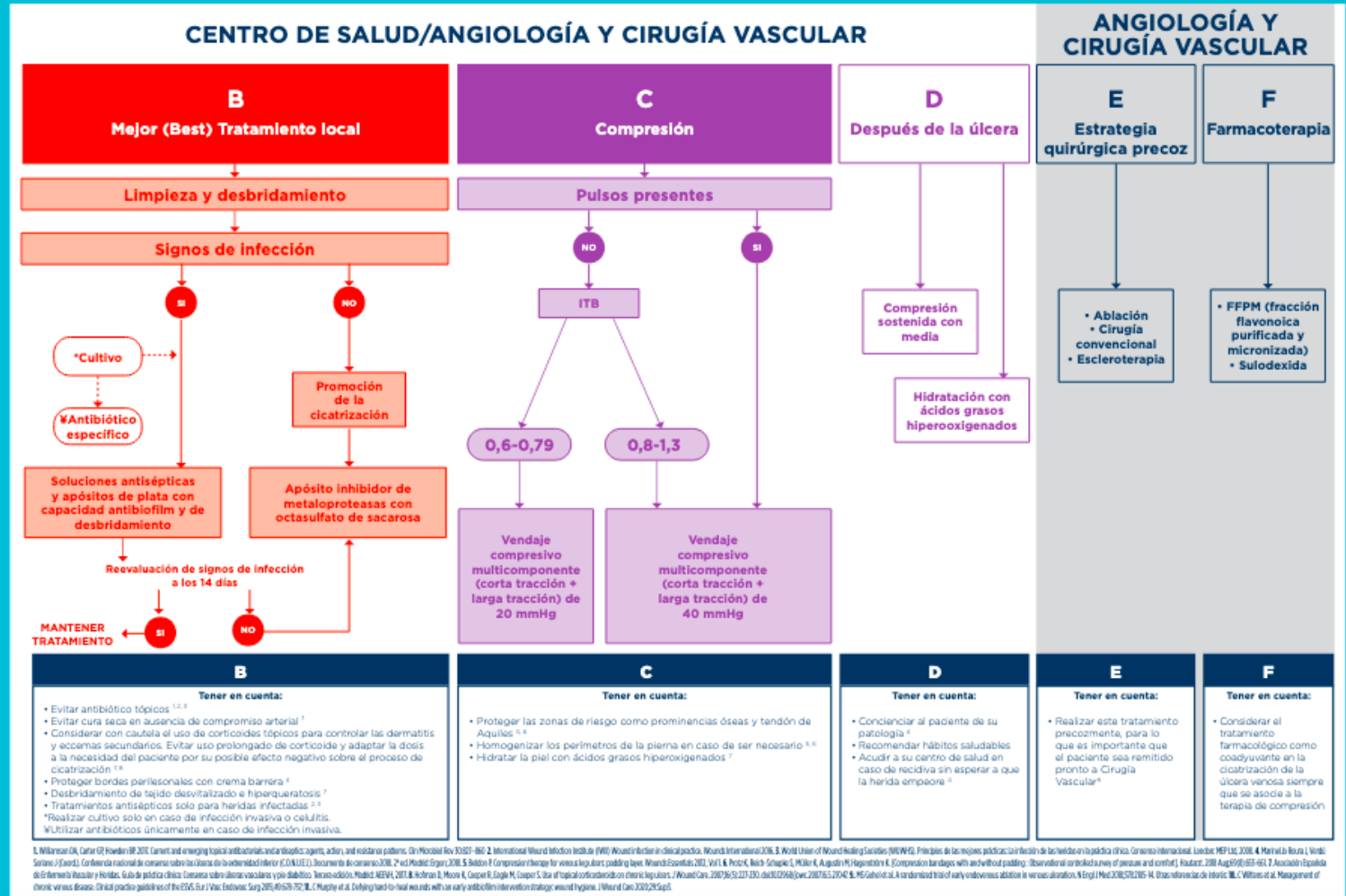
2. Derivació **PREFERENT**



2. Derivació **PREFERENT**

Úlcera venosa

ESTÁNDAR DE TRATAMIENTO PARA ÚLCERAS EN EXTREMIDAD INFERIOR DE ETIOLOGÍA VENOSA



2. Derivació PREFERENT

Úlcera venosa

Recommendation 32	Class	Level	References
Leg elevation may be considered for patients with leg ulcers when compression cannot be tolerated because of acute inflammation or as an adjunct to compression during resting periods.	IIb	C	268-270
Recommendation 25	Class	Level	References
Compression bandages and walking exercises are recommended as the initial treatment modality to promote healing in patients with venous leg ulcers.	I	A	217, 218
Recommendation 26	Class	Level	References
The use of high compression pressures of at least 40 mmHg at the ankle level should be considered, to promote ulcer healing.	IIa	B	221
Recommendation 21	Class	Level	References
Wound dressings may be considered to promote healing of venous ulceration.	IIb	A	204, 205, 208
Recommendation 22	Class	Level	References
Zinc dressings and cadexomer iodine may be considered to promote venous ulcer healing as first and second choice, respectively.	IIb	C	209
Recommendation 27	Class	Level	References
Compression with elastic or non-elastic bandages or other compression devices is recommended as the initial treatment modality for venous leg ulcers; however, the possibility of an active venous intervention should be explored and offered to maintain healing.	I	B	235, 236
Recommendation 31	Class	Level	References
Physiotherapy is not recommended as a measure to enhance healing of venous leg ulceration. However, patients with venous ulcers should be kept as mobile as possible.	III	A	259, 261

3. Derivació **NORMAL**



<https://www.capitulodeflebiologia.org/guias-y-recomendaciones/>

Gràcies

DAGIL@CLINIC.CAT

Nom projecte

Data/Any



UNIVERSITAT DE
BARCELONA