



Complications Of Endovenous Thermal Ablation Of The GSV

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NO DISCLOSURES


TRINIDAD CARNIVAL




Here's a table summarizing minor complications of endovenous thermal ablation and their incidence:

Complication	Incidence Rate (%)
Bruising	10-30
Minor pain or discomfort	5-25
Phlebitis	2-10
Skin burns	<1
Numbness (paresthesia)	1-5
Hyperpigmentation	1-5
Superficial thrombophlebitis	1-3
Edema (swelling)	1-5
Infection	<1

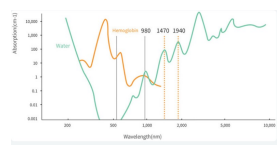
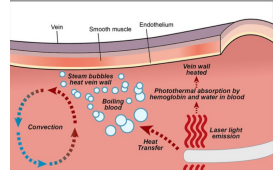
This table provides a range of incidence rates, as they may vary depending on the patient population, technique used, and physician experience. Let me know if you need more details on any specific complication.



BRUISING



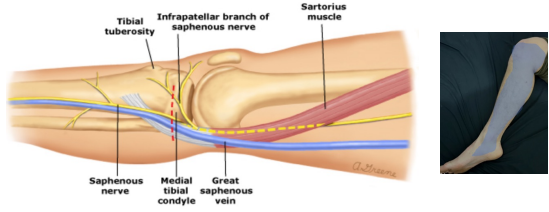
DOES LENGTH MATTER?

optical extinction coefficient of blood

A review understanding of endovenous laser thermal ablation. Friedmann, Daniel P, Verma, Nitin K, Tian, Jessica, Mehra, Vireet et al. Journal of Vascular Surgery Cases, Innovations and Techniques, Volume 10, Issue 6, 101507

NERVE INJURY



Labels in diagram: Tibial tuberosity, Infrapatellar branch of saphenous nerve, Sartorius muscle, Saphenous nerve, Medial tibial condyle, Great saphenous vein.

Clinical Trial | Phlebology, 2016 Mar;31(2):106-10. doi: 10.1177/0268355114568533. Epub 2015 Jan 12.

Saphenous nerve injury after endovenous laser ablation of incompetent greater saphenous vein: An electromyography study

S Yilmaz¹, O Delikan², E Aksoy³

Conclusion: Injury to saphenous nerve seems not likely during endovenous laser ablation of incompetent greater saphenous veins, as evidenced by normal electromyography values found after the operation.

Material and methods: Thirty-five patients (mean age: 44.78 ± 8.6, male/female ratio: 16/19) who were operated on for incompetent greater saphenous veins, underwent electromyography before and two weeks after the operation. Dysesthesia was questioned as to whether having unpleasant abnormal sensation after the operation. Positive electromyography findings for saphenous nerve injury included a sensory nerve action potential amplitude <2 μV or a nerve conduction velocity <48.0 m/s or a latency onset >5.0 ms.

Results: Thirty-four patients were available at two-week follow-up. All patients achieved complete proximal closure. Three patients (8.8%) had dysesthesia at two weeks. Mean electromyography values were not significantly different between preoperative and postoperative period. Postoperatively, none of the patients had abnormal sensory nerve action potential or latency onset, whereas nerve conduction velocity decreased below the lower limit in two patients. These two patients were not among those having dysesthesia and they had no other complaints.

Reflux in the below-knee great saphenous vein can be safely treated with endovenous ablation

Shaun M. Gifford, MD¹, Manju Kalra, MBBS², Peter Glowiczki, MD³, Mark D. Fleming, MD⁴, Scott Harmsen, MS⁵, Thomas C. Bower, MD⁶

Conclusions

Endovenous ablation of the refluxing BK-GSV segment can be performed safely with minimal complications. Consideration should be given to concomitant ablation of the BK-GSV in treatment of patients with varicose veins with reflux extending to the BK segment of the GSV to improve long-term outcomes.

saphenous neuralgia in spite of incompetence demonstrated in the below-knee (BK-GSV) segment. Residual symptoms and need for reintervention are reported to result in nearly half the patients if the refluxing BK-GSV is ignored. Experience with endovenous ablation of the BK-GSV at the time of AK-GSV treatment is sparsely reported in the literature. The aim of this study was to evaluate the safety of endovenous ablation of the refluxing BK-GSV.

Methods

Data from consecutive patients treated with superficial venous ablation during a 48-month period from January 2010 to December 2013.

EHIT

Table I. Kabnick endothermal heat-induced thrombosis (EHIT) classification

Class	Definition
I	Thrombus extended up to and including the deep vein junction
II	Thrombus propagation into the adjacent deep vein but comprising <50% of the deep vein lumen
III	Thrombus propagation into the adjacent deep vein but comprising >50% of the deep vein lumen
IV	Occlusive deep vein thrombus contiguous with the treated superficial vein

Kabnick LS et al. Endovenous heat induced thrombosis (EHIT) at the superficial deep vein junction: a new post-treatment clinical entity, classification and potential treatment strategies. Presented at the Eighteenth Annual Meeting of the American Venous Society, Miami, Fla February 22-26, 2006.

EHIT CLASS 4

EHIT CLASS 4

INCIDENCE OF EHIT

Hirokawa M, Kurihara N. Comparison of Bare-Tip and Radial Fiber in Endovenous Laser Ablation with 1470 nm Diode Laser. Ann Vasc Dis. 2014;7(3)

RETINAL INJURY

PubMed® eye damage due to endovenous laser ablation

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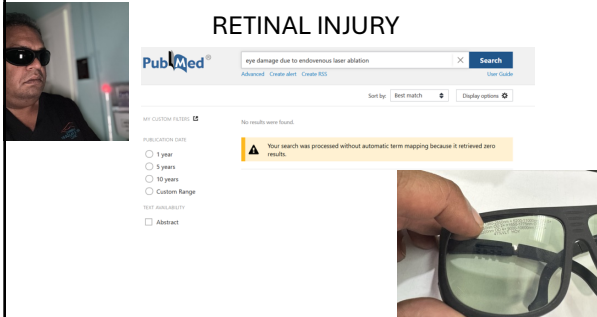
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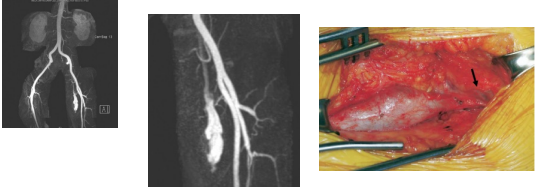


DIFFUSE PHLEGMONOUS PHLEBITIS



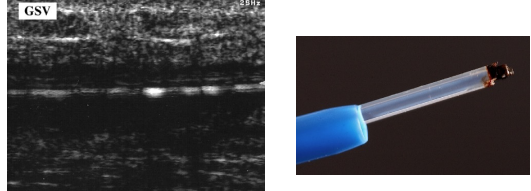
Dunst KM, Huemer GM, Wayand W, Shamiyeh A. Diffuse phlegmonous phlebitis after endovenous laser treatment of the greater saphenous vein. *J Vasc Surg.* 2006 May;43(5):1056-8

AVF





Eidson JL 3rd, Shepherd LG, Bush RL. Aneurysmal dilatation of the great saphenous vein stump after endovenous laser ablation. *J Vasc Surg.* 2008 Oct;48(4):1037-9. doi: 10.1016/j.jvs.2008.05.019. PMID: 18807472

WIRE AND FIBRE COMPLICATIONS

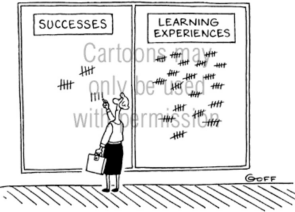


J.R.H. Scurr. Retained Laser Fibre Following Endovenous Laser Ablation. *EIVS Extra* 13, 30e32 (2007)

- 40 yr old male with significant epifasciitis AGSVI
- My 5th case of EVLT
- Presented 3 days later with tenderness along ablated GSV
- Resolved 7 weeks later with mild discoloration

THANK YOU FOR LISTENING



You can never repeat the same mistake twice. The second time you make it, it's no longer a mistake, it's a choice