Riviera Veine Institut

Nice (France), Monaco

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 22-24 2015

Marriott Rive Gauche, Paris, France

The saphenous vein sparing strategy could be applied in patients with active ulcer (C6) ?

P. Pittaluga, S. Chastanet

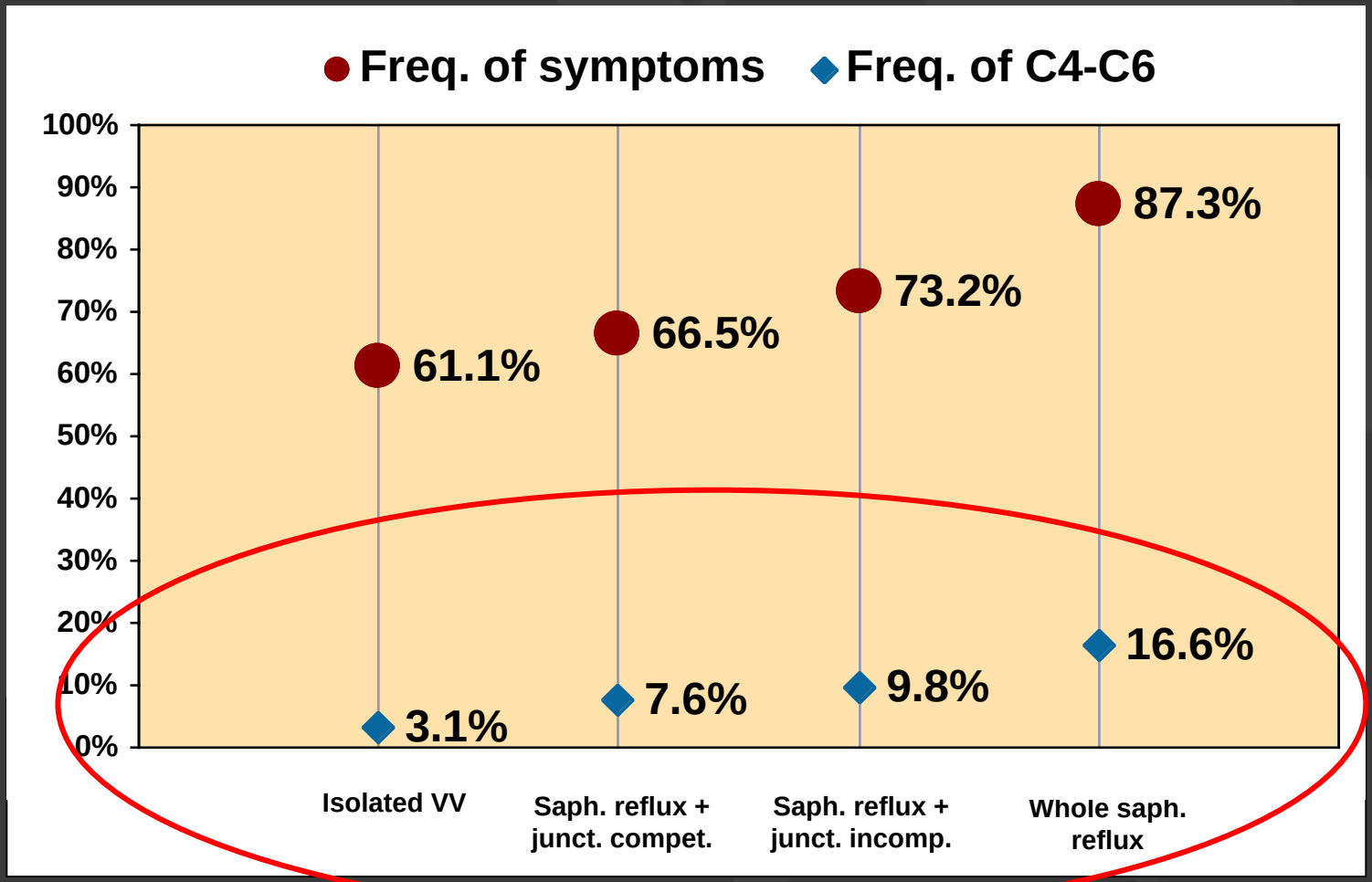
DISCLOSURE OF INTEREST

I do not have any relevant financial relationships with any commercial interest

INTRODUCTION

Classification of saphenous refluxes: implications for treatment

P Pittaluga*, S Chastanet*, B Rea† and R Barbe† *Phlebology* 2008;**23**:2–9.



INTRODUCTION

Midterm results of the surgical treatment of varices by phlebectomy with conservation of a refluxing saphenous vein

Paul Pittaluga, MD,[a] Sylvain Chastanet, MD,[a] Bernard Rea, MD,[b] and Rémy Barbe, PhD,[b]
Nice and Sainte-Foy-lès-Lyon, France

(J Vasc Surg 2009;50:107-18.)

Thus, it appeared logical for us to reserve a more limited surgical treatment for the least evolved stage of the varicose disease in hopes of obtaining clinical and hemodynamic reversibility.

Table I. Cohorts operated on by ambulatory selective varices ablation under local anesthesia[a] compared with high ligation and stripping

Variable[b]	*ASVAL*	*HLS*	P
Limbs, No.	303	270	
Patients, No.	221	230	
Age, y	52.7 ± 1.55 (20-83)	54.5 ± 1.66 (20-86)	.002
Female, %	75.1	65.20	<.05
BMI	23.8 ± 0.44	25.2 ± 0.51	.0006
CEAP classification, %			
C_0-C_1	0	0.80	
C_2	85.80	76.6	<.05
C_3	5.30	4.90	
C_4	8.90	15.	<.05
C_5-C_6	0	2.10	
NZT	6.05 ± 0.15	7.19 ± 0.21	<.00001
Asymptomatic limbs, %	33.7	21.5	<.05
VDS for LSBS	1.30 ± .08	1.32 ± 0.08	.68
Saphenous reflux, %			
GSV	88.10	80.70	
SSV	11.90	17.80	<.05
GSV + SSV	0	1.50	
Saphenous confluence			
Competence, %	15.80	7.80	<.05
Diameter, mm	7.05 ± 0.27	8.40 ± 0.31	<.0001
Whole SV reflux, %[c]	8.60	44.40	<.05

INTRODUCTION

Did our practice has evolved since 10 years and is there a place for sparing the saphenous vein in patients with active ulcer ?

METHOD

✓ **Retrospective study** :

- C6 patients among all surgical procedures performed in case of GSV reflux between July 2004 and July 2014

✓ **Exclusion**:

- Patients with arterial insuficiency (BCI<0.7)
- Patients with deep venous insufficiency
- Patients without saphenous reflux
- Patients with SSV reflux

✓ **Data studied**

- Demographics
- Preop hemodynamics data – patterns of reflux
- Ulcer healing (rate and time) and ulcer recurrence

RESULTS

Jul 04-Jul 14 : 6125 surgical procedures for VVs with GSV reflux

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CEAP Class C	n	%
C0-C1	0	0%
C2	4989	81.5%
C3	554	9%
C4	623	6.9%
C5	81	1.3%
C6	78	1.3%
Total	6125	100%

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78 surgical procedures in patients with active ulcer

	n	%
Lower limbs	78	
Patients	75	
Age (average yrs)	70.6	
Female	44	58.7%
GVS terminal incompetence	51	65.4%
GSV reflux above knee	24	30.8%
GSV reflux below knee	54	69.2%
Whole GSV reflux	24	30.8%

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* All patients wore daily a 36 mmHg compression stocking

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Healing time (average days)	66.1	73.5	0.63
Ulcer recurrence rate	9.1%	6.7%	0.69

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- ASVAL group: in the 3 cases of ulcer recurrence a persistent/recurrent GVS reflux was present
- Stripping/ablation group: in the 3 cases of ulcer recurrence a GVS reflux below knee reflux was present

Caracteristics of patients with active ulcer

- Demographics
  - ✓ Older: 70.6 yrs (+/- 50 yrs in personal experience)
  - ✓ More frequently male: 41.3% (+/- 25% in personal studies)

- More advanced GVS insufficiency
  - ✓ Terminal reflux in 65.3% (+/- 50% in literature)
  - ✓ Whole GSV reflux in 30.8% (+/- 7% in personal experience)

COMMENTS

Review article

Patterns of reflux in the great saphenous vein system

S Chastanet and P Pittaluga
Riviera Vein Institute, Nice, France

Phlebology 2013;**28 Suppl 1**:39–46

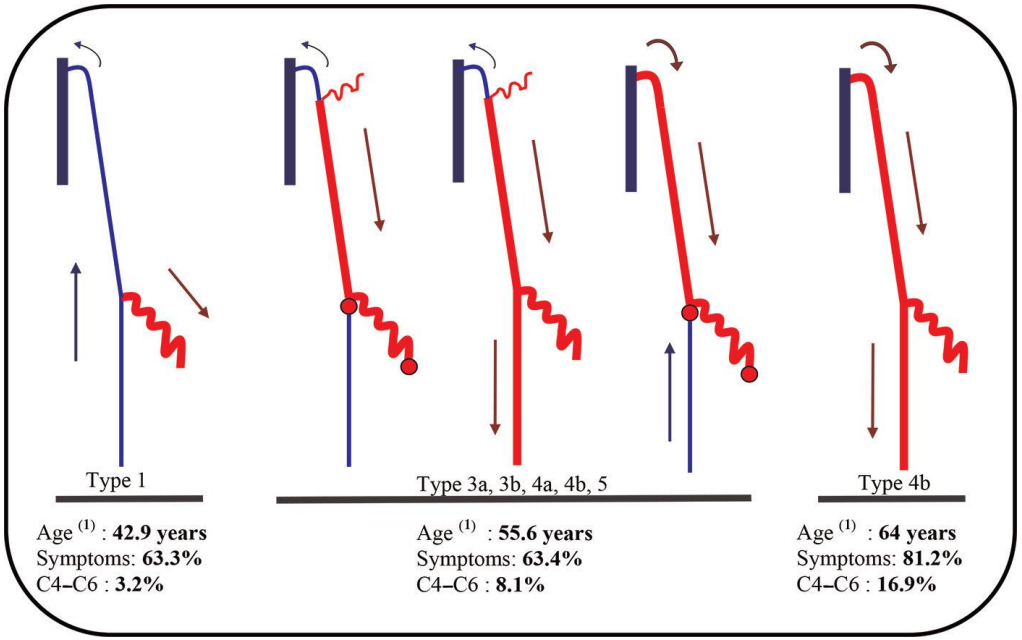

Figure 3 Correlation (all differences are significant [$P < 0.05$]) between the typology of the reflux and age, existence of symptoms and CEAP classification. (1)Mean age

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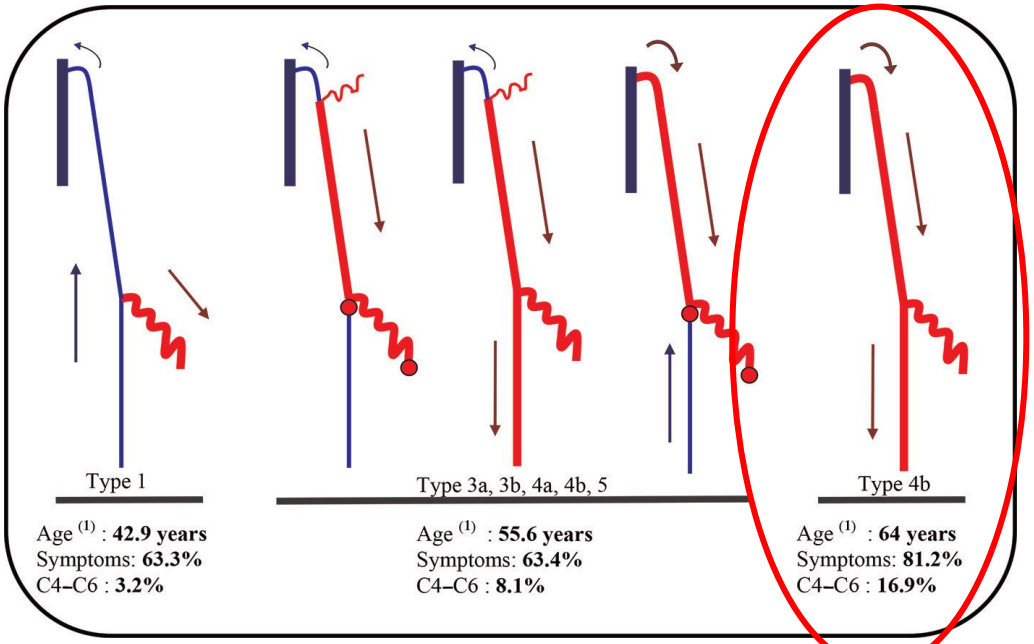

Figure 3 Correlation (all differences are significant [$P < 0.05$]) between the typology of the reflux and age, existence of symptoms and CEAP classification. (1)Mean age

Despite a more advanced CVI in C6 patients we preserved the GSV in 42.3% of the cases

- Selected patients
  - ✓ Female
  - ✓ Terminal valve competence, GSV reflux above knee

- No difference for results ASVAL / GSV stripping or ablation
  - ✓ Ulcer healed in all cases
  - ✓ No significant difference for ulcer healing time and ulcer recurrence
  - ✓ In both groups the ulcer recurrence was correlated to a persistent or recurrent GSV reflux

Conclusion

Our data confirmed that patients with an active ulcer were older and with a more advanced GSV hemodynamic troubles.

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However we have preserved the GSV even in the presence of an active ulcer, with a proper selection of patients: female, competent terminal valve, GSV reflux limited above knee.

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However we have preserved the GSV even in the presence of an active ulcer, with a proper selection of patients: female, competent terminal valve, GSV reflux limited above knee.

In this selected group of patients, the saphenous sparing approach has given the same results than the stripping or ablation techniques for ulcer healing rate, the ulcer healing time and the frequency of ulcer recurrence.

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