



ASA CLINICAL STATEMENT | VEINS OF THE LOWER LIMB

The Australasian Sonographers Association (ASA) regularly produces and updates standards and guidelines for quality practice that are evidence-based and respond to identified needs of the profession.

Standardised nomenclature of the lower limb venous anatomy is essential to remove confusion over the spatial location of veins within the fascial spaces. It is clinically significant to correctly differentiate between the deep veins within the muscular fascial plane and the superficial veins, either deep or superficial to the saphenous fascia.

Previous confusion has arisen with the use of the old anatomical names, leading to significant adverse outcomes for patients¹, including death. In particular, the use of the term 'superficial femoral vein' has inadequately conveyed the location of the vein as being deep in nature.

Sonographers involved in high level vascular studies, particularly as a preoperative investigation, must have a clear and comprehensive anatomical understanding of these fascial spaces. The ASA recommends that all sonographers conducting any venous study should be familiar with these concepts.

Naming conventions of broad significance to sonography

Old anatomical name	Contemporary standardised name
Superficial femoral vein	Femoral vein
Long saphenous vein	Great saphenous vein
Short saphenous vein	Small saphenous vein

The alternate names for the venae comitantes (paired accompanying veins) of the peroneal artery were accepted. The peroneal veins, or fibular veins, are both accepted terms and should be used as appropriate to the local protocol.

The revised nomenclature was released by the International Federation of Associations of Anatomists (IFAA) and the Federative International Committee on Anatomical Terminology (FICAT) in 2002², and expanded in 2005³, publishing an international consensus statement on the venous nomenclature of the lower limb.

In part, this publication sought to avoid confusion over the terms applied to the superficial and deep systems of veins. The secondary but significant consequence of this revision was undertaken to clarify possible misinterpretation between the main languages in international medicine.

This information was revised by the Sonographer Policy & Advisory Committee, in consultation with the Vascular Special Interest Group, and approved by the ASA Board of Directors.

The ASA supports this naming structure.

References

1. Reich-Schupke S, Stücker M. Nomenclature of the veins of the lower limbs – current standards. *JDDG: Journal der Deutschen Dermatologischen Gesellschaft*. 2011 Mar;9(3):189–94.
2. Caggiati A, Bergan JJ, Gloviczki P, Jantet G, Wendell-Smith CP, Partsch H. Nomenclature of the veins of the lower limbs: an international interdisciplinary consensus statement. International interdisciplinary consensus statement. *J Vasc Surg*. 2002;36:416–22.
3. Caggiati A, Bergan JJ, Gloviczki P, Eklof B, Allegra C, Partsch H. Nomenclature of the veins of the lower limb: extensions, refinements, and clinical application. International Interdisciplinary Consensus Committee on Venous Anatomical Terminology. *J Vasc Surg*. 2005 Apr;41(4):719–24.

Disclaimer:

The information in this publication is current when published and is general in nature; it does not constitute professional advice. Any views expressed are those of the author and may not reflect ASA's views. The ASA does not endorse any product or service identified in this publication. You use this information at your sole risk and ASA is not responsible for any errors or for any consequences arising from that use. See www.sonographers.org for the full ASA Publication Disclaimer.