



CONTROVERSES ET ACTUALITES EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 23-25 2020



MARRIOTT RIVE GAUCHE & CONFERENCE CENTER | PARIS | FRANCE

**Phlebectomy is not
indispensable,
even for a surgeon**



Disclosure

Speaker name: Fannie Forgues

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest

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indispensable

/ɪndɪ'spɛnsəb(ə)l/

adjective

absolutely necessary.

OBVIOUSLY NOT

REASON 1

Sometimes
adjunctive
treatment is not
necessary

Need for adjunctive procedures following cyanoacrylate closure of incompetent great, small and accessory saphenous veins without the use of postprocedure compression: Three-month data from a postmarket evaluation of the VenaSeal System (the WAVES Study)

Kathleen Gibson , Renee Minjarez, Krissa Gunderson and Brian Ferris

Abstract

Purpose: Studies examining cyanoacrylate closure of saphenous veins with the VenaSeal™ System have not allowed concomitant procedures for tributaries at the time of the index procedure. Outside of clinical trials, however, concomitant procedures are frequently performed in conjunction with endovenous ablation. We report on the frequency of need for saphenous tributary treatment three months after cyanoacrylate closure of the treatment of great saphenous vein, small saphenous vein, and/or accessory saphenous vein.

Methods: Fifty subjects with symptomatic great saphenous vein, small saphenous vein, and/or accessory saphenous vein incompetence were treated with no postprocedure compression stockings. Concomitant procedures were not allowed. Treating physicians predicted the type and nature of any concomitant procedures that they would usually perform at the time of ablation, if not limited by the constraints of the study. Evaluations were performed at one week, one and three months and included duplex ultrasound, numeric pain rating scale, revised venous clinical severity score, the Aberdeen Varicose Vein Questionnaire, and time to return to work and normal activities. At the three-month visit, the need for and type of adjunctive procedures were recorded.

Results: Complete closure at three months was achieved in 70 (99%) of the treated veins (48 great saphenous veins, 14 accessory saphenous veins, eight small saphenous veins). Revised venous clinical severity score improved from 6.4 ± 2.2 to 1.8 ± 1.5 ($P < .001$) and Aberdeen Varicose Vein Questionnaire from 17.3 ± 7.9 to 6.5 ± 7.2 ($P < .0001$). Sixty-six percent of patients underwent tributary treatment at three months. The percentage of patients who required adjunctive treatments at three months was lower than had been predicted by the treating physicians (65% versus 96%, $p = .0002$).

Conclusions: Closure rates were high in the absence of the use of compression stockings or side branch treatment. Improvement in quality of life was significant, and the need for and extent of concomitant procedures was significantly less than had been predicted by the treating physicians.

Keywords

Chronic venous insufficiency, endovenous technique, great saphenous vein, small saphenous vein, varicose veins

Introduction

Prior to the advent of endovenous thermal ablation (ETA), endovenous laser ablation, and radiofrequency ablation (RFA), most patients with saphenous vein

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35% of cases

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Spontaneous disappearance or shrinking of tributaries after trunk ablation:

Weiss Dermatol Surg. 2002

Monahan D.D. J Vasc Surg 2005

Merchant J Vasc Surg. sept 2005

Nicolini Eur J Vasc Endovasc Surg. avr 2005

Welch H.J. J Vasc Surg 2006

Darwood et al. Br J Surg. 2008

Bush et al. Semin Vasc Surg 2008

Vasquez Presented at Duke University "What's New in Venous Disease" 2009

Kim Ann Vasc Surg. mars 2009;

Mowatt-Larssen Seminars in Vascular Surgery. 2010

Brittenden J N Engl J Med 2014 ; 371 : 1218-27

Hamel-Desnos et al. J Mal Vasc. 2012 and Phlebology 2015



**Is treatment safety & efficient
even if it's needless?**

I'm not sure,
& patient (sometimes general anesthesia)?
& clinic director (increase time in operating room)?
& public insurance (sick leave)?



REASON 2

Other technics
are available



Recommendation 51	Class	Level
When performing endovenous thermal ablation of a refluxing saphenous trunk, adding concomitant phlebectomies should be considered.	Ila	B
Recommendation 52		
To treat tributary varicose veins, ambulatory phlebectomy should be considered.	Ila	C

The care of patients with varicose veins and



We recommend ambulatory phlebectomy for treatment of varicose veins, performed with saphenous vein ablation, either during the same procedure or at a later stage. If general anesthesia is required for phlebectomy, we suggest concomitant saphenous ablation.	1	B
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We recommend liquid or foam sclerotherapy for telangiectasia, reticular veins, and varicose veins.	1	B
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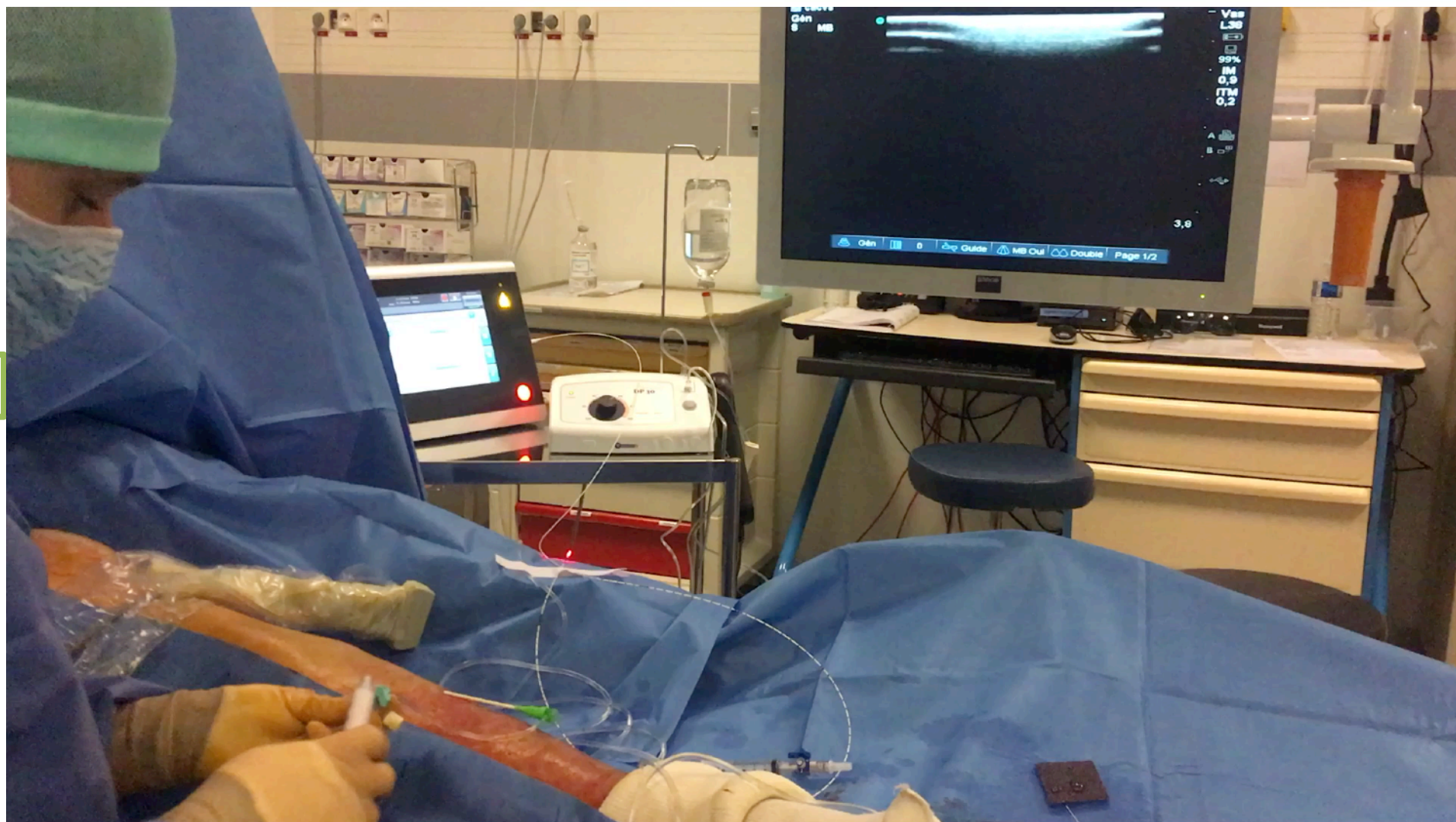


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Sclerotherapy







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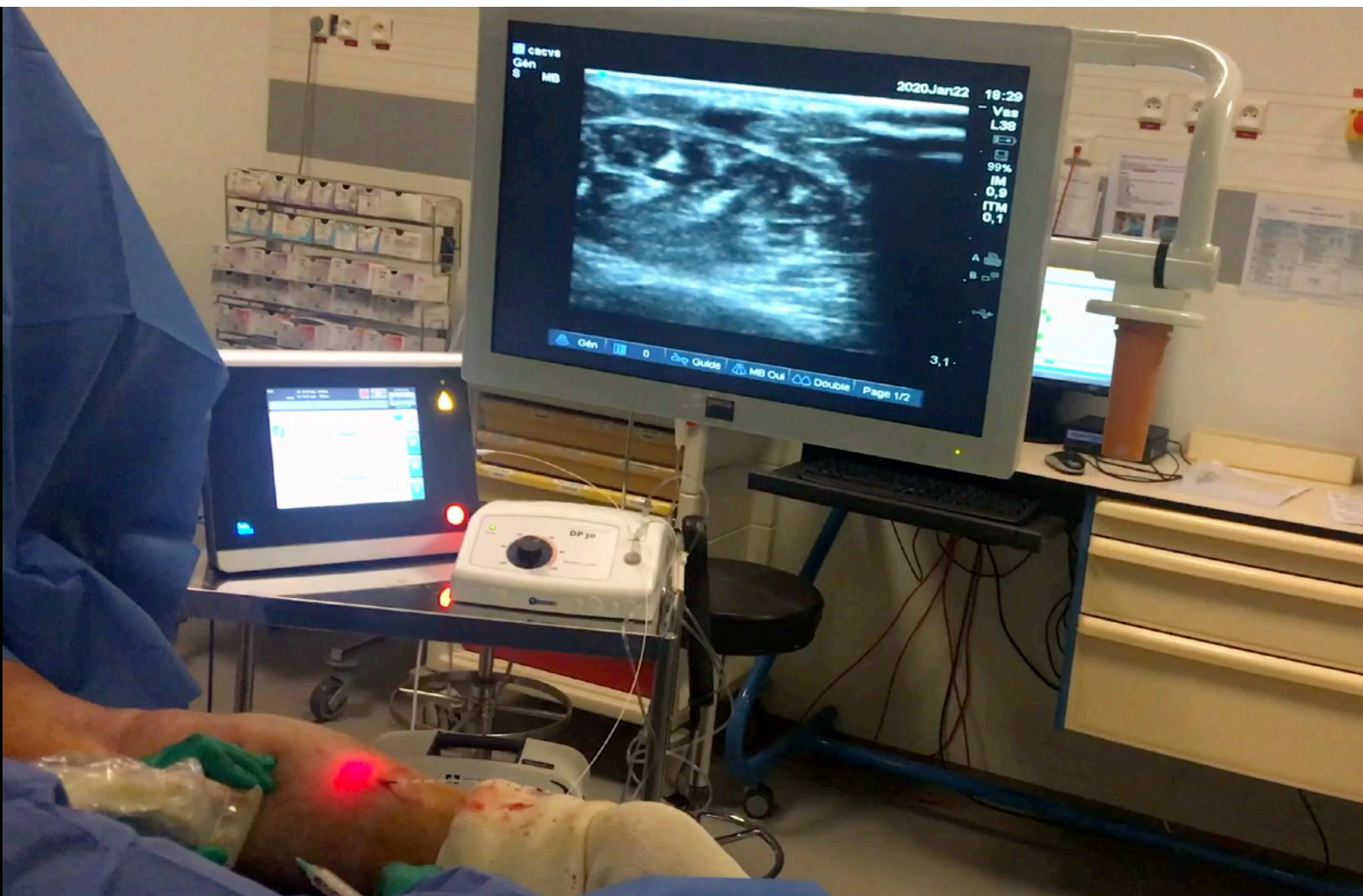
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INDISPENSABLE ➤ Obviously not

Sometimes **NOT RECOMMENDED**

- ulcers
- hypodermatitis
- inflammation

➔ without incision is better
Immediate or delayed?





Thermal ablation



- Puncture inside tributary & maneuvers to pass obstacle with wire guide or slim LEV fiber
- Needleful

Glue



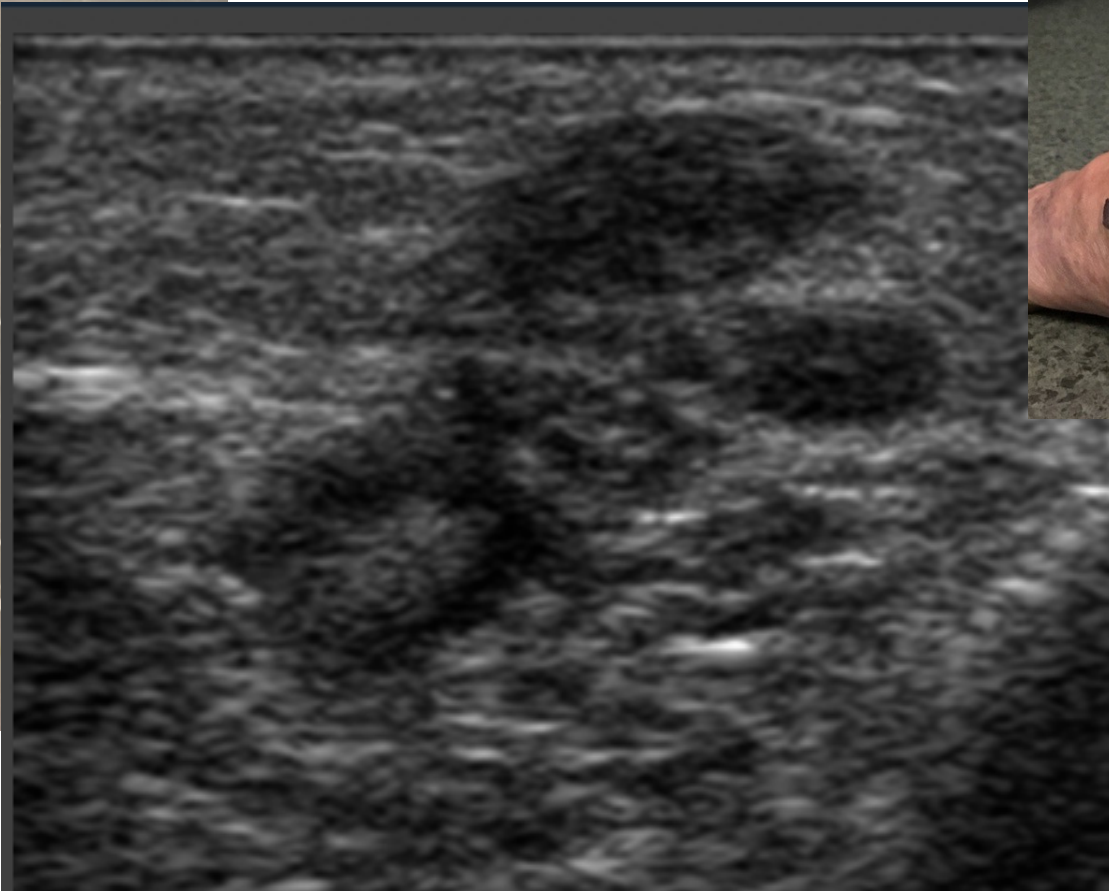




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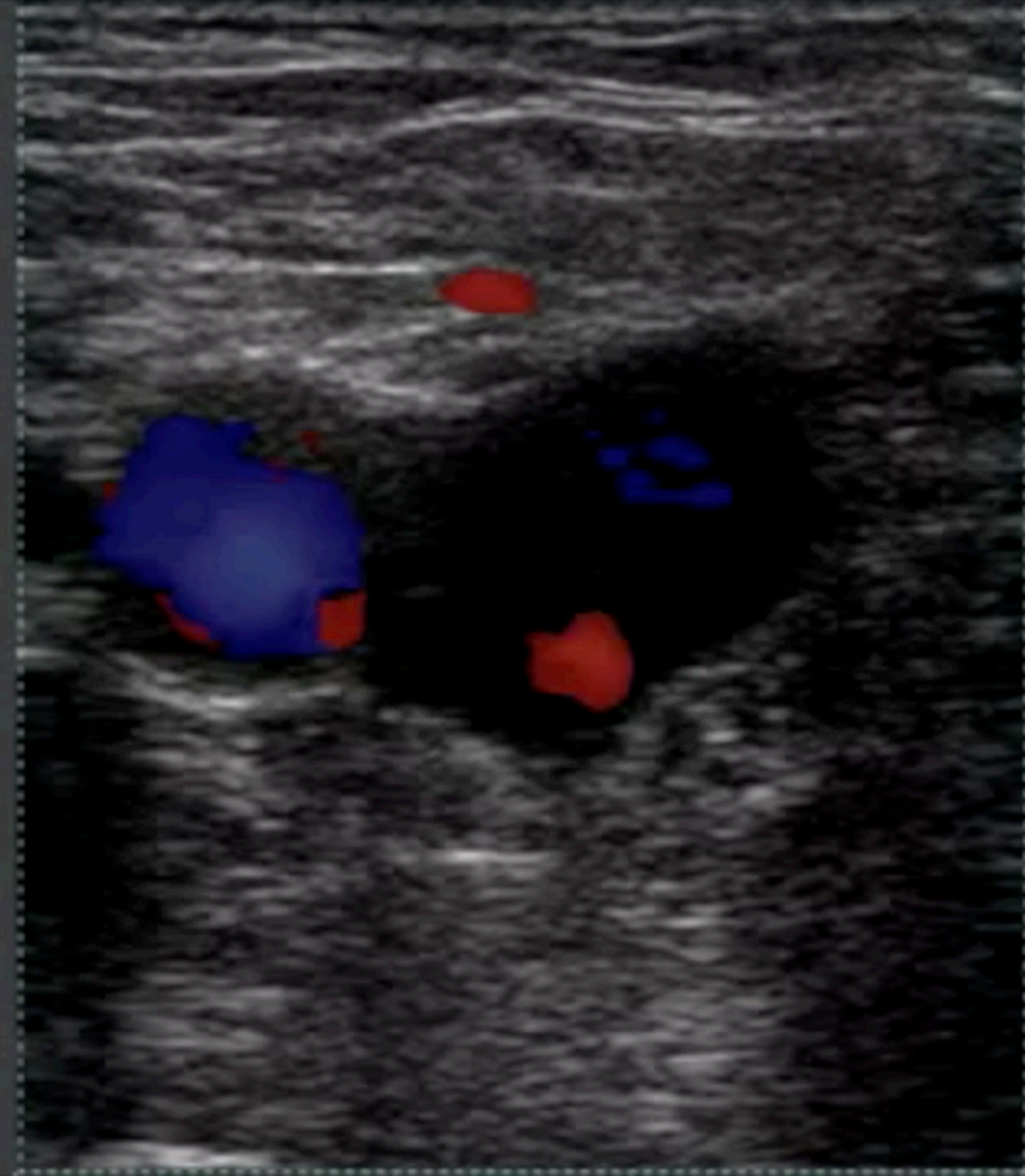




LINE5 MEIV
L12-3
17Hz
4cm

2D
F 3
Gn 62
232dB/C4
E/2/4

Couleur
3,8 MHz
Gn 63
G/6/5
Filtre 4







- Alternative solutions exist for every phlebectomy indications
 - Superficial vein
 - Big vein
 - Perforators
- Patients are unique, treatment should also be