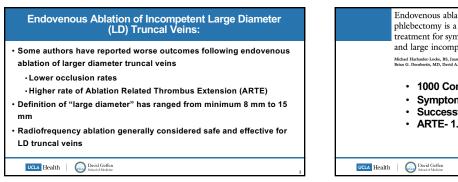
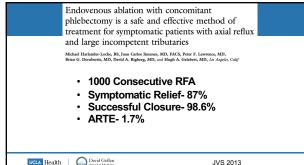
Radiofrequency Ablation Versus Polidocanol Endovenous Microfoam Ablation of Large Diameter Saphenous and Tributary Veins

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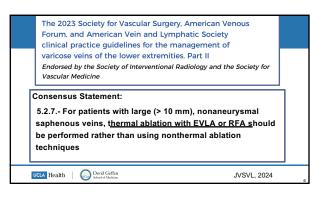
UCLA Health | 🛞 David Geffen

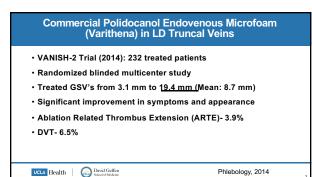
Disclosures:
Boston Scientific- Speaker, Consultant
UCLA Health Real David Geffen
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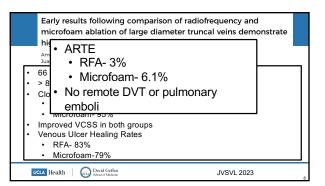




	TableIV. Multivariate analysis using the multi predictors and risk factors resulting in level		
	Vein diameter (>8 mm)	P= .027	
	Vein diameter (>10 mm)	P<.001	
	History of DVT	P= .041	
	Age	P=.722, NS	
	Chronic anticoagulation	P=.198, NS	
	Antiplatelet medication taken	P=.495, NS	
	Previous vein ligation	P=.312, NS	
	Previous vein stripping	<i>P</i> = .204, NS	
	Previous stab phlebectomy	P= .391, NS	
	Concomitant phlebectomy	P= .483, NS	
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	Increased body mass index and vein diameter are associated with incomplete target vein closure following microfoam ablation of incompetent saphenous veins stephanie D. Talutis, MD. MPH. Amanda L. Chin, MD, MBA, Peter F. Lawrence, MD, Karen Woo, MD, PhD, steven M. Farley, MD, William Duong, MD, and Juan Carlos Jimenez, MD, MBA. <i>Los Angeles, CA</i>	 127 Truncal Veins treated with Microfoam (2018-2022) Group 1 (Complete Closure, n=115), Group 2 (Non-closure, n=12) Univariate and Multivariate Analysis Diameter ≥10 mm was associated with non-closure (OR: 4.8) Symptom Relief Group 1 (Closure): 97%, Group 2 (Non-Closure): 67%
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