Summary of thermal ablations

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Disclosures

• None

Since 2008 Michel Perrin and I have reported on RCTs of thermal ablations for varicose veins

• 2008 12 RCTs
• 2009 15 RCTs
• 2011 22 RCTs
• 2012 34 RCTs
• 2013 43 RCTs
• 2014 45 RCTs
• 2016 46 RCTs
• 2018 84 RCTs

In 2018 we reported on the phlebolymphology.org website where Michel has reviewed RCTs on operative treatment of CVD (surgery, chemical and thermal ablation) since 1990

• 2018 totally 186 RCTs where 84 RCTs involved different modalities of thermal ablation
• 2019 totally 199 RCTs – 89 on thermal ablations

Available meta-analyses

• 2008 Luebke, Germany
• 2009 van den Bos, The Netherlands
• 2012 Siribumwong, Thailand
• 2014 Nesbit, Cochran, UK
• 2017 Hamann, The Netherlands
• 2018 Rass, Germany
• 2018 Kheirelseid, Ireland

Is this not enough scientific data for the authors of the increasing numbers of meta-analyses?
Should not this be sufficient data for creation of up-dated clinical practice guidelines?
The Irish: Systematic review and meta-analysis of RCTs evaluating long-term outcomes of endovenous management of lower extremity varicose veins

- JVS-VL March 2018; 6: 256-270
- 9 RCTs comparing conventional surgery and endovenous therapy with 5 years or more FU were selected
- Available for EVLT, RFA and UGFS
- Primary outcome was recurrence rate detected clinically or by duplex

Results concerning recurrence rate

- No significant difference in EVLT vs surgery
- Same for RFA vs surgery
- Same for RFA vs EVLT
- Inferiority of UGFS vs EVLT and surgery with 4 times higher risk of recurrence and double risk of re-intervention

Their conclusions

- The quality of evidence poor
- Therefore more trials that are well powered to examine long-term outcomes are warranted

The new kids on the block steam, MOCA and glue are not included in the meta-analyses due to lack of > 5 years FU

Present clinical practice guidelines
ALL recommend endovenous laser or RF ablation

- AVF/SVS 2011 – 1B
- UK NICE 2013 – 1A
- EVF 2014 – 1A
- ESVS 2015 – 1A
- ACP/AVLS 2016 1B
- ECP 2019 – 1A

Time for Societies to consider a revision?

What about steam, MOCA and glue?
I recommend reading the important paper in the March issue of JVS-VL written by Baber et al, and the comments by the Editors Peter Lawrence and Peter Gloviczki on **Appropriate Care for Venous Disease** in the July issue of JVS-VL.

Baber: ”The study indicates that high-volume providers and those not traditionally associated with management of lower extremity CVD are more likely to perform more EVT procedures per patient, and raises the question of financially driven potentially inappropriate utilization of EVT”

**Based on the music of Nobel Prize winner in Literature 2016, Bob Dylan, I will finish with a song**

- How many stents must a doctor insert
- Before you call him a crook?
- Wrong indication, the patient is hurt
- The doctor should be on the hook!
- How many veins should be burned or be cooked
- Where reasons are overlooked?
- The answer my friend is blowin’ in the wind
- The answer is blowin’ in the wind