WHY THE CURRENT INTERNATIONAL GUIDELINES ARE NOT ALWAYS ACCURATE TO DEFINE THE BEST TECHNIQUE FOR VARICOSE VEINS

Armando Mansilha MD, PhD, FEBVS
Speaker name:

**Armando Mansilha**

I have the following potential conflicts of interest to report:

- **Consulting**
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company

- Alfa Wassermann
- Bard
- Bayer
- BMS
- Boehringer
- Boston Scientific
- Leo
- Medtronic
- Pfizer
- Pierre Fabre
- Sanofi
- Servier
Interventional Options

• evidence-based
• skills of the specialist
• national health care system reimbursement policies
• patient’s ability to pay for a treatment that is not reimbursed
• patient’s preference
OLD STRIPPING
MODERN OPEN SURGERY
Cost-Effectiveness

- procedure complications
- loss of working days
- costs
- QoL
- recurrence rate
  - ...

- recanalization rate
- cosmetic satisfaction
- CEAP/VCSS improvement
- relief of symptoms
- venous pain
  - ...

...
International Guidelines

- American Venous Forum
- European Venous Forum
- European Society for Vascular Surgery
- Latin American Venous Forum
Nevertheless in presence of saphenous incompetence and on a technical point of view we recommend
— Thermal ablation (radiofrequency, laser)
Grade 1A
— Old type surgery 2A
— Open modern surgery Grade 1B (only one RCT)
— USGFS Grade 1A
— Presently Steam, Cyanoacrylate glue ablations and Clarivein cannot be graded as well as procedures with preservation of the saphenous trunk.
In absence of saphenous incompetence we recommend phlebectomies or USGFS both deserve grade 1C.
<table>
<thead>
<tr>
<th>Recommendation 43</th>
<th>Class</th>
<th>Level</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the treatment of great saphenous vein reflux in patients with symptoms and signs of chronic venous disease, endovenous thermal ablation techniques are recommended in preference to surgery.</td>
<td>I</td>
<td>A</td>
<td>328, 354, 356, 357, 359, 361-378, 391, 392</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation 44</th>
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<tbody>
<tr>
<td>For the treatment of great saphenous vein reflux in patients with symptoms and signs of chronic venous disease, endovenous thermal ablation techniques are recommended in preference to foam sclerotherapy.</td>
<td>I</td>
<td>A</td>
<td>322, 328, 329, 355, 356, 414-416</td>
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<tr>
<td>Procedure</td>
<td>Grade</td>
<td></td>
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<tr>
<td>Thermal ablation (RF, Laser)</td>
<td>1A</td>
<td></td>
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<tr>
<td>Open surgery</td>
<td>1B</td>
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<tr>
<td>UGFS</td>
<td>1B</td>
<td></td>
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<tr>
<td>ASVAL</td>
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European Venous Forum 2014

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<tbody>
<tr>
<td>For the treatment of small saphenous vein reflux in patients with symptoms and</td>
<td>IIa</td>
<td>B</td>
<td>386, 387, 389</td>
</tr>
<tr>
<td>signs of chronic venous disease, endovenous thermal ablation techniques should be</td>
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<td>considered. Access to the small saphenous vein should be gained no lower than</td>
<td></td>
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<td></td>
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<td>mid-calf.</td>
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<tr>
<td>Procedure</td>
<td>Grade</td>
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<tr>
<td>Thermal ablation (RF)</td>
<td>1B</td>
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<td>Open surgery</td>
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<td>UGFS</td>
<td>1A</td>
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European Venous Forum 2018

Thermal ablation (RF, Laser) Grade 1A
Open modern surgery Grade 1A
UGFS Grade 1A
Steam, VenaSeal, MOCA Grade 1B
modern surgical treatment of varicose veins: do we have evidence that supports one single technique?
NO

according to the evidence
WHAT’S IN

• minimally invasive
• ambulatory setting
• according the hemodynamic specific pattern of each patient
• without general anaesthesia
• able to return to work the day after the procedure
• cost-effective
• cosmetic satisfaction of the patient
• able to spares all the potential venous capital
DAILY PRACTICE

I have to remove/exclude the GSV/SSV:
<30%  30-50%  50-70%  >70%
I HAVE TO REMOVE/EXCLUDE THE GSV/SSV:

QUESTION 1

1. < 30% 23.1%
2. 30-50% 34.6%
3. 50-70% 21.2%
4. > 70% 21.2%
DAILY PRACTICE

I perform concomitant phlebectomies:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>&lt;10%</td>
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<tr>
<td>10-50%</td>
</tr>
<tr>
<td>50-90%</td>
</tr>
<tr>
<td>&gt;90%</td>
</tr>
</tbody>
</table>
I PERFORM CONCOMITANT PHLEBECTOMIES:

QUESTION 2

1. < 10% - 15.4%
2. 10-50% - 36.5%
3. 50-90% - 15.4%
4. > 90% - 32.7%
DAILY PRACTICE

If needed I operate both legs:
Yes    No
IF NEEDED I OPERATE BOTH LEGS:

QUESTION 3

1. Yes 45.6%
2. No 54.4%
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