This patient presents 2-weeks following endovenous thermal ablation of her proximal right great saphenous vein. Which of the following treatment methods will most quickly resolve the residual varicosities?

a) Radiofrequency ablation
b) Laser ablation
c) Foam sclerotherapy
d) Ambulatory phlebectomy

References:
Especially if the patient is ambivalent about further treatment.

Assuming the patient wants treatment of their residual varicosities, what are our primary therapeutic choices?

First Options

The Considerations:
- Is the residual varicosity straight enough for cannulation? Uncommonly
- Is thermal ablation of the residual varicosity likely to produce thermal injury to the overlying skin? Probably
- Is there increased risk of neuropraxis? Possibly

Treatment Options

NB: Commit to micro-thrombectomy early and often

Liquid Sclerotherapy
For treatment of incompetent distal GSV

Ultrasound-guided foam sclerotherapy

Treatment of incompetent distal GSV (long axis)

Treatment of incompetent distal GSV (Short axis – triangulation)

Following foam in distal GSV

Ambulatory (Micro-) Phlebectomy
Other Treatment Options

**NTNT - Non-thermal Non-tumescence**
MOCA – mechanical occlusion chemically assisted
Cyanoacrylate adhesive
Implantable Devices

Implantables
- Polyglycolic acid (PGA) venous implant
  - WAVE, T: mixed results in Europe and Dominican Republic
  - 96% inclusion rate at 6 months
  - Some significant improvement in VCSS and CTA.
- More modification required
-PTFE-covered stent venous implant
  - Normal study – not included, no migration
- Medusa® Coils
  - Polymer coils with minimal metal

Treatment Options

**Foot/ankle varicosities**

AP vs foam sclero
- Foam sclera advantages:
  - quick, easier for patient
- Foam sclera disadvantages:
  - will require thrombectomy
  - hyperpigmentation
  - prolonged tenderness
- AP advantages:
  - immediate resolution of varicosities without prolonged tenderness
- AP disadvantages:
  - tumescence NO FEN in Foot/ankle
  - neuralgia during AP – YEOW!
  - dysesthesia not uncommon
  - intra-operative bleeding

Conclusions (Opinions)

- Essentially current best choices are AP and sclerotherapy
- Learn phlebectomy as the more it is used, the more it will be used

Treatment of Residual Leg Varicosities

A word of caution - opinion

Proximal truncal surgical, thermal, non-thermal or chemical ablation alone will ultimately fail

Unless one is committed to careful follow up and adjunctive treatment, the practitioner and the patient will be left with unsatisfactory results
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Correct Answer: (d)  
Incorrect Answers (a), (b) – While endovenous thermal ablation may diminish the size of the residual varices, the varices are unlikely to disappear completely. (c) – Foam sclerotherapy for these large varices will result in thrombosis with longer recovery time and the need for thrombectomy to reduce pain and help prevent hyperpigmentation.

Thank you for your kind attention