New European College Of Phlebology Guidelines For Truncal Ablation

A. Kursat Bozkurt
Istanbul University Cerrahpaşa Medical Faculty

No Disclosures

- Ten-month data of the Vascular Quality Initiative Varicose Vein Registry clearly reflects an increased use of endovenous methods in the USA
- 89.1% of the procedures are performed with endovenous laser ablation or radiofrequency ablation.

- Endovenous thermal ablation techniques (laser, RF) are well referred in current guidelines
- The role of new non-thermal ablation (mechanical occlusion chemically assisted - MOCA, and cyanoacrylate ablation – CA) are not well referred

European College of Phlebology GUIDELINE SUGGESTIONS

High Ligation and Stripping
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<tr>
<th>Recommendation</th>
<th>Class</th>
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<th>References</th>
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<tbody>
<tr>
<td>For the non-complicated C2, C3 varicose vein surgical treatment is recommended instead of conservative management.</td>
<td>B</td>
<td></td>
<td>Raju, Michaels</td>
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Surgery vs. EVTA

- So far randomized trials have only been continued to 5 years, no difference in clinical recurrence has been found.
- After surgery, more neovascularization in the groin has been found, which might lead to clinical recurrence later on.

Rasmussen and coworkers

- 580 legs with GSV ablation and phlebectomies
- Similar complication profile of EVLA, RFA, UGFS and stripping, but an occlusion rate of the GSV that was 25% lower compared to the other groups after 5 years
- Severe complications are rare: Neurologic events such as visual disturbances, migraine, and stroke, have been reported with foam, make this method less attractive

Venermo et al, 214 patients

- Surgery, EVLA or UGFS
- After one year the GSV was occluded or absent in 97%, 97% and 51% respectively (p<0.001)
- Preoperative pain was significantly less and sick leave shorter after UGFS.
- AVVQ improved with no difference between the groups

EVLA vs. RFA

- Postoperative pain is lower after RFA compared to EVLA when a bare fiber is used. After 4 - 12 weeks the changes in quality of life scores and VCSS were not different.
- No significant differences in complication pattern or occlusion rate has been proved.

MOCA vs EVLA/RFA

- 170 patients
- MOCA patients experienced significantly less pain during the procedure by VAS (p = 0.003).
- Occlusion rates, clinical severity scores, disease specific and generic quality of life scores were similar between groups at one and six months.
- MOCA is less painful than RFA with similar occlusion and quality of life outcomes.
Cyanoacrylate ablation vs RFA/EVLA

  - 222 patients were randomized to Cyanoacrylate (Venaseal®) or RFA (Closure Fast®)
  - To evaluate the 36-month efficacy and safety of cyanoacrylate closure for the treatment of incompetent great saphenous veins in comparison with radiofrequency ablation.
  - At month 36, the great saphenous vein closure rates were 94.4% for the cyanoacrylate closure group and 91.9% for the radiofrequency ablation group.
  - Stable improvement in symptoms and quality of life was observed in both groups.
  - No major adverse event rates between the 24- and 36-month visits, and were similar between the groups.

Cyanoacrylate ablation vs EVLA

  - Cyanoacrylate glue or EVLA
  - One-year results
  - Periprocedural pain was less (3.1 ± 1.6 versus 6.5 ± 2.9, <0.001) in the CA group compared to the EVLA group
  - 12 monts closure rates were 92.2% for EVLA and 95.8% for CA groups (NS)
  - Venous Clinical Severity Score and AVVQ improved similarly in the groups.

Small saphenous vein

- Meta-analysis of the various techniques for the treatment of SSV incompetence
  - EVTA = higher pooled anatomic success rates (98.5% and 97.1% respectively) as compared to surgery (58%) and UGFS (63.6%)
  - Neurologic complications were also more frequent after surgery than thermal ablation (19.6% vs. 4.8% after EVLA and 9.7% after RFA)
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<tr>
<td>For the treatment of great saphenous reflux, MOCA is recommended.</td>
<td>Ib</td>
<td>A</td>
<td>Elias(^9), Proebstle(^9), Tang(^8), Witte(^6), Witte(^5), Kugler(^8)</td>
</tr>
<tr>
<td>For the treatment of great saphenous reflux, cyanoacrylate ablation is recommended.</td>
<td>Ib</td>
<td>A</td>
<td>Proebstle(^17), Whiteley(^8), Proebstle(^5), Kolluri(^10), Gibson(^2), Bozkurt(^5), Almeida(^2), Morrison(^2)</td>
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<td>For the treatment of saphenous reflux surgery is recommended as an alternative to endovenous ablation</td>
<td>A</td>
<td></td>
<td>Winterborn(^16), Dwerryhouse(^9), Miyazaki(^2), Rutgers(^4), Lawaetz(^2)</td>
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**QUESTION:**
WHAT IS THE ROLE OF SURGERY IN 2018?

- **NOT MANY!**
- **HOWEVER, IF SOMEONE WANTS ☮ THIS IS NOT MISTAKE**

UIP 2021
WORLD MEETING!

Thanks