Contraindications And Limits:
Radiofrequency Ablation

I have no disclosures

RFA Absolute CIs/Limitations

Device related -
• Vein diameter ≤ 2mm
  • Catheter diameter is 2.3mm
  • Small vein diameters (>3mm; <5mm) – not a CI


• Short veins: <5cm from SFJ/SPJ
  • Smallest RF heating coil – 3cm in length
  • Need 2cm beyond catheter tip to minimize risk of DVT

RFA Absolute CIs

• Venous aneurysms
  • High failure rate in large venous aneurysms
  • No reports of PE even with failure

RFA Relative CIs

• Superficial veins (<0.5cm from anterior vein wall to skin)
• Skin discoloration
  • 2° to hemosiderin staining
  • Unavoidable
  • May be unimportant to pt
  • Absolute CI if it is

• Skin burns
  • Can be avoided with adequate tumescence
**RFA**

**Relative CIs**

- Diffuse tortuous vein
  - Catheter stiffness only allows limited ability to navigate tortuous anatomy
  - Multiple sheath technique?

- Post-phlebitic vein with webbing
  - More easily treated with USGFS

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**Endothermic Ablation**

**CI? - Warfarin Anticoagulation**

- Sharifi M et al. - 2011
  - 60pts (88 limbs) warfarin vs 65 pts (92 limbs) control
  - 22 pts in warfarin group also on ASA, 7 on triple antipip therapy
  - No patients in control group on antipip therapy

**Results**

- Major bleeding (>2g/dl Hgb or transfusion)
  - 0 in both
- Minor bleeding (change bandages >3x/24h)
  - 9% (warfarin only) vs 4% (P=.24)
  - 13% (warfarin + triple antipip) - P<.001
- Closure rates (RF and Laser)
  - 100% in both groups at 1 year


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**RFA**

**CI? - DOIs Anticoagulation**

Shekeeb S, et al. - 2017

- RFA/Laser on anticoag (Grp A) vs no anticoag (Grp B)
  - Grp A - 378 pts/724 limbs; Grp B - 375 pts/641 limbs
  - Anticoag: warfarin 77.2%, DOIs - 22.8%

**Results**

- DVT, SVT, hematoma, SSI: No difference Grp A vs Grp B
  - 3 days
    - Failure of ablation: 5.6% vs 0.5% (P<0.0001)
    - EBIT: 0.3% vs 0.0% (P=0.016)
  - 1 month (63% FU)
    - Failure of ablation 10.1% vs 6.7% (P=0.086)
    - EBIT: 0 vs 1.0% (P=0.0483)
    - No diff warfarin vs DOIs

**Shekeeb S, Arnez A, Labropoulos N, Lakhanpal S.** *Int Angiol* 2017;36(3):268-74

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**RFA**

**CI? - Air travel**

- No literature to support either time frame
- My recommendations:
  - Duplex prior to flying
  - If neg for DVT: 2-3 days post procedure – OK to fly

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**Contraindications And Limits: Radiofrequency Ablation**

**Summary**

- Very few contraindications/limits
- Common sense and judgement are keys to good outcomes