Remaining indications for surgery in the treatment of superficial venous insufficiency

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History

High ligation and stripping:
• Standard treatment for varicose veins for many years
• 'Modern' open surgery

Now: endovenous intervention
• With or without phlebectomies
• Ambulatory setting
• Tumescent anesthesia
Remaining indications for open surgery

ANATOMY
AVAILABILITY
REIMBURSEMENT
SHARED DECISION BETWEEN THE PATIENT AND THE TREATING PHYSIAN
TRAINING
For patients with great saphenous vein incompetence requiring treatment, endovenous thermal ablation is recommended as first choice treatment, in preference to high ligation/stripping and ultrasound guided foam sclerotherapy.

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<tr>
<th>Class</th>
<th>Level</th>
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Guidelines ESVS 2022

<table>
<thead>
<tr>
<th>Recommendation 29</th>
<th>New</th>
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<tbody>
<tr>
<td>For patients with saphenous trunk incompetence undergoing thermal ablation, the selection of the device should be left to the discretion of the treating physician.</td>
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<tr>
<td>I</td>
<td>B</td>
<td>Malskat et al. (2019)173</td>
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Guidelines ESVS 2022

**Recommendation 43**

For patients with small saphenous vein incompetence requiring treatment, endovenous thermal ablation is recommended in preference to surgery or foam sclerotherapy.

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<td>I</td>
<td>A</td>
<td>Doganci et al. (2011), 142 Paravastu et al. (2016), 293 Boersma et al. (2016)</td>
<td>288</td>
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For patients with incompetence of the anterior accessory saphenous vein requiring treatment, endovenous thermal ablation should be considered.

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<tr>
<td>Ila</td>
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<td>Theivacumar et al. (2009), 302 King et al. (2009), 303</td>
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Guidelines ESVS 2022

### Recommendation 55

For patients with symptomatic recurrent varicose veins due to saphenous trunk incompetence, endovenous thermal ablation or ultrasound guided foam sclerotherapy with or without phlebectomy should be considered.

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<td>IIa</td>
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<td>Hinchliffe et al. (2006), 351 Theivacumar et al. (2011), 352 van Groenendael et al. (2009), 349 van Groenendael et al. (2010), 348 Nwaejike et al. (2010), 350 Darvall et al. (2011) 354</td>
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For patients with symptomatic recurrent varicose veins requiring treatment, where endovenous ablation is possible, re-exploration of the groin or popliteal fossa is not recommended.

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**Guidelines ESVS 2020**

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<th>Recommendation 35</th>
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<td>For patients with great saphenous vein incompetence requiring treatment, high ligation/stripping should be considered, if endovenous thermal ablation options are not available.</td>
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Remaining indications for open surgery

- ANATOMY
- AVAILABILITY
- REIMBURSEMENT
- SHARED DECISION BETWEEN THE PATIENT AND THE TREATING PHYSICIAN
- TRAINING
Remaining indications for open surgery

Anatomy

- Very large saphenous trunks:
  - GSV diameter exceeds 12-15 mm, in favour for HLS
  - But nowadays: successfully ablated with EVLA or RFA
    - Tumescent techniques
    - Multiple probe passes
    - Variable energy delivery
    - Different thrombophylaxis regimens
    - Early surveillance for EHIT
For patients with an incompetent great saphenous vein with a very large truncal diameter (more than 12 mm), endovenous thermal ablation should be considered.

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<td>Dabbs et al. (2018),327 Woo et al. (2019)328</td>
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Remaining indications for open surgery

Anatomy

• Very superficial saphenous trunks
  • Slim patient
  • < 5 mm from the skin
    • Hyperpigmentation
    • (transient) induration

• Hybrid technique
Remaining indications for open surgery

**Anatomy**

- Saphenous trunk aneurysm
  - Local dilatation of the vein 3 times the upper limit of the average vein
  - or > 20 mm if close to the SFJ or >15 mm close to the SPJ
- hybrid technique: high ligation and EVTA
Remaining indications for open surgery

- Saphenous trunks with intraluminal changes
  - Thrombophlebitis
  - Previous sclerotherapy
  - Recanalisation after EVTA or non-thermal ablation
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### Recommendation 55

**For patients with symptomatic recurrent varicose veins due to saphenous trunk incompetence, endovenous thermal ablation or ultrasound guided foam sclerotherapy with or without phlebectomy should be considered.**

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### Guidelines ESVS 2022

**Recommendation 56**

For patients with symptomatic recurrent varicose veins requiring treatment, where endovenous ablation is possible, re-exploration of the groin or popliteal fossa is not recommended.

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Remaining indications for open surgery

ANATOMY

AVAILABILITY

REIMBURSEMENT

SHARED DECISION BETWEEN THE PATIENT AND THE TREATING PHYSICIAN

TRAINING
Guidelines ESVS 2022

Patients with symptomatic chronic venous disease and uni/bilateral incompetence of GSV trunk ± tributaries

GSV trunk

Shared decision making

EVTA
Class I A

HLS
Class IIa A

CAC
Class IIa A

MOCA
Class IIb A

CDFS
Class IIb B

UGFS
Class IIb B

GSV tributaries

Shared decision making

Delayed phlebectomies or UGFS if necessary

Concomitant phlebectomies or UGFS
Class IIa B
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Patients with symptomatic chronic venous disease and uni/bilateral incompetence of SSV trunk ± tributaries

- SSV trunk
  - Shared decision making
    - EVTA
      - Class IA
  - CAC
    - Class IIB
  - MOCA
    - Class IIB
  - UGFS
    - Class IIB
  - Open SSV surgery

- SSV tributaries
  - Shared decision making
    - Delayed phlebectomies or UGFS if necessary
    - Concomitant phlebectomies or UGFS
      - Class IIa B
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Patients with symptomatic chronic venous disease and uni/bilateral incompetence of AASV trunk ± tributaries

- AASV trunk
  - Shared decision making
    - EVT A, Class IIa C
    - UGFS*, Class IIb B
      - CAC
      - MOCA
      - Open surgery
  - AASV tributaries
    - Shared decision making
      - Delayed phlebectomies or UGFS if necessary
      - Concomitant phlebectomies or UGFS
Conclusion

As varicose veins are never exactly the same between one patient and the other...

Shared decision

Most appropriate treatment

"A patient tailored treatment approach"