



**i-MEET**  
**NEXT GENERATION**  
Multidisciplinary European Endovascular Therapy

**CRITICAL READING OF INTERNATIONAL GUIDELINES  
FOR VARICOSE VEIN SURGERY**

Armando Mansilha MD, PhD, FEBVS

# Disclosure of Interest

Speaker name: ARMANDO MANSILHA

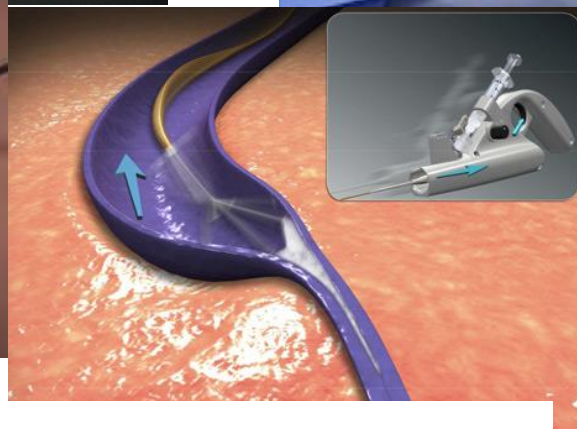
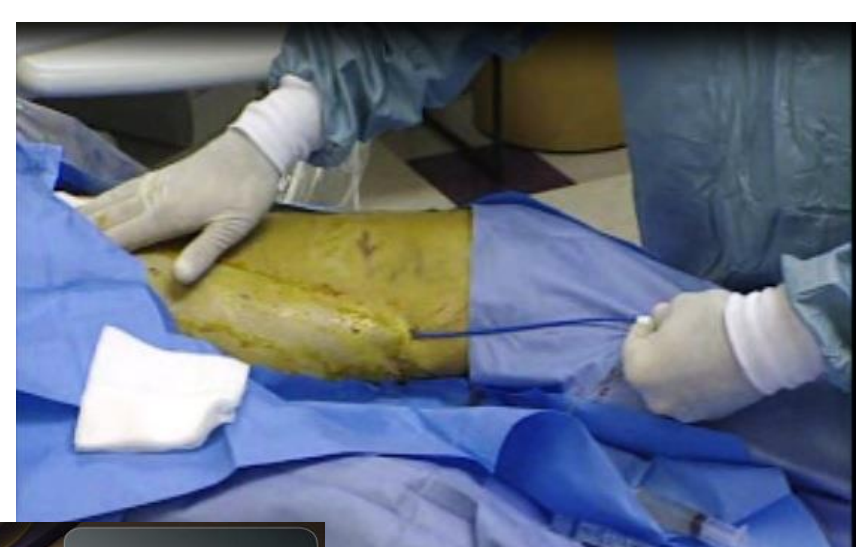
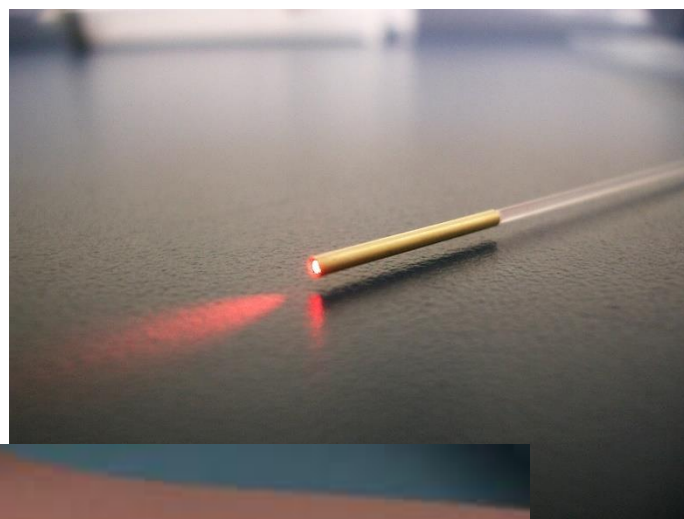
- I have the following potential conflicts of interest to report:
- Consulting
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- Other(s)
- **I do not have any potential conflict of interest**



# OLD STRIPPING







# MODERN OPEN SURGERY



# Interventional Options

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- evidence-based
- skills of the specialist
- national health care system reimbursement policies
- patient's ability to pay for a treatment that is not reimbursed
- patient's preference



# Cost-Effectiveness

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- procedure complications
- loss of working days
- costs
- QoL
- recurrence rate
- ...
- recanalization rate
- cosmetic satisfaction
- CEAP/VCSS improvement
- relief of symptoms
- venous pain
- ...

# International Guidelines

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- American Venous Forum
- European Venous Forum
- European Society for Vascular Surgery
- Latin American Venous Forum

# European Venous Forum 2014

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<b>Trial</b>	<b>RCT (n)</b>	<b>Follow-up</b>	<b>Recurrence Rate</b>
Open surgery vs RFA	7	1-3 yrs	No difference
Open Surgery vs EVLA	13	3-5 yrs	No difference
Open surgery vs UGFS	6	6 m – 5 yrs	No difference
EVLA vs RFA	17	3 m – 5 yrs	No difference
Cryostripping vs EVLA	2	5 m -2 yrs	No difference
UGFS vs EVLA	1	5 yrs	No difference

# European Venous Forum 2014

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Nevertheless in presence of saphenous incompetence and on a technical point of view we recommend

- Thermal ablation (radiofrequency, laser)

Grade 1A

- Old type surgery 2A
- Open modern surgery Grade 1B (only one RCT)
- USGFS Grade 1A
- Presently Steam, Cyanoacrylate glue ablations and Clarivein cannot be graded as well as procedures with preservation of the saphenous trunk.

In absence of saphenous incompetence we recommend phlebectomies or USGFS both deserve grade 1C.

# European Society for Vascular Surgery 2015

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Recommendation 43	Class	Level	References
For the treatment of great saphenous vein reflux in patients with symptoms and signs of chronic venous disease, endovenous thermal ablation techniques are recommended in preference to surgery.	I	A	328, 354, 356, 357, 359, 361-378, 391, 392
Recommendation 44			
For the treatment of great saphenous vein reflux in patients with symptoms and signs of chronic venous disease, endovenous thermal ablation techniques are recommended in preference to foam sclerotherapy.	I	A	322, 328, 329, 355, 356, 414-416

# Latin American Venous Forum 2016

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## **GSV**

Thermal ablation (RF, Laser)

Grade 1A

Open surgery

Grade 1B

UGFS

Grade 1B

ASVAL

Grade 1C



# European Venous Forum 2014

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Nevertheless in presence of saphenous incompetence and on a technical point of view we recommend

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- Presently Steam, Cyanoacrylate glue ablations and Clarivein cannot be graded as well as procedures with preservation of the saphenous trunk.

In absence of saphenous incompetence we recommend phlebectomies or USGFS both deserve grade 1C.



# European Society for Vascular Surgery 2015

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Recommendation 45	Class	Level	References
For the treatment of small saphenous vein reflux in patients with symptoms and signs of chronic venous disease, endovenous thermal ablation techniques should be considered. Access to the small saphenous vein should be gained no lower than mid-calf.	IIa	B	386, 387, 389

# Latin American Venous Forum 2016

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## **SSV**

Thermal ablation (RF)

Grade 1B

Open surgery

Grade 1C

UGFS

Grade 1A



Thermal ablation (RF, Laser)	Grade 1A
Open modern surgery	Grade 1A
UGFS	Grade 1A
Steam, VenaSeal, MOCA	Grade 1B

modern surgical treatment of  
varicose veins: do we have  
evidence that supports one single  
technique?

**NO**

according to the evidence

# WHAT'S IN

- minimally invasive
- ambulatory setting
- according to the hemodynamic specific pattern of each patient
- without general anaesthesia
- able to return to work the day after the procedure
- cost-effective
- cosmetic satisfaction of the patient
- able to spare all the potential venous capital



## DAILY PRACTICE

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I have to remove/exclude the GSV/SSV:

<30%

30-50%

50-70%

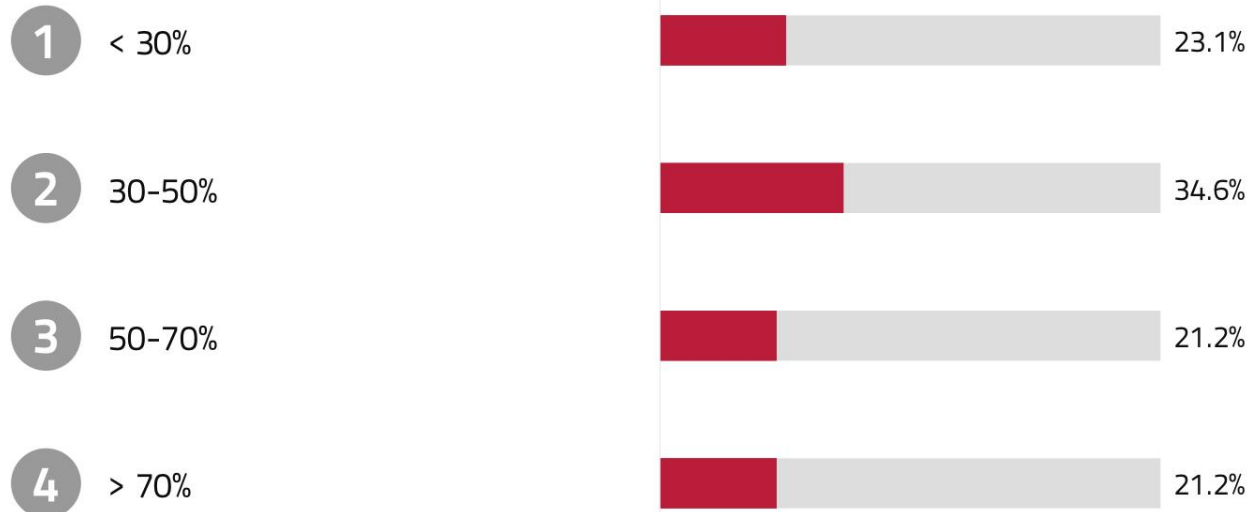
>70%





## I HAVE TO REMOVE/EXCLUDE THE GSV/SSV:

### QUESTION 1



## DAILY PRACTICE

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I perform concomitant phlebectomies:

<10%

10-50%

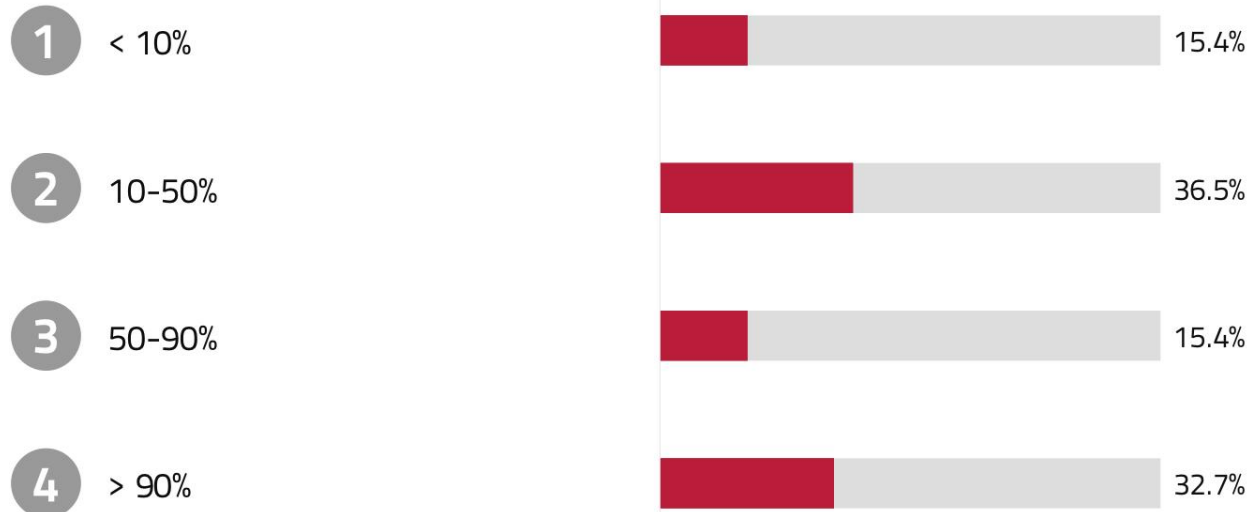
50-90%

>90%



## I PERFORM CONCOMITANT PHLEBECTOMIES:

### QUESTION 2



## DAILY PRACTICE

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If needed I operate both legs:

Yes

No



## IF NEEDED I OPERATE BOTH LEGS:

### QUESTION 3

1 Yes



2 No





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