SIMULTANEOUS PHLEBECTOMY AFTER THERMAL ABLATION IS NOT MANDATORY

Jean Luc GERARD (Paris)

Conflict of Interest
NONE

Reasons for phlebectomy in same session

- Treatment of hemodynamically large varicose veins in one session
- Cosmetic result (treatment of visible varicose veins)
- Cost effectiveness (low extra costs if treated in one session)

Reasons against phlebectomy in same session

- Possibly unnecessary treatment of tributaries which may resolve after saphenous ablation (overtreated)
- More side effects
  - Hematoma, pain, inflammation, nerve damage, DVT, etc.
- Longer operation time, higher costs

US GUIDELINES

The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum

- We recommend ambulatory phlebectomy for treatment of varicose veins, performed with saphenous vein ablation, either during the same procedure or at a later stage (1B)
- If general anesthesia is required for phlebectomy, we suggest concomitant saphenous ablation (1B)

UK GUIDELINES

NICE RECOMMENDATIONS

(Internal Institute for health and Care Excellence)

- If incompetent varicose tributaries are to be treated consider treating at the same time

Based only on one study by Carradice 2009
- 48 patients EVLA: with (24) without (24) phlebectomy
- Follow-up 6 weeks
- Weak recommendations
COSMETIC RESULT
Randomized study laser vs surgery
Darwood Br J Surg 2008
- 103 GSV
- 42 EVLA 1, 12 watts pulse mode
- 29 EVLA 2, 14 watts continuous mode
- 32 HL/S, phlebectomy
- EVLA: Tumescent anesthesia /out patient / cannulated adjacent to the knee
- Surgery HL/S: General anesthesia / OR / HL/S knee level + multiple phlebectomies varicocities
- At 3 months (on 100mm linear visual analogue scale)
  - Patient satisfaction: 95 / 91 / 91
  - Cosmetic outcome: 92 / 92 / 93

OVERTREATMENT
Subsequent resolution or regression of varicose veins without phlebectomy
- Monahan D.D J Vasc Surg 2005

PHLEBECTOMIES
Few varicosities: can be managed under local anesthesia
Multiple varicosities: tending towards general anesthesia

Factors influencing DVT
- Endovenous laser ablation: venous outcomes and thrombotic complications are independent of the presence of a deep vein thrombosis.
- Higher risk of thrombosis when:
  - phlebectomy associated
  - both legs have been treated
    The longer the procedure, the higher the risk of DVT
- Lower risk of thrombosis when:
  - local anesthesia
    The more quickly walking is resumed, the better

Factors influencing EHIT (DVT)
EHIT after RFA: incidence, progression and risk factors
Sufian s J Vasc Surg 2013
EHIT after EVLA: incidence, progression and risk factors
Sufian s Phlebology 2014
- Incidence EHIT after RFA: 3%
  - With concomitant Phlebectomies: 68% EHIT
  - Without Phlebectomies: 39.4% EHIT
- Incidence EHIT after EVLA: 0.9%
  - With concomitant Phlebectomies: 55.6% EHIT
  - Without Phlebectomies: 37% EHIT
RECENT PUBLICATIONS

- Rather favorable concomitant phlebectomy
  - Lane TR, Kelkner D, Sheepet AD, Franklin II, Davies AH
  Ambulatory Varicosty avUSion Later or Synchronized (AVSIL): A RCT Ann Surg 2014
  - El-Sheikha J et al.
  Clinical outcomes and quality of life 5 years after a randomized trial of concomitant or sequential phlebectomy following endovenous laser ablation for varicose veins. Br J Surgery 2014
  VCSS and AVQ scores equivalent by 1 year

- Rather favorable delayed phlebectomy

Most important is the access site

Where is the ideal puncture location?

- We have little information on it

- It is current practice to access the main trunk of the GSV or the SSV at the lowest incompetence area

Where do we need to begin the endovenous procedure?

To disconnect the competence /incompetence

Catheterization
You cannot identify correctly the nerves.

To avoid mini stabs,

Catheterisation of these tributaries is more difficult.
**CONCLUSION**

- Access site is the key point
- Delayed phlebectomy
  - to avoid overtreatment
  - less traumatic when the vein is shrunk
  - UGFS could suffice