Concomitant Treatment of Truncal Reflux and Varicose Tributaries is the Gold Standard

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Conflicts of Interest
• None to declare

Which treatment?

Truncal Veins

Randomized clinical trial comparing endovenous laser ablation, radiofrequency ablation, foam sclerotherapy and surgical stripping for great saphenous veins

Branch Varicosities

• Despite adequate treatment superficial varicosities may not resolve
• The treatment of residual varicosities is currently a matter of debate

Phlebectomies

Concomitant
• One stop treatment
• Greater anaesthetic requirements
• Longer procedure
• ? Over-treating patients

Delayed
• Shorter initial procedure
• Can monitor for varicosity regression
• Need for secondary procedures
Recommendations – 6/7/8

- Treatment

1. For patients with unconfident varicose veins and axillary reflux:
   - If endovenous ablation (EVLA) is not practicable, consider a combined procedure.
   - Endovenous ablation (EVLA) may be offered to a patient with varicose veins and axillary reflux as part of a combined procedure (Endovenous microwave ablation [EMBA]).

2. For patients with a high risk of recurrence or complications after EVLA, a combined procedure may be offered.

- Non-interventional treatment

   - There are no non-interventional treatment options available for varicose veins.

Search Outcomes

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<tr>
<th>Study</th>
<th>Type</th>
<th>Participants</th>
<th>Follow-up (weeks)</th>
<th>Intervention</th>
<th>Anaesthesia</th>
<th>Outcome Measurements</th>
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</thead>
<tbody>
<tr>
<td>Carradice (2009)</td>
<td>RCT</td>
<td>50 (25/25)</td>
<td>52</td>
<td>EVLA +/- Phleb</td>
<td>LA</td>
<td>Phleb/QOL</td>
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<tr>
<td>Theivacumar (2008)</td>
<td>RCT</td>
<td>68 (22/46)</td>
<td>12</td>
<td>EVLA +/- UGFS</td>
<td>LA</td>
<td>Phleb/QOL</td>
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<tr>
<td>Marsh (2010)</td>
<td>Case Series</td>
<td>2820 (2470/350)</td>
<td>1</td>
<td>EVLA +/- Phleb</td>
<td>GA/LA</td>
<td>DVT</td>
</tr>
</tbody>
</table>


Quality of Life Outcomes

Two RCTs assessed Aberdeen Varicose Vein Questionnaire scores.

- Small but significantly improved QoL with simultaneous phlebectomy within the first 6 weeks of treatment.
- The difference is not maintained at 12 weeks.

Deep Venous Thrombosis

- Three studies examined the role of combined phlebectomy and venous ablation in the incidence of DVT.
- Retrospective analyses.

- Significant difference in favour of delayed phlebectomies in order to prevent DVT.
Conclusion

• There is substantial evidence in favour of combined venous ablation and varicosity treatment at a single treatment.