C6 Disease: When to Ablate a Refluxing Saphenous Vein

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Disclosures  
No Conflicts
- Co-PI NIH: CREST 2
- PI NIH/CMS/Industry: CREST 2 Registry
- PI NIH: Vascular Imaging Core Lab
- PI NIH: Cognitive Impairment in Carotid Disease (ACCOF)
- PI VA Merit: Exercise for thrombus resolution in DVT (EFFORT)
- PI Osiris Inc.: Stem Cells in Vascular Disease

Venous Leg Ulcers
- Prevalence of 1% in the adult population
- Increases dramatically in those aged more than 80
- 1-3% of entire healthcare budget may be spent on treating leg ulcers

Ambulatory Venous Pressure
- Chronic venous hypertension plays a major role in the development of venous ulcers
- Usually as a result of venous reflux or deep venous obstruction

Compression
- Chronic venous hypertension is countered by multilayered compression bandaging
- Healing rate in 12 weeks ~50%
- Recurrence rate at 12 months ~40%

Compression plus superficial venous surgical ablation
- Single center studies
- Surgical ablation of superficial refluxing veins
- Perhaps improve healing rates
- Perhaps even reduce recurrence rates

Ghauri AS et al BJS 2000

Zamboni P et al EVES 2003  
Darke SC et al EVES 1992  
Barwell JR et al EVES 2000
ESCHAR Trial
- 500 patients with C5/C6 disease
- Documented venous reflux (VCT 1 sec)
- No deep venous occlusion
- 258 randomized to compression
- 242 randomized to compression plus surgery

Barwell JR et al. Lancet 2004

VENES Study
- Prospective, single center, unblinded, non-randomized, cross-over trial
- N=30 patients
- Chronic C6 disease
- Superficial system reflux (1 sec) ± deep system reflux
- Deep venous obstruction excluded
- ABI <0.9 excluded

Farivar B et al. EVS 2015

Endovenous Ablation for C6 Disease?
- Yes/No?
- Early/Late?
- Superficial reflux/Deep system reflux/Mixed?
- Healing/recurrence improved?

We need a randomized trial*

*Endovenous thermal ablation for healing venous ulcers 2013 The Cochrane Collaboration.