Speaker name: G.Geroulakos I do not have any potential conflict of interest

EVLT & Phlebectomies vs ultrasound guided foam sclerotherapy. A randomised controlled trial.

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Study Design

- Prospective, single centre, RCT
- AIM: Quantify differences between both treatment options in term of effectieveness, cost, complications and recovery.
- 80% power, type I error 0.05, meta-analysis ¹, GSV recanalisation at 5 years: EVLT 4.6%; UGFS 26.5%
- Minimum 86 patients required
- ¹ Bos van den R, et al. J Vasc Surg 2009;49:230-9.

Inclusion criteria

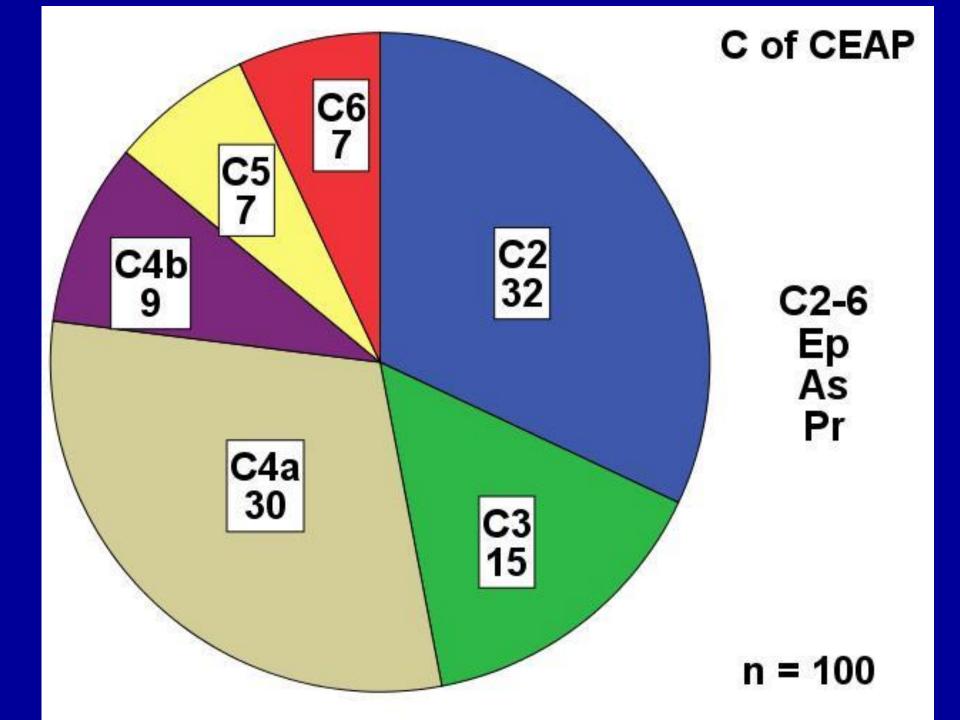
- Patients with 1° symptomatic varicose veins
- SFJ reflux (>0.5 sec) extending into >10cm GSV
- Suitability for both techniques: EVLT & UGFS

Exclusion criteria

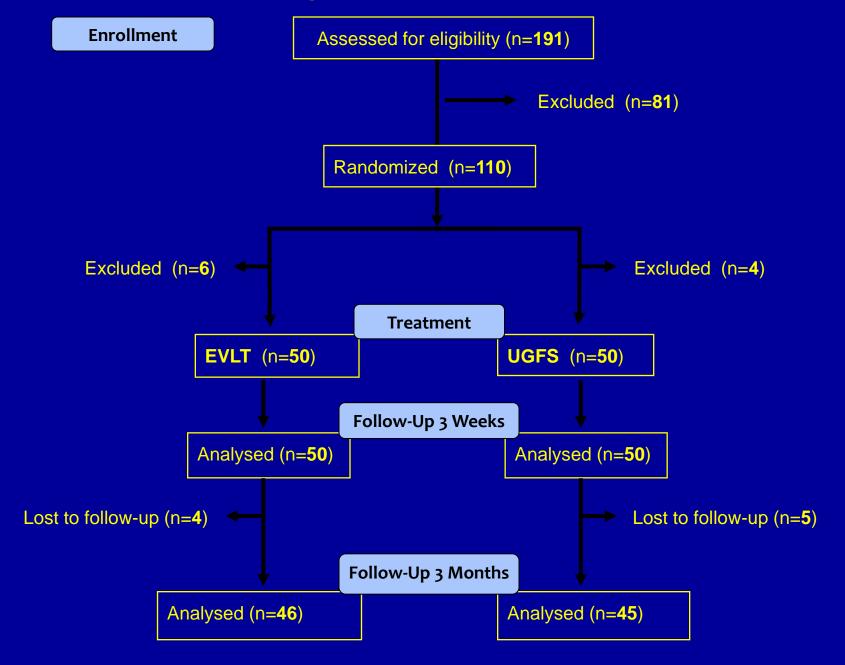
- Sapheno-popliteal junction incompetence
- Previous surgery or sclerotherapy
- Previous or current deep vein thrombosis / reflux
- Other: Coagulopathy, Arterial occlusive disease, Active malignancy, Pregnancy, Allergy to LA.

Patient characteristics

	EVLT	<i>UGFS</i>	P value
Age	47 (21-74)	46 (22-78)	0.733
Female	31 (62%)	27 (54%)	0.423
Bilateral disease	28 (56%)	32 (64%)	0.419
VCSS	6 (2-20)	7 (3-17)	0.114
AVVQ	20 (1-53)	25 (4-50)	0.085
GSV Ø (mm)	7 (4-12)	8 (5-12)	0.115



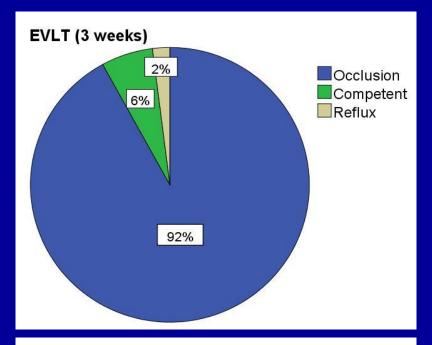
CONSORT Flow Diagram (Lattimer CR et al, 2012 EJVES 43: 594-600)

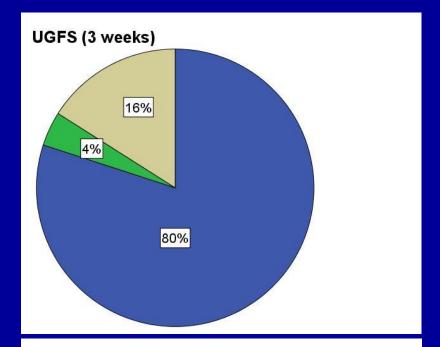


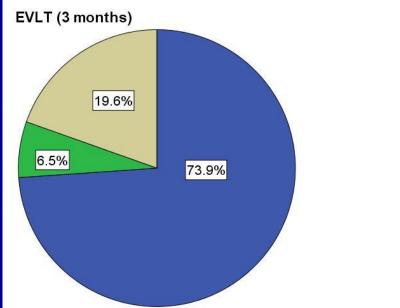
Study Design 2

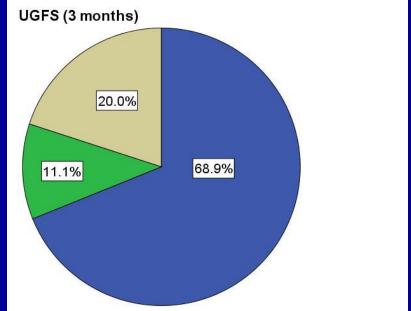
- EVLT: Day Theatres, ELVeS® PainLess 1470nm laser fibre
- UGFS: Outpatients, 12ml maximum 1% STS in air (1:5) into GSV
- T-Foam: Clinical room using tumescence and long-line cannulation GSV (≥ 8mm Ø)
- Micro-costing: Ground-up on timed treatments
- **F/U** 3/52 & 3/12. Up to 2 extra foam sessions, if required. EGC stocking 3/52.

Duplex Outcomes: AK GSV

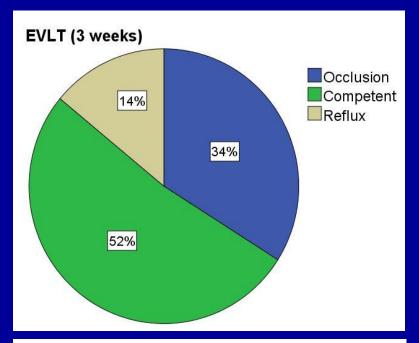


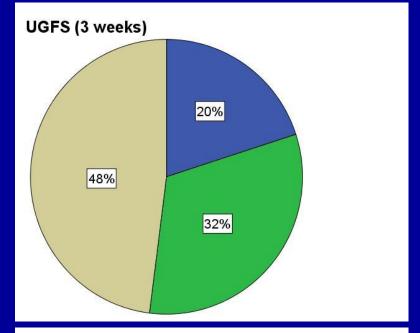


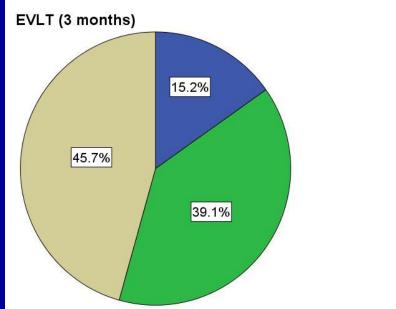


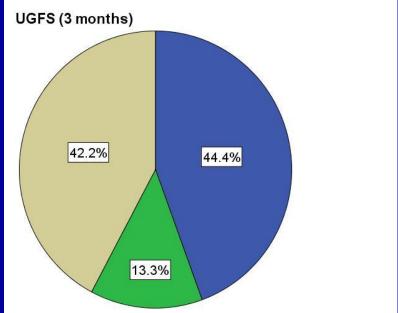


Duplex Outcomes: BK GSV

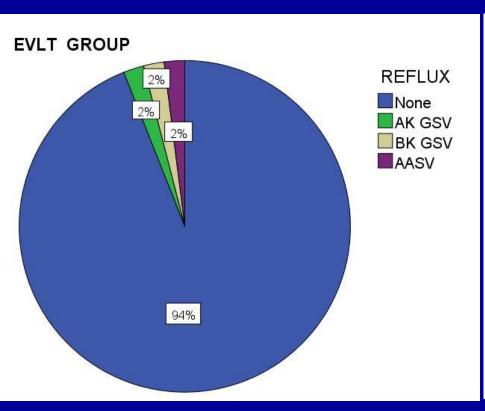


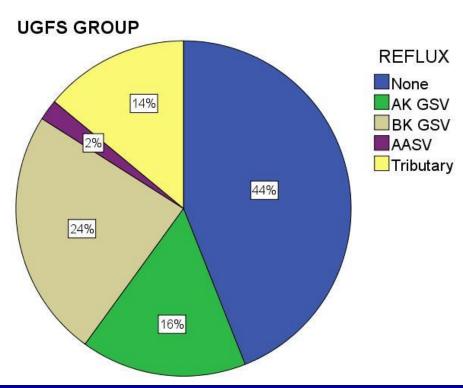






Duplex Findings in Patients Receiving Additional Foam





Number of patients with side-effects or complications.

Patient Event	EVLA Group	UGFS Group
DVT (30% ^a DVT into Common Femoral Vein)	1	
GSV thrombosis (both re-attended)	1	1
GSV saccular thrombosis (1 re-attended)		3
Tributary thrombosis	1	4
Groin haematoma (1 treated by family doctor)	2	
Dermal thermal injury (1 re-attended)	2	
Phlebectomy granuloma	1	
Severe procedural pain (1 required a GA)	3	
Headache/cough/dizziness (procedural)		4
Shingles (viral reactivation)		1
Vasovagal episode (procedure re-scheduled)		1
Severe stocking discomfort (re-attended)		1

^a Deep vein thrombosis which disappeared within 8 weeks on oral Warfarin.

Staff pay per minute (£)

		EVLT	T-UGFS	UGFS
Surgeon (SPR)		0.83	0.83	0.83
Duplex (MA)			0.56	0.56
Assistant (F2)		0.50		
Nurse (b6)		0.40		
Nurse (b5)		0.33	0.33	
HCA (b2)		0.21		
	Subtotal A	2.27	1.72	1.39

Consumables (£)

	EVLT	T-UGFS	UGFS
Laser Kit	235.00		
Thigh stocking		27.57	27.57
Micropuncture set	20.23		
Central line		16.33	
Foam (STS)		10.25	10.25
Basic Set	10.00		
Tumescent tubing	6.00	6.00	
Velband & Crepe	3.78		
Sterilization	2.77		
Needles	1.12	1.12	
Subtotal B	278.90	61.27	37.82

Summary Cost (£)

		EVLT	T-UGFS	UGFS
Holding Area				
	£11.40 / hour	45.60	22.80	11.40
Overheads				
	Theatre (£/min)	2.30		
	Percent (15%)		x 1.15	x 1.15
Summary				
	Fixed Cost (£)	324.50	84.07	49.22
	Variable Cost (£/min)	4.57	1.72	1.39
	Median treatment (min)	85	48	27
	Grand Total (£)	712.95	191.62	99.76

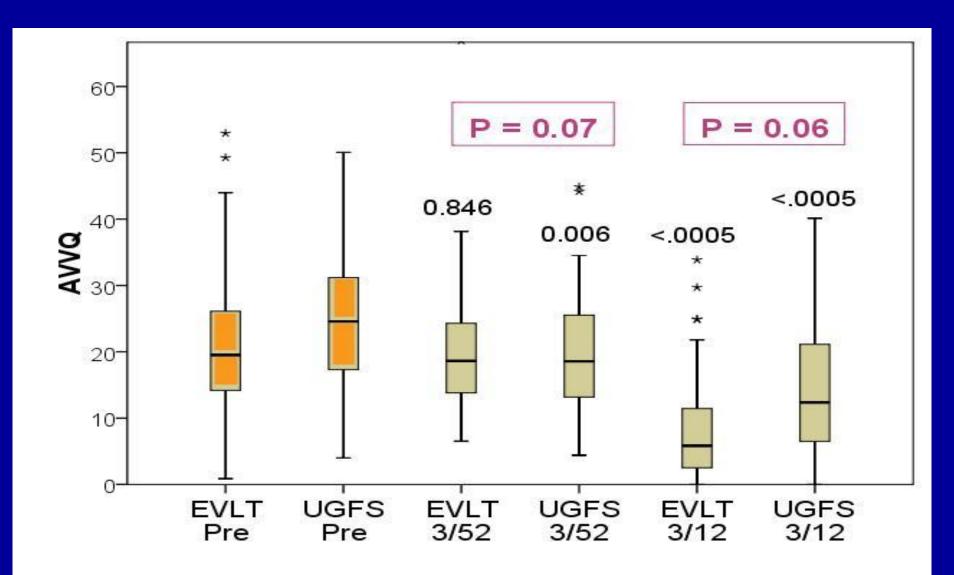
Sensitivity Cost Analysis

- Change of EVLT location
 - $-£595.07 (((2.27 \times 85) + 324.50) \times 15\%)$

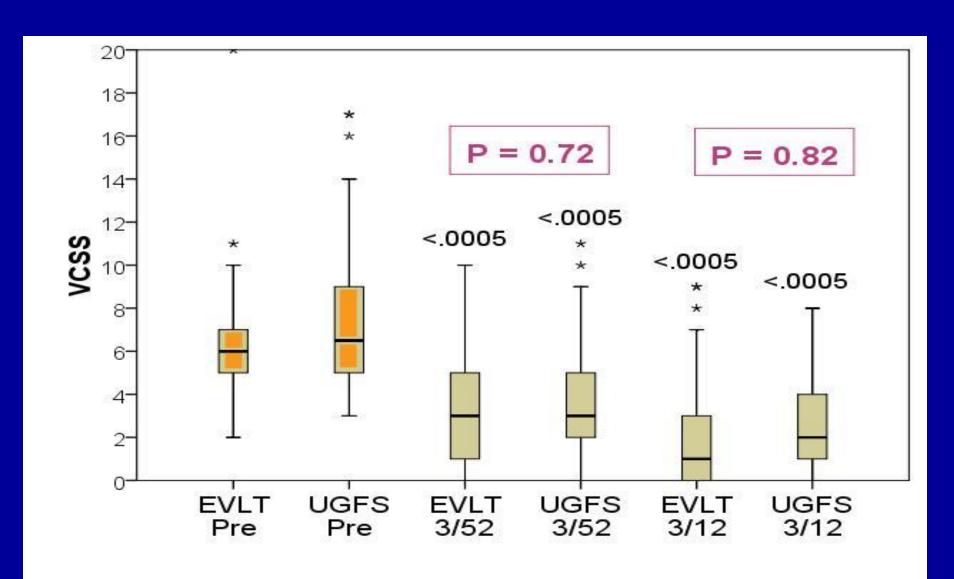
- Removal of trainee from EVLT
 - $-£670.45((4.07 \times 85) + 324.50)$

- Additional foam sessions
 - £718.94 per person for EVLT (3 more)
 - £231.84 per person for UGFS (33 more)

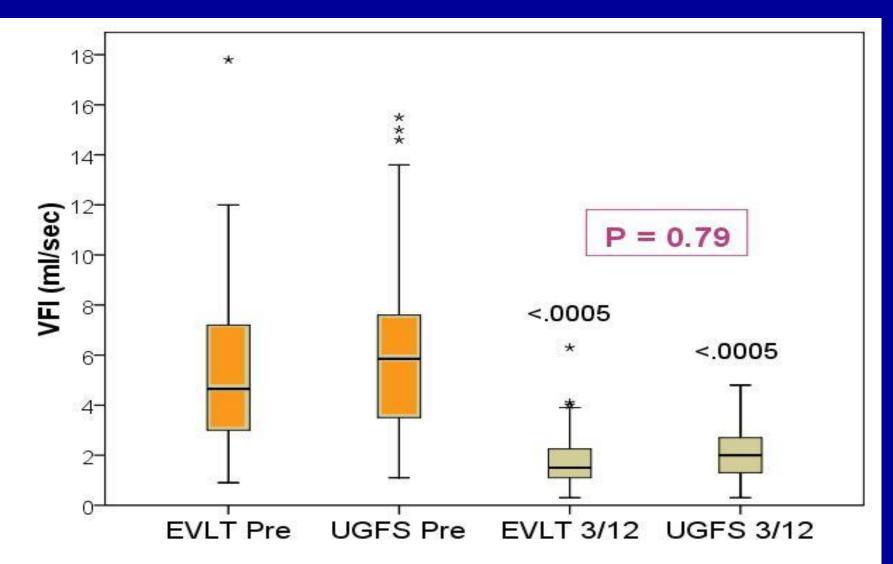
AVVQ Improvements



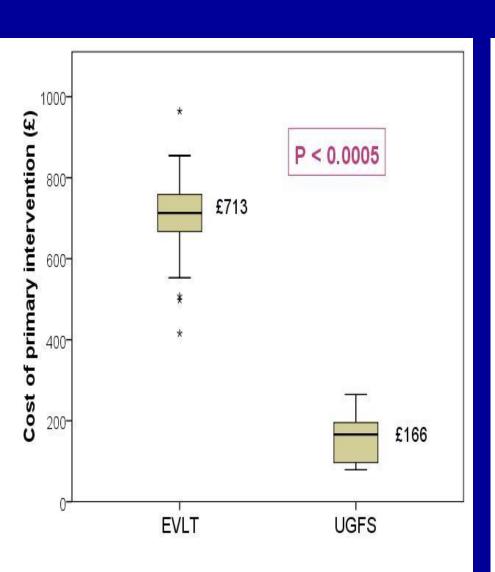
VCSS Improvements

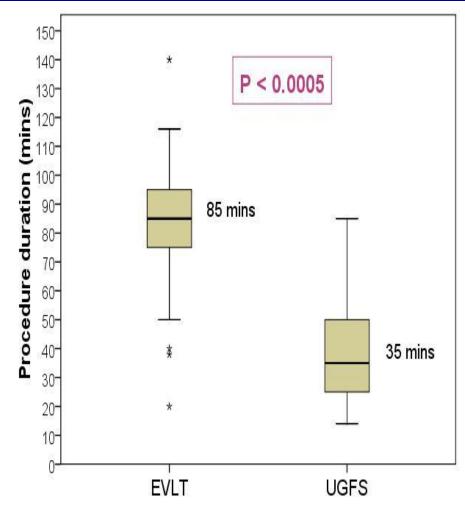


VFI Improvements

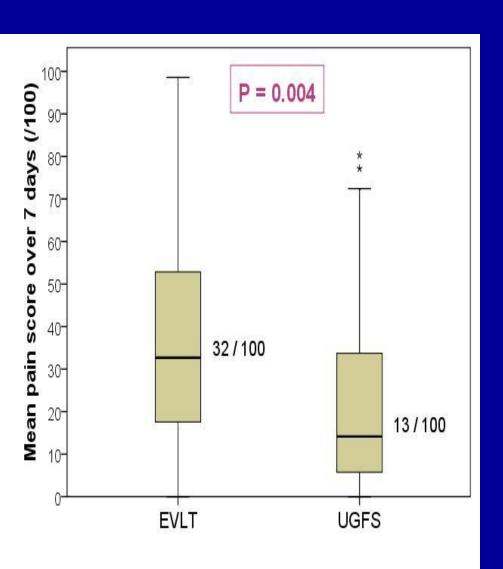


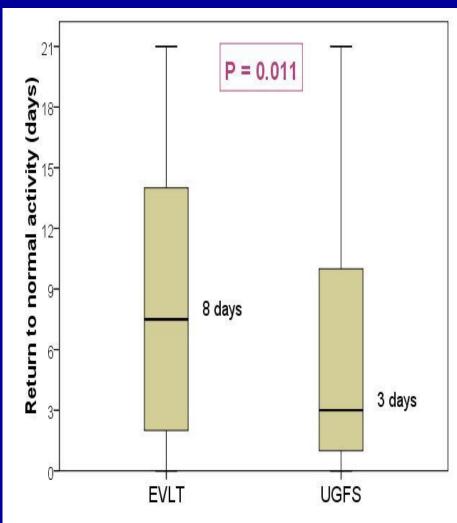
Cost & Procedure Duration





Pain & Return to Normal





Conclusions

- 1. EVLT is over 7 times more expensive than standard UGFS in outpatients
- Cost differences remain after a sensitivity analysis
- UGFS is equivalent to EVLT (3/12) in terms of reflux obliteration, QoL, clinical improvements and VFI
- 4. UGFS outperforms EVLT in terms of pain, analgesia requirements & return to normal



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Cost and Effectiveness of Laser with Phlebectomies Compared with Foam Sclerotherapy in Superficial Venous Insufficiency. Early Results of a Randomised Controlled Trial*

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3 MONTHS

GSV occlusion rate: EVLA 89% UGFS 78%

GSV occlusion without reflux: EVLA 74% UGFS 69%

Interim = 15 MONTHS?

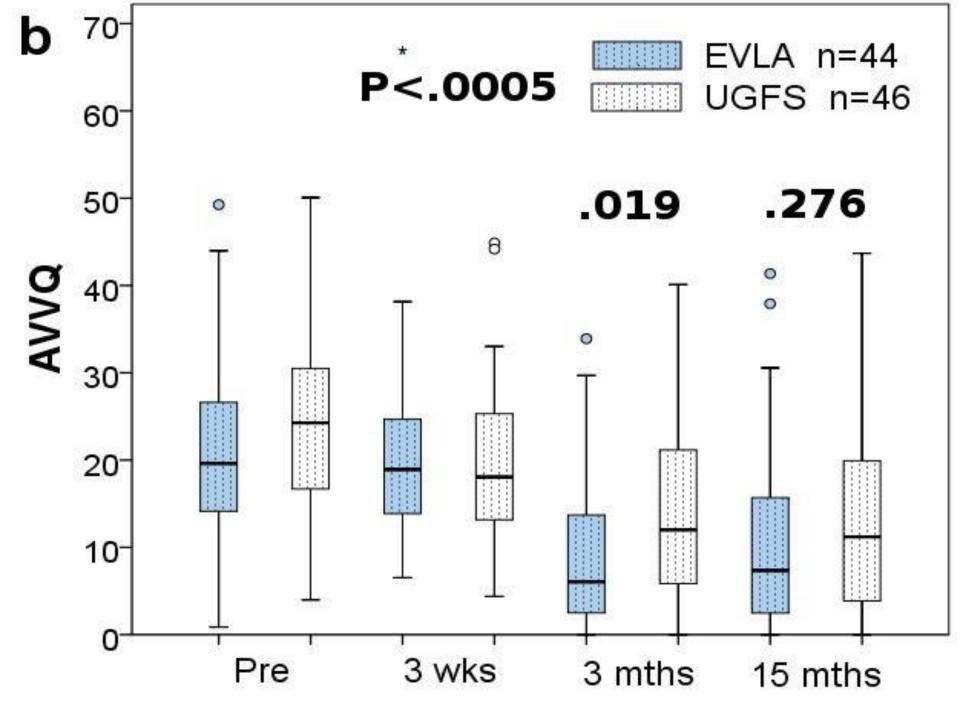
Great saphenous vein outcomes

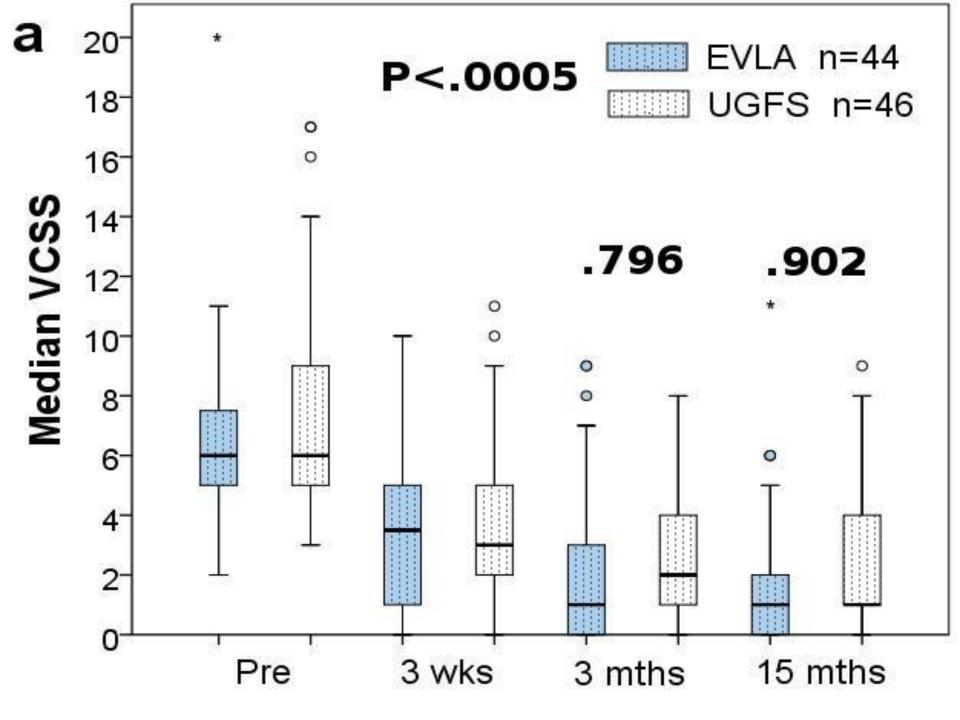
DUPLEX OUTCOME (15 months)	EVLA n = 44	<i>UGFS n</i> = 46	P value
GSV occlusion at some point in the thigh	42 (95.5%)	31 (67.4%)	0.001
GSV occlusion of entire thigh length	35 (80%)	24 (52.2%)	0.011
GSV occlusion thigh and upper 1/3 calf	9 (20.5%)	9 (19.6%)	1.000
GSV occlusion without refluxing segments	29 (65.9%)	24 (52.2%)	0.267
GSV competency of entire thigh length	2 (4.5%)	9 (19.6%)	0.059
Addition of last 2 rows	31 (70.4%)	33 (71.7%)	1.000

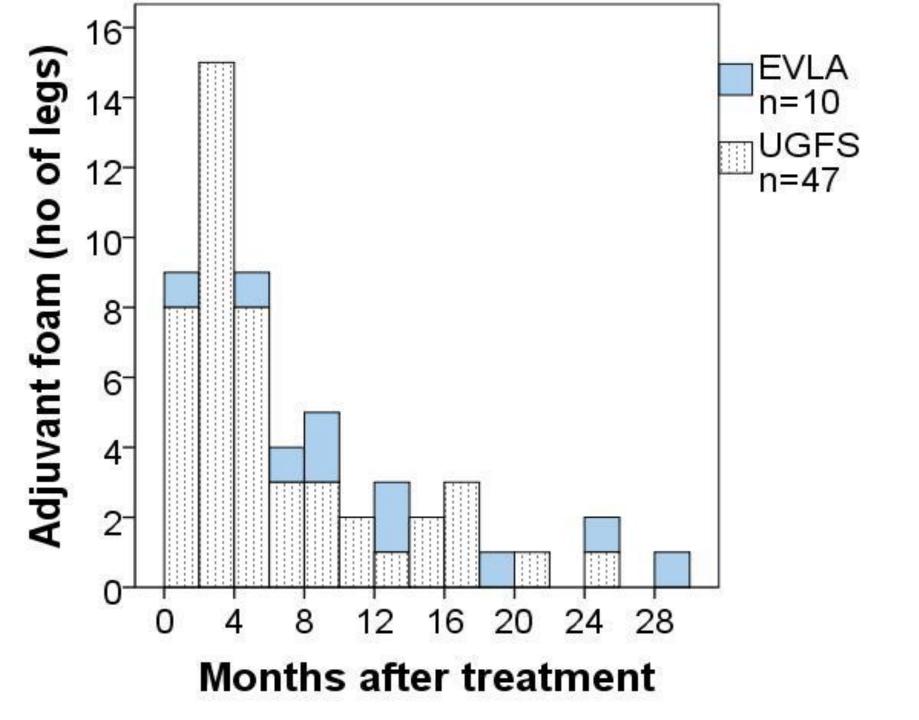
Global abolition of reflux in saphenous veins, varicose tributaries and perforators at 15 months.

• EVLA 43%

• UGFS 41%







Conclusions

1. GSV occlusion was better with EVLA

- 2. EVLA ≡ UGFS at Saphenous & Global reflux abolition
- 3. QoL and severity scores equivalent

4. Remaining reflux was mostly symptomless