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Do You Need To Treat Venous Tributaries: Pros And Cons

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Disclosures


None.

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Tributaries

The reason that brings the patient?



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Tributaries

The result of an incompetent trunk



Braun-Falco's Dermatologie, Venereologie und Allergologie, 2018, ISBN : 978-3-662-49543-8

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While treating the trunk - simultaneously treating of the tributaries?

Or waiting what will come



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PRO →

← **CONTRA**

Pro treating the tributaries in the same session!

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1. Symptom Relief:

Removing insufficient tributary veins can alleviate symptoms such as pain, swelling, itching and skin changes.




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2. Improved Aesthetics:

Removing visible varicose veins can enhance cosmetic appearance and boost self-confidence.




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3. Prevention of Complications:

Treating insufficient tributary veins can reduce the risk of complications such as thrombosis and ulcers.



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4. Minimally Invasive:

Modern procedures like miniphlebectomy allow for gentle treatment with minimal incisions and quick recovery.



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PRO →

← **CONTRA**

Contra treating the tributaries in the same session!

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1. Risk of Bruising:



Bruising can occur after the procedure, but it usually resolves within a few days.

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2. Possible Numbness:

Temporary numbness may occur due to injury or irritation of skin nerves.

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3. Cure:

30-60% of the veins regress after the operation





Ligation of the great saphenous vein as treatment of varicosis. Chirurgie und Recht. Dralle, H., Kols, K., Sterck, M. et al. Ligatur der V. saphena magna als Therapie der Stammvarikose. Chirurg 90, 60-62 (2019).
Primary varicosis. Noppenny, T., Kewsek, S., Winkler, M. et al. Primäre Varikose. Chirurg 78, 620-629 (2007).



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4. Cost:

Treatment can be expensive depending on the method and extent of the disease.





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Conclusion

conclusion

- Overall, removing tributary veins offers many benefits, especially in terms of symptom relief and cosmetic results.
- But also many disadvantages as scars and nerve injuries
- Important to consider the individual risks, wishes and needs of the patient



Always



Never

Solution

ONLY PERSONALIZED MEDICINE



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8. TREATMENT OF VARICOSE TRIBUTARIES CONCOMITANT OR STAGED WITH SUPERFICIAL TRUNCAL ABLATION

GUIDELINES	Grade of Recommendation	Quality of Evidence
R.1.1 For patients with symptomatic reflux in the GSV or SVS and non-changed varicosities, we recommend ablation of the refluxing tributaries and concomitant phlebectomy or ablated guided foam sclerotherapy of the varicosities with physician-complemented foam sclerotherapy as preferred treatment option.	1 (strong)	C (low to very low)
R.1.2 For patients with symptomatic reflux in the AGSV or FGGSV, we suggest ablation of the refluxing tributaries and phlebectomy or ablated guided foam sclerotherapy as preferred treatment option.	2 (weak)	C (low to very low)

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R.1.3 For patients with symptomatic reflux in the GSV or SVS, we suggest ablation of the refluxing venous trunk and staged phlebectomy or ablated guided foam sclerotherapy of the tributaries only if ablation or results of venous are prohibitive. We suggest that only decisions regarding with the patient regarding the timing of the procedure.	2 (weak)	C (low to very low)
R.1.4 For patients with symptomatic reflux in the AGSV or FGGSV, we suggest ablation of the refluxing venous trunk and staged phlebectomy or ablated guided foam sclerotherapy of the tributaries only if ablation or results of venous are prohibitive. We suggest shared decision making with the patient regarding the timing of the procedure.	2 (weak)	C (low to very low)

GOOD CLINICAL PRACTICE STATEMENT

R.2 For patients with symptomatic reflux in the lower extremity venous trunk and associated tributaries undergoing foam ablation alone, we recommend foam ablation as preferred treatment option for patients for whom the need for staged phlebectomy or ablated guided sclerotherapy for tributaries is not expected. Larger tributaries should be accompanied by those with refluxing or more advanced CLAP (10).


8. MANAGEMENT OF RECURRENT VARICOSITIES

CONSENSUS STATEMENTS

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Thank you.



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