Innovation Medal: Honoring ‘Pioneer of Venous Surgery’


Dr. Kistner influenced venous practice in three fundamental ways, said Dr. Thomas Wakefield. Dr. Kistner:

- Invented several new techniques to correct reflux.
- Has been a fundamental contributor to the development of the CEAP classification system, used “today to be able to speak a common language regarding our venous patients.”
- Was instrumental in starting the Pacific Venous Symposia. These meetings are one reason why the National Institutes of Health now supports venous research, said Dr. Wakefield.

“While there are many who had invented or advanced some aspect of vascular surgery, few can match the breadth and depth of his works. Few in our midst had such an influence in sparking the birth and growth of an entire major branch of vascular disease. …,” wrote several SVS members in nominating Dr. Kistner.

His list of important contributions started in his residency in the late 1950s, when a professor challenged residents to determine a way to clean secretions from tracheotomy tubes. In addition to people “drowning” in their own secretions, the tubes also caused trauma to surrounding tissue and prevented people from speaking.

Working over many months, Dr. Kistner helped invent the tracheostomy valve, which stopped the flow out and forced secretions up and out through the mouth. “A byproduct was that it allowed them to talk,” he said.

With what others call his characteristic humility, Dr. Kistner pointed out dryly, “It didn’t (work) so well that they’re using it anymore.”

His career has included a number of new surgical techniques and other contributions, including performing an open repair of a leaky femoral valve with direct suturing, a technique now known as “internal valvuloplasty.” “It was taboo – touching the vein,” he said of that time, 1968. “You don’t touch the vein and if you do, it’s very gentle. This is quite the opposite of that.”
He had some misgivings about the procedures, “but it seemed reasonable.” After all, surgeons had been working with arteries for quite a long time. “One doesn’t do something radically different,” he said, “without …. thinking it will work.”

This “signal procedure” not only opened the door to direct venous surgery but also helped develop the whole field of venous disease, surgeons said.

Dr. Kistner also was first to outline the principles of grading reflex severity, the foundation for the current system, now adopted worldwide. He was also one of the founders (and president) of American

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