Is Accessory Saphenous Vein Ablation Experimental?

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Disclosures: None

Is this a MYTH?

Bilateral anterior accessory saphenous vein reflux

3rd most common cause of superficial venous d.

Should non-GSV, incompetent truncal veins be treated?

- Hobbs in 1974, demonstrated the importance of eliminating truncal reflux.
  - In 679 limbs, showed that tx of truncal saphenous reflux was necessary to prevent recurrence. Sclerotherapy without eliminating truncal reflux associates with higher risk of recurrence.
- Current 21st century tx with ablation therapy of the GSV mainly concentrates on ablation of the saphenous trunk.
- What about the other sources of truncal reflux: ACCESSORY SAPHENOUS VEIN?

Recurrence after GSV ablation commonly involves the Anterior Accessory Saphenous Vein (AASV):

- REVATA : 7 centers, median f/u 3 years
- 2,380 patients
- Tx with thermal ablation of the GSV
- 164 identified with recurrence.
- New reflux in AASV in 40 patients (24%)
- New reflux in SSV in 27 patients (16%)

Bush RG. Sci World J. 2014

Conclusion: 40% total recurrences attributable to new AASV or SSV reflux.

Ablation Treatment

Goal: to ablate or close the proximal truncal reflux, with or without tx of the visible varicosities. Avoid groin dissection.

Suitability depended on:
AASV > or = to 10 cm
Relatively straight segment
NOT SUITABLE FOR ABLATION
Unsuitable for ablation
No straight trunk (too short, tortuous)

NOT SUITABLE FOR ABLATION
NON-THERMAL ABLATION TX?
Sclerotherapy: Home made or proprietary foam
Cyanoacrylate
OPEN PHLEBECTOMY

Tips in Ablation of BOTH AASV and GSV
• Access both GSV and AASV prior to tumescent anesthesia.
• Micropuncture sheath.

Evidence of effectiveness of Endovenous Laser Ablation on the AASV
• 66 patients
• Compared EVLA of the AAGSV alone, and EVLA of the GSV alone.
• Foam sclero tx for 61% in AAGSV group compared to 42% GSV group (P=0.23)
• At 1 year, both groups showed improved and equivalent results in:
  – SFJ competence
  – Successful axial ablation reflux
  – Aberdeen varicose vein symptom severity score

Theivacumar, Eur J Vasc EndoSurg 2009

Summary:
• Anterior accessory saphenous vein is frequently the source of recurrence after eliminating the GSV.
• Not experimental, but probably understudied.
• Current data suggests that the more effective and complete the elimination of truncal reflux, the better long term outcome can be achieved.