

3. VENOUS PROCEDURES

Industrialized countries population is presenting a constantly increasing mean age, sedentarism and tendency to obesity. These facts parallel the equally constantly increasing demand for leg chronic venous disease interventional treatment. Different techniques can be used:



surgery, endovenous thermal ablation (Laser, Radiofrequency, Steam), **endovenous non thermal ablation** (glue, foam-assisted non-thermal ablation), **sclerotherapy** (described in an entirely dedicated section of this document). Two main strategies can be applied: ablation of the diseased vein or restoration of a normal flow by closure of selective diseased vein segments. Evidence-based facts on the topic are reported below, with insights available at www.vwinfoundation.com/fake-news-free-project/



SUPERFICIAL VENOUS PROCEDURES

1. Documented vein signs, symptoms & reflux must be present to indicate a superficial venous procedure
2. No significant difference in reflux reappearance risk is reported following surgical rather than endovenous thermal ablation of the great saphenous vein. No device has a whole performance better than the others.
3. Preliminary data suggest endovenous thermal ablation of the small saphenous vein leads to a smaller percentage of reflux reappearance compared to surgical ablation.
4. Catheters injecting sclerotherapy while incising the saphenous vein demonstrated to be safe (Clarivein[®], Flebogrif[®]), inferior to thermal ablation in venous reflux reappearance but not inferior in some clinical outcomes (Clarivein[®]).
5. Ablation of the great saphenous vein by steam is safe but more scientific data are needed before recommending it in place of laser or radiofrequency treatment
6. Ablation of the great saphenous vein by glue has a clinical result not inferior to radiofrequency (Venaseal[®]) at 5 years and not inferior to Laser at 2 years (Venablock[®]). The patient must be informed the glue will remain as foreign body. Different glues have different scientific validation and this must be clearly stated.
7. In expert hands, procedures not eliminating the saphenous vein can be a valid alternative to procedures aimed to remove the saphenous trunk.
8. All venous procedures bring a small but possible thrombo-embolic risk: individual risk and related prophylaxis must be performed by an expert physician.
9. Right after a venous procedure certified graduated compression stockings can be beneficial, as long as prescribed by an expert health professional.
10. Superficial venous disease procedures are safe, yet significant complications can happen, therefore only expert physicians should be involved in their management .