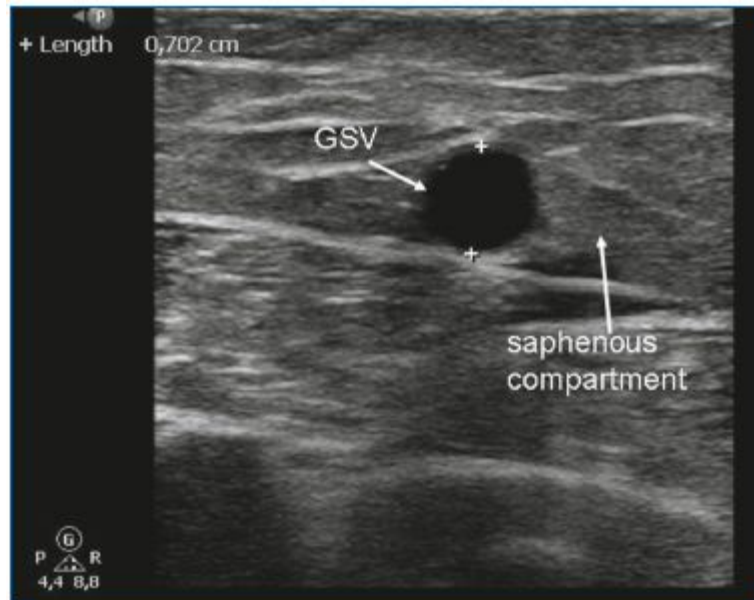


Saphenous Vein Mapping for Harvest

- Prep: None
- Basic Principles: Use appropriate linear transducer depending on patient body habitus. Patient is in a reverse Trendelenburg position in a warm room to help dilate the veins. Look for the “Eye Sign” to identify the GSV (greater saphenous vein) and SSV (small saphenous vein) by their location in the saphenous compartment.
- The examination should include the following:
 - Lower extremity venous Doppler exam to rule out DVT and SVT. (See lower extremity venous Doppler protocol)
 - Using light transducer pressure:
 - Measure inside diameter of vein.
 - Measure depth from top of skin surface showing the surgeon how deep to cut.



- Document and label images of GSV at:
 - GSV upper thigh near SFJ (saphenofemoral junction)
 - GSV mid-thigh
 - GSV AK (above knee)
 - GSV BK (below knee)
 - GSV mid-calf
 - GSV ankle
- Document and label SSV at:
 - GV (Giacomini Vein) if seen above SPJ (saphenopopliteal junction)
 - SSV upper calf
 - SSV mid-calf
 - SSV ankle
- If GSV or SSV is absent / hypoplastic, show image of fossa.
- If surgery is planned in the next few days:

- Mark path of the GSV and SSV along the patient's leg using a pen cap then a sharpie permanent marker.
 - Mark large tributaries only at their confluence with the GSV or SSV
 - Mark with a solid line if inside diameter of the vein is $> 2.5\text{mm}$.
 - Mark with a dotted or dashed line if smaller.
 - If GSV or SSV is absent/hypoplastic, no line is drawn on the patient's leg.
 - Send patient home with a sharpie marker and instructions to darken the lines if they begin to rub off.
- Draw and label lower extremity venous ultrasound worksheet with findings.