

SVS,AVF,AVLS VARICOSE VEIN GUIDELINES

Peter Gloviczki, MD, PhD, FACS
 Roberts Emeritus Professor of Surgery,
 Chair, Emeritus, Division of Vascular and
 Endovascular Surgery,
 Mayo Clinic,
 Rochester, MN.

Connecting The Vascular Community

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DISCLOSURE

✓ No conflict of interest

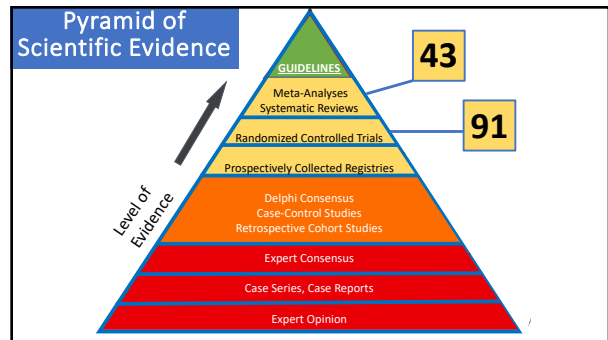
2022-2023 SVS, AVF, AVLS GUIDELINES FOR VARICOSE VEINS

The 2022 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society clinical practice guidelines for the management of varicose veins of the lower extremities. Part I. Duplex Scanning and Treatment of Superficial Truncal Reflux
Endorsed by the Society for Vascular Medicine and the International Union of Phlebology

J Vasc Surg Venous Lymphat Disord 2022; ON-LINE 2023;11:231-61

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SVS/AVF/AVLS CLINICAL PRACTICE GUIDELINES

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	Guideline	Grade of recommendation	Quality of Evidence
11.14.	In patients who are symptomatic following thermal or nonthermal ablation, we recommend early DUS to exclude ATE or DVT.	1 (strong)	A (high)
2.2.1.	In patients undergoing thermal ablation for saphenous incompetence, with or without concomitant phlebectomy, we suggest postprocedure compression therapy for a minimum of 1 week for pain reduction.	2 (weak)	B (moderate)
11.21.	For high-risk patients undergoing endovenous ablation we suggest pharmacological thromboprophylaxis.	2 (weak)	C (low to very low)

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- MULTIDISCIPLINARY, MULTI-SOCIETY
- 21 AUTHORS
- 42 GUIDELINES
- 36 CONSENSUS STATEMENT
- 8 GOOD PRACTICE STATEMENT
- 3 IMPLEMENTATION REMARKS

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DUPLEX SCAN FOR REFLUX SHOULD BE PERFORMED ON A PATIENT IN STANDING POSITION

Good practice statement

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WE RECOMMEND SUPERFICIAL VENOUS INTERVENTION OVER COMPRESSION STOCKINGS

Level of recommendation: Grade 1 (Strong), Quality of Evidence: B (Moderate)

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WE RECOMMEND ENDOVENOUS ABLATION OVER HIGH LIGATION AND STRIPPING

Level of Recommendation: Grade 1 (Strong), Quality of Evidence: B (Moderate)

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FOR SAPHENOUS ABLATION WE SUGGEST EITHER THERMAL OR NON-THERMAL TECHNIQUE

Level of Recommendation: Grade 2 (Weak), Quality of Evidence: B (Moderate)

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FOR C2 PATIENTS WE RECOMMEND AGAINST PERFORATOR VEIN TREATMENT CONCOMITANT WITH SAPHENOUS ABLATION

Level of recommendation: Grade 1 (Strong), Quality of Evidence: C (Low to very low)

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WE RECOMMEND SAPHENOUS ABLATION AND CONCOMITANT TREATMENT OF VARICOSE TRIBUTARIES

Level of Recommendation: Grade 1 (Strong), Quality of Evidence: C (Low To Very Low)

SYSTEMATIC REVIEW

Concomitant vs. Staged Treatment of Varicose Tributaries as an Adjuvant to Endovenous Ablation: A Systematic Review and Meta-Analysis

KEY TAKE AWAYS

CONCLUSION: This meta-analysis found that concomitant treatment of tributaries with sclerotherapy or radiofrequency ablation (RFA) resulted in significantly better outcomes compared to staged treatment. Concomitant treatment resulted in significantly lower rates of re-intervention, pain, and bruising. The quality of evidence was moderate to high.

LEVEL OF RECOMMENDATION: Grade 2 (Weak)

QUALITY OF EVIDENCE: B (Moderate)

Concomitant interventions resulted in less re-interventions, but RCTs alone did not show difference in re-intervention.

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WE SUGGEST MICRONIZED PURIFIED FLAVONOID FRACTION (MPFF) OR RUSCUS EXTRACTS FOR VEIN RELATED PAIN, LEG HEAVINESS OR SENSATION OF SWELLING.

Level of Recommendation: Grade 2 (Weak)

Quality of Evidence: B (Moderate)

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IN PATIENTS WITH REFLUX IN THE BELOW-KNEE GSV, ABLATION TO THE LOWEST POINT OF REFLUX RESULTED IN BETTER EARLY OUTCOME

CONSENSUS STATEMENT

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FOR AN AVERAGE-RISK PATIENT WHO IS ASYMPTOMATIC FOLLOWING THERMAL ABLATION OF THE GSV WE RECOMMEND AGAINST ROUTINE POST-PROCEDURAL DUPLEX ULTRASOUND TO DETECT ABLATION-RELATED THROMBUS EXTENSION (ARTE) OR DVT.

Level of Recommendation: Grade 1 (Strong)

Quality of Evidence: B (Moderate)

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GUIDELINES FOR MANAGEMENT

- Ablation related thrombus extension (ARTE) (for EHIT, EGIT, EFIT ...)
- Superficial thrombophlebitis
- Bleeding varicose veins
- Superficial venous aneurysms

SVS,AVF,AVLS VARICOSE VEIN GUIDELINES TAKE HOME MESSAGE

- These Guidelines are trustworthy, and evidence based
- They should be among your most important references for up-to-date management of chronic venous disease
- Adopt the recommendations to provide the best care to your patients

THANK YOU!

