

Endovenous Treatment of the short saphenous vein (SSV): as good as for the great saphenous vein (GSV) ?

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I-MEET
Next generation
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DISCLOSURES

Consultant for Cook

Consultant for Bard

Consultant for Medtronic

Introduction

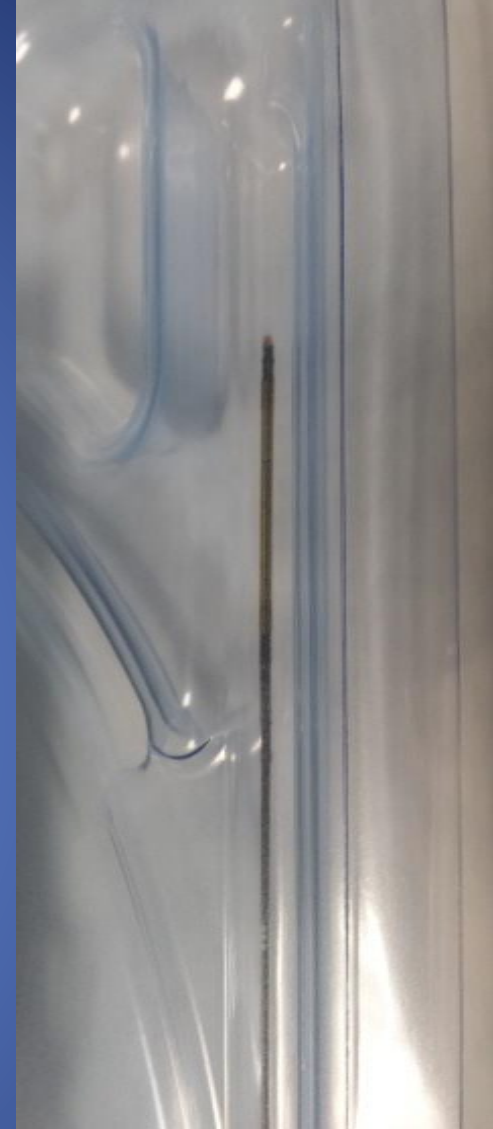
Historically, to treat the reflux of the SSV,
3 methods are proposed:

- High ligation and stripping (HL)
- EndoVenous Laser Treatment (EVLT)
- Ultrasound Guided Foam Sclerotherapy (UGFS)

Use of RadioFrequency Ablation (RFA) to treat reflux of SSV

Because of the risk of neurological burns, the RFA was not recommended

But the arrival of a new catheter (3 cm, Medtronic/Covidien) also allows the treatment of the reflux of SSV



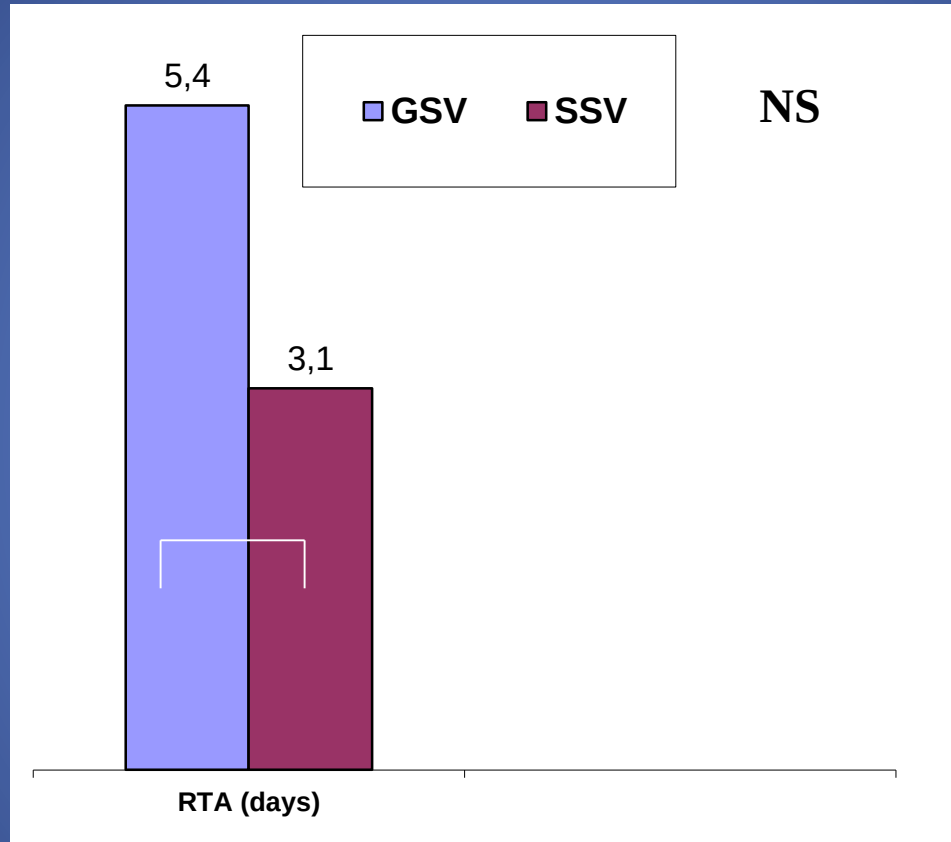
Treatment of reflux in SSV is now
possible

but are the results equivalent at the
results of treatment of the reflux in
the GSV ?

Litterature

Autor	year	Journal	legs	Type	Follow up (month)	Success	DVT %	Paresthesiae %
Rassmussen	2013	JVS VLD	125	RFA	36	93 %	< 1	6 %
			125	Stripping	36	93 %	< 1	7 %
			125	EVLT	36	93 %	< 1	6 %
			125	UGFS	36	74%	< 1	1 %
Proebstle	2015	Br J Surg	295	RFA	6	95 %	1,2	4 %
Coleridge Smith	2007	EJVES	141	UGFS	11	82 %	1,7	1 %
Khontotmana ssis	2009	JVS	229 53	EVLT	6 36	98 % 90 %	2	5 %
Monaham	2012	EJVES	27	RFA	24	96 %	6	2 %
Nicolini	2016	submitted	99	RFA	32 (28-38)	98 %	0	2%

PATIENT RECOVERY

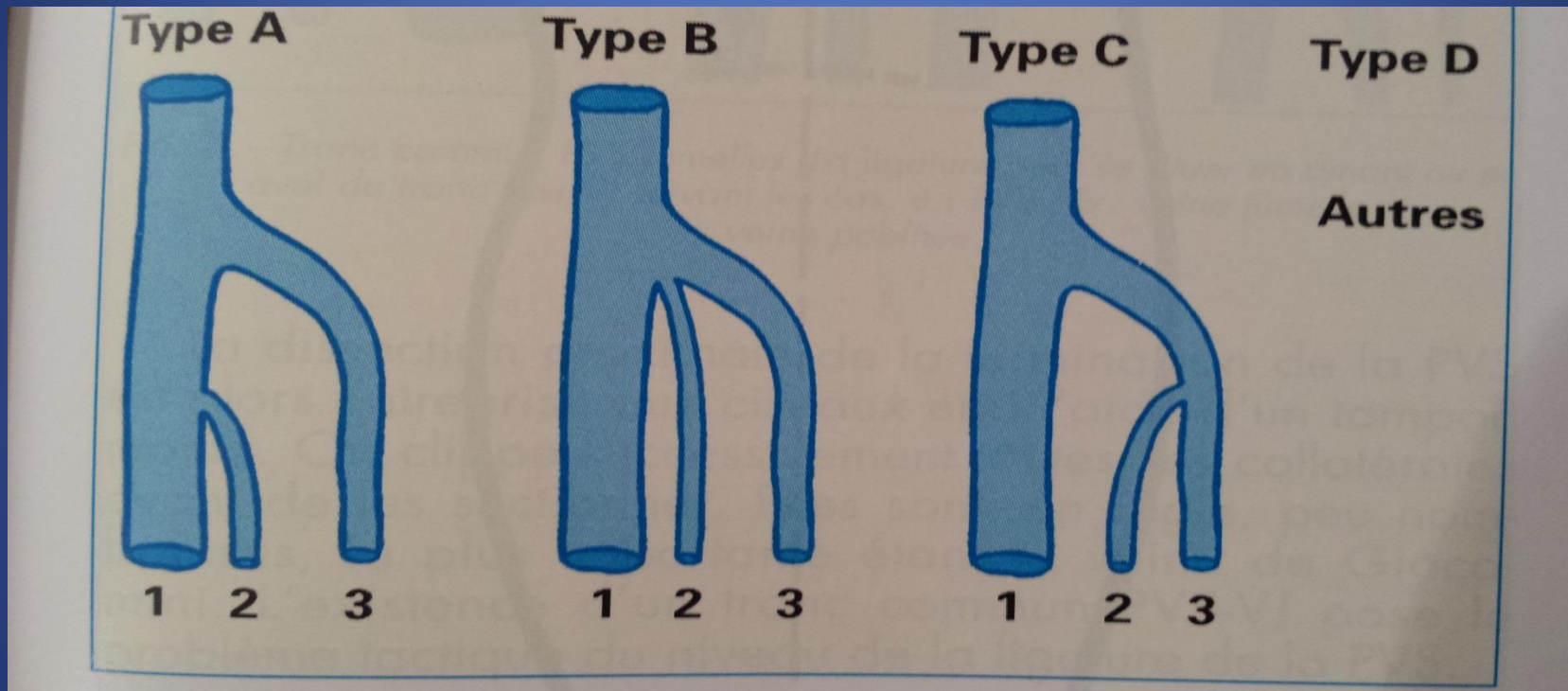


Special recommendations to use endovenous treatment in the treatment of reflux of SSV

- Prick in it at the third inferior level of the calf
- Position in 2 cm of sapheno-popliteal junction under echoguided control
- Well know the mode and the level of ending of SSV and the gastrocnemius veins
- Inject a large quantity of tumescence

TO AVOID Post operative thrombosis and paresthesia

Anatomical type of the ending



Patients and methods

From 01/12 to 01/13, prospective non randomised study, follow up until 01/16

141 patients (162 Legs):

57 HL (63 legs)

84 RFA (99 legs)

No différence: gender, weight, age

100 % LWHM in the post operative course

Personal serie

The choice of the treatment was based about:

- the diameter: < 12 mm (RFA); > 12 mm (HL)
- the distance between the skin and the vein (before tumescence): > 5 mm (RFA); < 5 mm (HL)
- the mode of temination: Type A and D (RFA), type B an C (HL)

Follow up

D 7, M6, Y1, Y2 and Y3

Clinical evaluation and duplex scan

- Deep venous thrombosis (DVT) or thrombosis of gastrocnemius veins**
- reopening**
- paresthesia**
- clinical and echographic recurrence**

IMMEDIATE RESULTS

Mean Follow up: 32 months (28-38)

100 % primary success

No DVT

No skin burns, no matting

IMMEDIATE RESULTS

PARESTHESIAE

HL: 3 (5.26 %) RFA: 4 (4.76 %) NS

M6: 2 (HL), 0 (RFA)

Y 1: 1 (HL), 0 (RFA)

Y 2: 0

IMMEDIATE RESULTS

Return to normal activities

HL: 7 d (3-15) RFA: 2.7 d (1-10) $p = 0.03$

For bilateral procedure:

HL: 10.2 D (6-15) RFA: 3.1 j (1-10) $p = 0,01$

Quality of life (Aberdeen)

Significative difference at 7d
no différence after

MIDDLE RESULTS

Mean Follow up

32 months (28-38): 88 % M24

85 % M36

M24: No recurrence (HL = RFA)

M36: 4 Recurrence (perforator of popliteal fossa) 2 RFA 2 HL

CONCLUSIONS

Endovenous treatment is safe in the treatment of the reflux of the SSV

but it is necessary to respect specific precautions of realization.

The immediate and middle results are similar than the results in the treatment of the reflux of the GSV

Endovenous treatment can be thus proposed by first intention in the treatment of the reflux of SSV while waiting for the long-term follow-up.