

Remaining indications  
for surgery in the  
treatment of  
superficial venous  
insufficiency

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# History

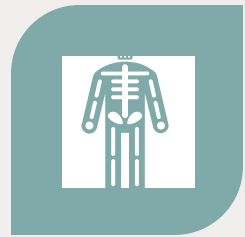
## High ligation and stripping:

- 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  
PHYSISAN



TRAINING

# Guidelines ESVS 2022

## Recommendation 28

Unchanged

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.

Class	Level	References	ToE
I	A	Siribumrungwong et al. (2012),198 Rasmussen et al. (2013),175 Hamann et al. (2017),201 Kheir elseid et al. (2018),202 Brittenden et al. (2019), 129 Cao et al.(2019)195	

# Guidelines ESVS 2022

Recommendation 29		New	
For patients with saphenous trunk incompetence undergoing thermal ablation, the selection of the device should be left to the discretion of the treating physician.			
Class	Level	References	ToE
I	B	Malskat et al. (2019)173	

# Guidelines ESVS 2022

Recommendation 43		Changed	
For patients with small saphenous vein incompetence requiring treatment, endovenous thermal ablation is recommended in preference to surgery or foam sclerotherapy.			
Class	Level	References	ToE
I	A	Doganci et al. (2011),142 Paravastu et al. (2016) ,293 Boersma et al. (2016)288	

# Guidelines ESVS 2022

## Recommendation 46

New

For patients with incompetence of the anterior accessory saphenous vein requiring treatment, endovenous thermal ablation should be considered.

Class	Level	References	ToE
Ila	C	Theivacumar et al. (2009),302 King et al. (2009) 303	

# Guidelines ESVS 2022

## Recommendation 55

Unchanged

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.

Class	Level	References	ToE
Ia	B	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),350Darvall et al. (2011)354	



# Guidelines ESVS 2022

## Recommendation 56

Unchanged

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.

Class	Level	References	ToE
III	B	Hinchliffe et al. (2006),351 van Groenendaal et al. (2009),349 van Groenendaal et al. (2010)348	

# Guidelines ESVS 2020

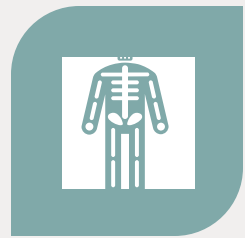
## Recommendation 35

New

For patients with great saphenous vein incompetence requiring treatment, high ligation/stripping should be considered, if endovenous thermal ablation options are not available.

Class	Level	References	ToE
Ila	A	O'Donnell et al. (2016),177 Hamann et al. (2017),201 Kheirelseid et al. (2018)202	

# Remaining indications for open surgery



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# 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
    - Tumescense techniques
    - Multiple probe passes
    - Variable energy delivery
    - Different thrombophylaxis regimens
    - Early surveillance for EHIT

# Guidelines ESVS 2022

## Recommendation 53

New

For patients with an incompetent great saphenous vein with a very large truncal diameter (more than 12 mm), endovenous thermal ablation should be considered.

Class

Level

References

ToE

Ila

C

Dabbs et al. (2018),327 Woo et al. (2019)328

# 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

## Anatomy

- Saphenous trunks with intraluminal changes
  - Thromboflebitis
  - Previous sclerotherapy
  - Recanalisation after EVTA or non-thermal ablation



# Guidelines ESVS 2022

## Recommendation 55

Unchanged

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Class	Level	References	ToE
Ila	B	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),350Darvall et al. (2011)354	

# Guidelines ESVS 2022

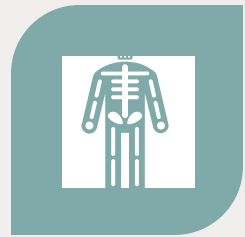
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# Remaining indications for open surgery



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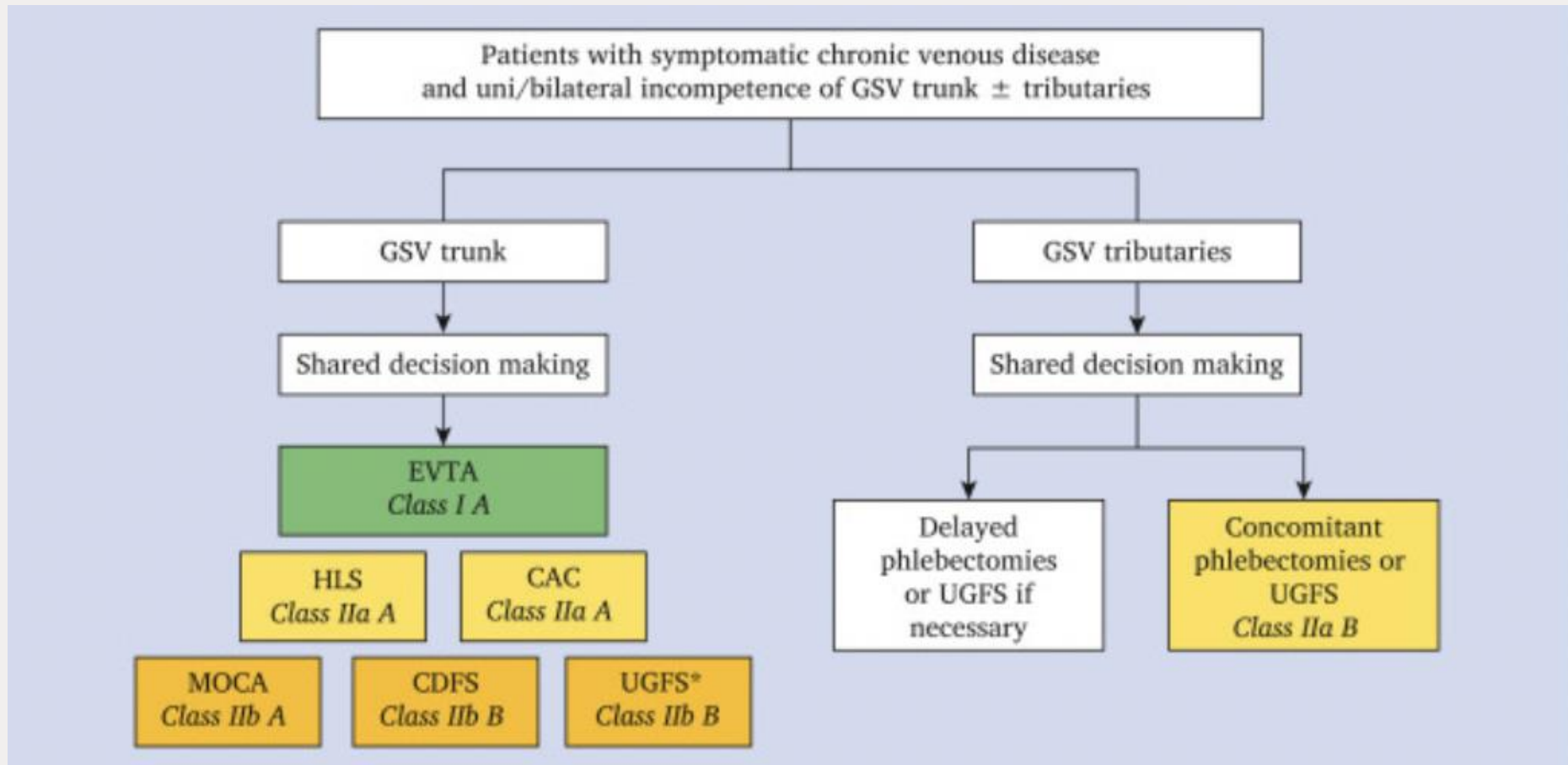


SHARED DECISION  
BETWEEN THE PATIENT  
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PHYSICIAN

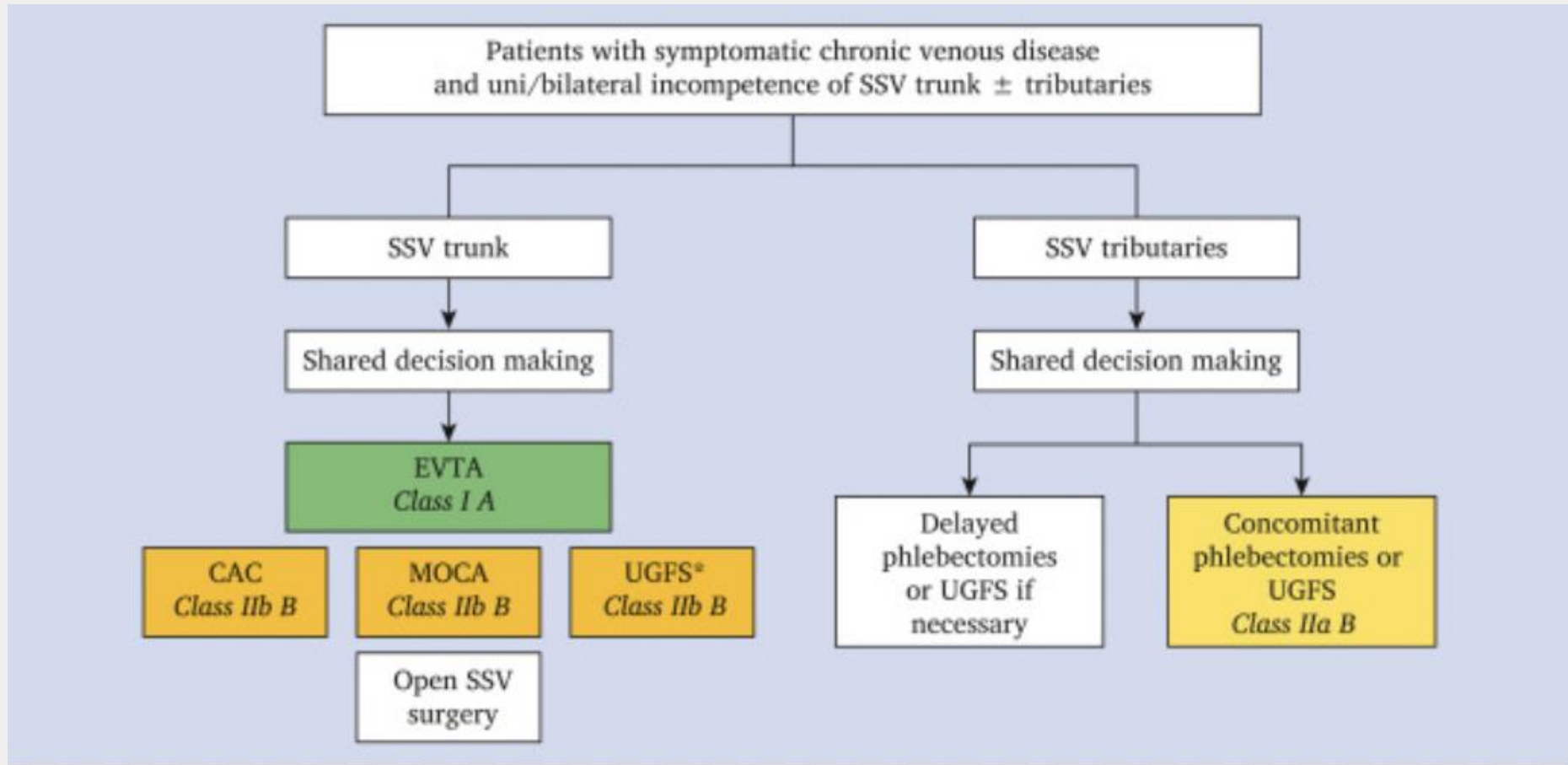


TRAINING

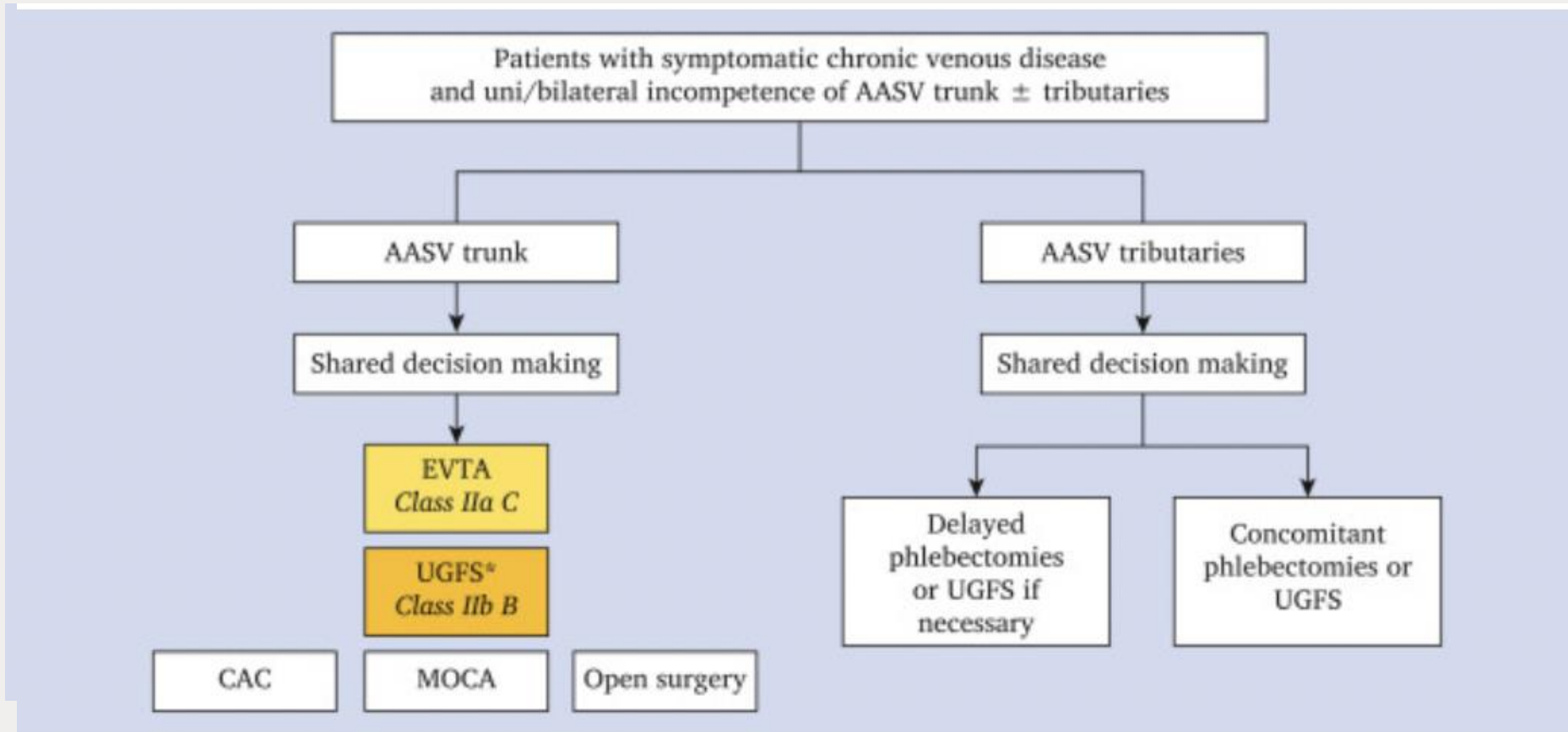
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# Conclusion

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

