

Current Guidelines



GUIDELINE 5. 5.1.1. For patients with symptomatic reflux in the great or small saphenous vein and associated varicosities, we recommend ablation of the refluxing venous trunk and concomitant phlebectomy or ultrasound-guided foam sclerotherapy of the varicosities with physician-compounded foam or commercial polidocanol endovenous microfoam.

Level of recommendation: grade 1 (strong); qual-

ity of evidence: C (low to very low)

Interchangeable Modalities

 Concomitant treatment within recent studies have been done without comparing outcomes between LIGES and phlehectomies. Editorial

Tributary treatment: Foam or phlebectomy?

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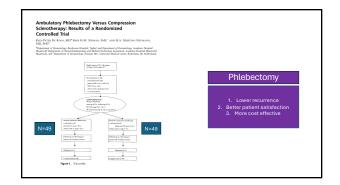


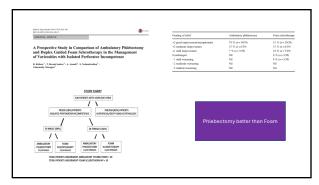


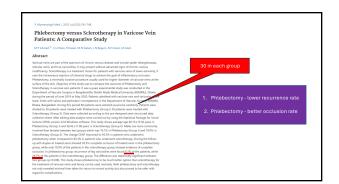


Staged Treatment of Varicose Tributaries as an Adjunct to Endovenous Ablation: A Systematic Review and Meta-Analysis Improved VCSS Improved quality of life Reduced re intervention rate In Favour of Concomitant

ry Phlebectomy and Compression Scierotherapy for Varicose Veins Animesh Varia¹⁷, Smita Pathak² "Sr Advisor (Surgery), AFMC, Pune, India. sor, Department of Radiodingnosis, BVDU and h









Need for further research?

- Retrospective analysis of varicose vein treatment in a single centre in the UK showed 33% of non-concordance between physicians in the decision to treat with UGFS or phlebectomy.
- Need for a well powered RCT to determine if one treatment modality has superiority to the other.
 Assess reintervention rate

 - QoL scores
 Complication rates
 - Cost effectiveness
 Cosmetic

