

Ambulatory phlebectomy as a simultaneous treatment after endovenous ablation is not mandatory

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Disclosure

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- ☐ 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

Phlebectomy after EVTA

- Reasons for phlebectomy in same session
 - Treatment of hemodynamically important varicose veins
 - Treatment of CVI
 - Cosmetic result
 - Treatment of visible varicose veins
 - Cost effectiveness
 - No or low extra costs if treated in one session

Phlebectomy after EVTA

- Reasons against phlebectomy in same session
 - Possibly unnessecary treatment of tributaries which may resolve after saphenous ablation
 - More trauma, more side effects
 - Hematoma, pain, inflammation, nerve damage, lymphcyste etc.
 - Longer operation time, higher costs

Phlebectomy after EVTA

- Possible outcome after EVTA without phlebectomy
 - Persisting varicose veins
 - Phlebectomy or sclerotherapy in a second session
 - Recurrent reflux in saphenous vein
 - Re-treatment of saphenous vein
 - Persisting signs and symptoms of CVD
 - Phlebectomy or sclerotherapy in a second session

Phlebectomy after EVTA

- Different varicose veins in addition to saphenous insufficiency
 - Thigh accessory saphenous veins
 - Lower leg tributaries
 - Non-saphenous VV

Phlebectomy after EVTA

- **AVF and SVS Guideline 2011**
- 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. **(1B)**

Phlebectomy after EVTA

- **NICE Guideline 2013**
- For people with confirmed varicose veins and truncal reflux:
 - Offer endothermal ablation
 - If endothermal ablation is unsuitable, offer ultrasound-guided foam sclerotherapy
 - If ultrasound-guided foam sclerotherapy is unsuitable, offer surgery
- If incompetent varicose tributaries are to be treated, consider treating them at the same time.

Phlebectomy after EVTA

- Nice recommendation based only on one study by Carradice 2009
- 48 patients, 24 EVLT with and 24 without phlebectomy. Follow-up 6 weeks
- QoL better in phlebectomy group but small numbers
- 4% vs 66.7% phlebectomies after 6 weeks
- Weak recommendation
- In 1/3 phlebectomy would have been overtreatment if phlebectomy would have been mandatory

Phlebectomy after EVTA

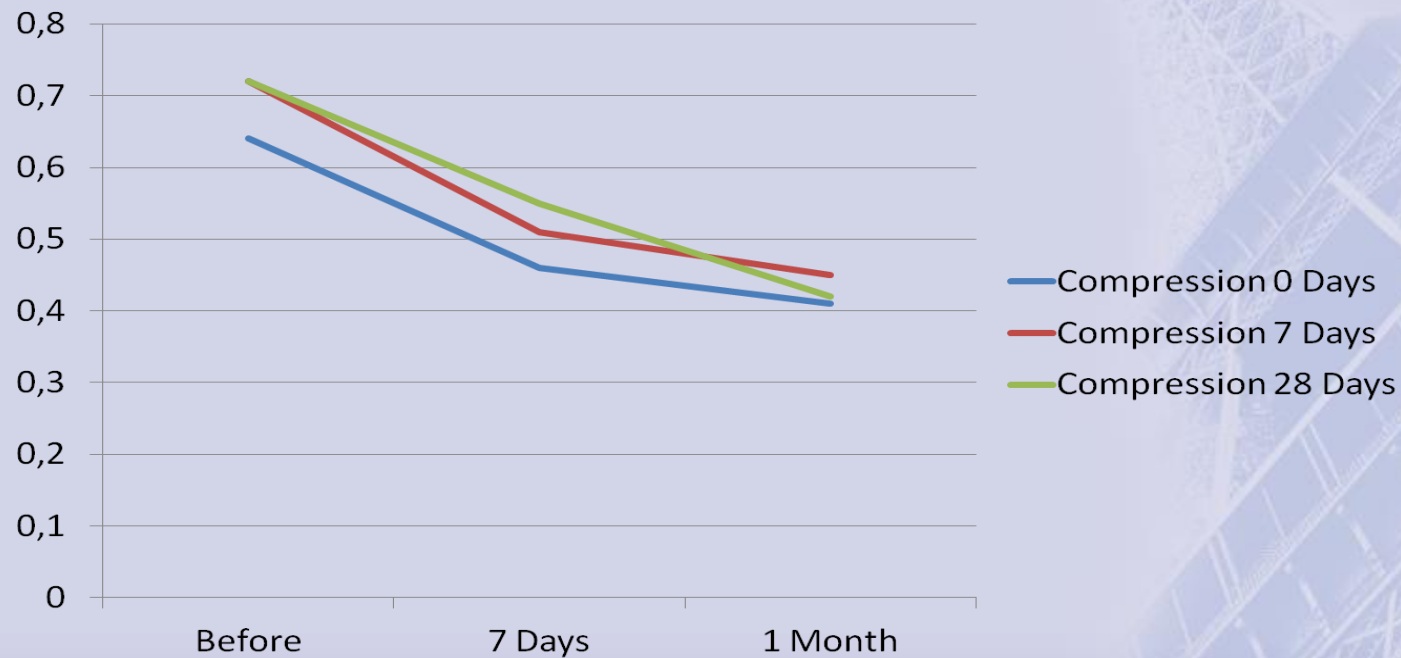
- **U Maurins, J Rits, E Rabe, F Pannier**
- To wear or not to wear Compression Stockings after EVLA with ELVeS Radial™ Procedure using 1470 nm Laser and new 2Ring Fiber: Randomized Clinical Trial
- EVLA of GSV, 2-ring fibre, **no additional phlebectomies**
- Comparison of no compression, 7 and 28 days compression

Phlebectomy after EVTA



Phlebectomy after EVTA

Diameter of Side Branches (cm) after EVLA



Phlebectomy after EVTA

Resolution of tributaries without further treatment after 1 month

Compression 0 Days	Compression 7 Days	Compression 28 Days
79 %	73 %	86 %

Phlebectomy after EVTA

- Conclusions
 - In many cases simultaneous phlebectomy is useful and may be performed as a gold standard in the same session
 - Insufficient accessory saphenous veins at the thigh
 - Non-saphenous varicose veins
 - Big and hemodynamically active tributaries at the calf
 - In at least 1/3 of the cases phlebectomies are not necessary
 - Small tributaries at the lower leg
 - Phlebectomy in the same session with ETA is not mandatory but often useful

Thank you
for your attention