



CONTROVERSES
ET ACTUALITÉS EN CHIRURGIE VASCULAIRE 
CONTROVERSIES
& UPDATES
IN VASCULAR SURGERY

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MARRIOTT RIVE GAUCHE & CONFERENCE CENTER
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SHOULD WE PRESERVE THE SAPHENOUS VEIN NOT MANDATORY

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Disclosure

Speaker name: Gilbert FRANCO

.....

I do not have any potential conflict of interest

**I've been embedded in this controversy
and
one try to make me carry the can
OF SAPHENOUS ERADICATOR**



I'll try to get out of this ambush

CONSERVATIVE OR AGGRESSIVE



conserving
nature



➤ **curiously these two opposite approaches treat the same disease**

And

display

same results in the literature (30% RECURRENCE AFTER 5 YEARS)

BUT

➤ **NO CRT EXISTS COMPARING ALL AVAILABLE METHODS**

MINI INVASIVE APPROACH

Rationally management of reflux

- **MULLER** (from PARACELSE)
- **ASVAL** (from Muller)

AGGRESSIVE

**Systematic suppression of reflux
Lead to obstruction**

- **STRIPPING**
- **FOAM**
- **THERMAL ABLATION**
- **Chiva I puis ...II ?**

PRELIMINARY REMARK

- **When a new treatment appears with a better cost effectiveness in a short time it makes obsolete previous treatment**
- **This is what happened to aorto femoral by-pass when ATL of iliac artery or to AAA when endograft appeared**
- **We are far from in the context of SVI treatment where treatments are added to each other, without one puts the other KO**

QUESTIONABLE CRITERIA OF SUCCESS

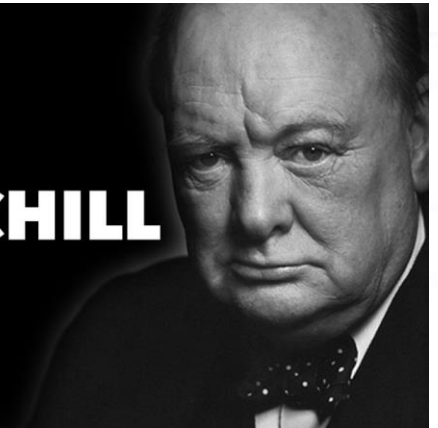
- **Clinical success :**
improvement in Venous Clinical Severity Score (VCSS) at 3 months
COMMON CRITERIA TO ALL THE METHODS

- **Anatomic success :**
absence of venous flow \leq 3 ou 5cm distal to the (SFJ) on CDUS
COMMON CRITERIA TO ALL ABLATION METHODS

But success for the patient
is the definitive disappearance
of
varicose veins

I just believe the statistics
that
I tampered myself

Winston
CHURCHILL



STATED AIMS OF CONSERVATIVE TREATMENT


- **Preservation of venous capital to further bypass**
- **Avoid varicose recurrence**

Avoid over ablation treatment



**PROSTATE CANCER
VENOUS INSUFFICIENCY
SAME PROBLEM**





Preservation of Venous Capital to Further Bypass does it worth it?

EVALUATION OF THE REAL NEEDS

HOW MANY BY PASS WILL BE REQUIRED

IN

PATIENTS WITH VENOUS INSUFFICIENCY?

UNKNOWN

RESPONSIBLE APPROACH

ASSESSMENT OF ARTERIAL STATUS

AND

RISK FACTORS



FIRST QUESTION

IS AN INCOMPETENT VEIN OF ANY USE IN REVASCULARISATION

CYTOCHROME P450 ARE DIFFERENT EXPRESSED IN NORMAL AND VARICOSE VEINS LINKAGE WITH VARICOSIS
C BERTRAND C, FICHELE JM Clin Exp Pharmacol Physiol 2004

FEW STUDIES

- **RESULTS DESAGREE**
- **DISAPOINTING PATENCY RATE**
- **DESPITE USING SOMETIME MESH**
- **DESPITE EXCISION OF ANEURISM**
- **DESPITE USE OF COMPOSITE BY PASS**
- **NOT BETTER THAN GRAFT**
- **WORSE THAN WITH THE USE OF UPPER ARM VEINS**

RESULTS OF BY PASS WITH VARICOSE VEINS

Auteur	Année de publication	Nombre de malades	Suivi en mois	Perméabilité primaire (%)	Perméabilité secondaire (%)
Moritz [1]	1992	11	12	73	
Soury [2]	1999	4	41	100	
Mellière [3]	2007	12	47		75
Streinchenberger [4]	2000	170	12	62,9*	74,2*
			36	54,1*	54,1*
			72	33,1*	42,6*
Panetta [5]	1992	50	12	47	
			30	32	
Chew [6]	2001	65	25	37	61

Lemonier T. *PHLÉBOLOGIE.2010*

PREVENT III 1404 by pass for critical ischémia :201 composite Graft /GSV
PP :1 YEAR 42,4% /63,9% SP:64,4% /82,5%

Schanzer A.J. *VASC.SURG.2007*

PLAYING BOTH ENDS AGAINST THE MIDDLE

STRIPPING



BY-PASS

ECOLOGICAL RECYCLING TREATMENT

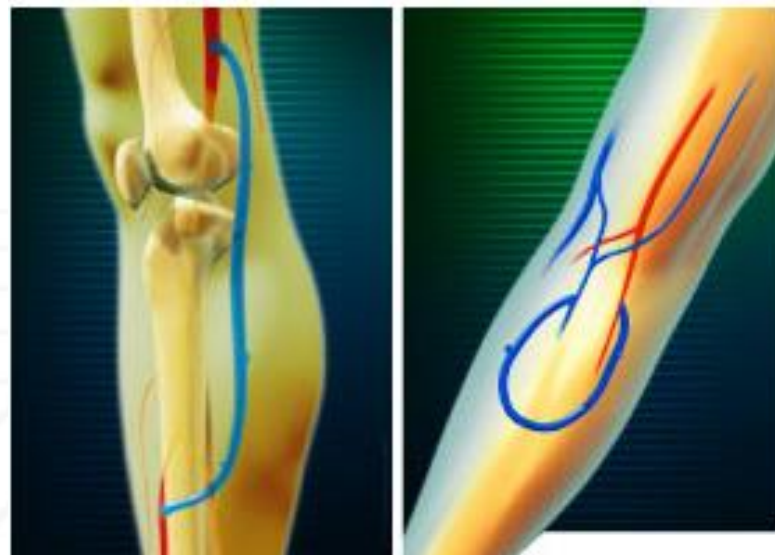
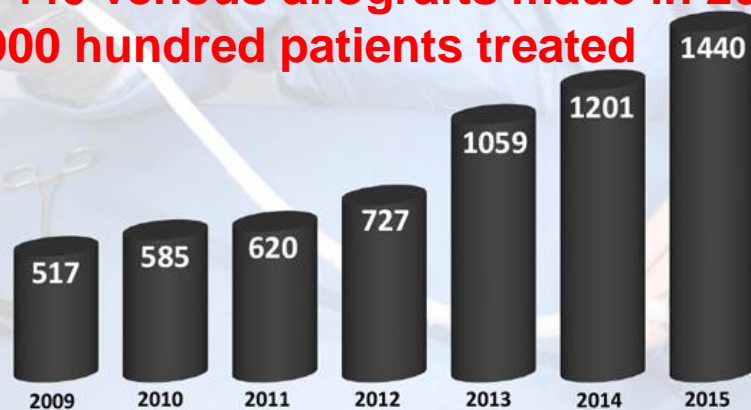


ALLOGRAFT

ALLOGRAFT

cold-stored venous allografts obtained from varicose vein stripping surgery
BIOPROTECT

1440 venous allografts made in 2015
900 hundred patients treated



without stripping no allograft

ALTERNATIVE TO NATIVE VEIN

Cold-stored venous allograft for below-knee bypasses in patients with critical limb ischemia

118 PATIENTS

At 1 year

- **Limb salvage :82.5%**
- **Survival:85.4%**
- **Amputation-free survival :73.3%**
- **Secondary patency rate: 58.3%**

ZIZA.V. *J Vasc Surg.* 2015

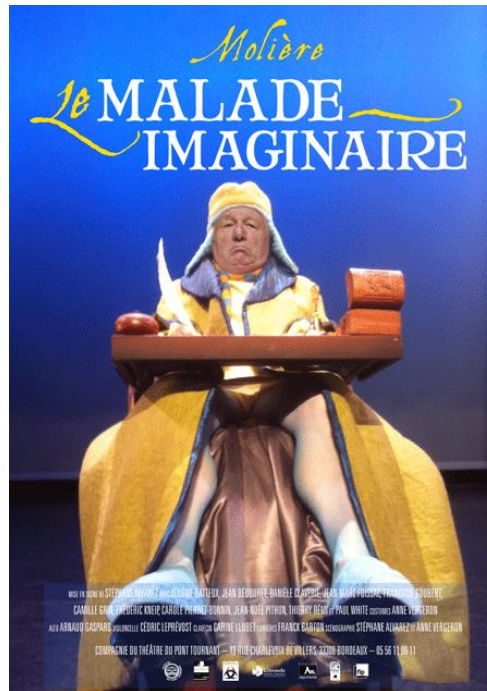
Value of preserved saphenous vein graft for the creation of vascular access for haemodialysis

- **Primary patency rates were 77%, 40% and 27% at 1,2 and 5 years**
- **Secondary patency rates were 79% and 47% at 1 year and 5 years**
- **Aneurysm occurrence: 10% of grafts**

SCHNEIDER.M. *Prog urol.* 2003

REFLUX THAT IS THE QUESTION !!!!!

YOU MUST TREAT
MY REFLUX



IMAGINARY PATIENT



DIAFOIRUS

I TOLD YOU :
THE REFLUX

DILEMMA

IS IT BETTER

TO BE CONSERVATIVE

AND

KEEP INTERMITTENT TOLERABLE REFLUX SYNDROME

OR

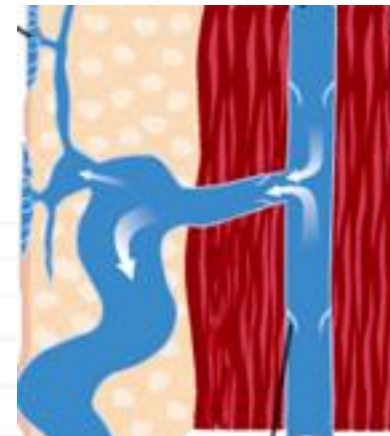
BE DESTRUCTIVE

AND

CREATE A DEFINIVE SUPERFICIAL OBSTRUCTIVE SYNDROME

QUESTIONABLE

- **Goal of the « radical » therapy is abolition of GSV reflux**
- **Sometimes necessary but never sufficient**
- **Is the consequence and not the cause of varicose vein
THAT INDUCES A LOCAL STEAL**
- **Involving mostly the supra-fascial venous network previously to the
saphenous reflux at the first stage of the SVI.**
- **Target of the treatment is the varicose reservoir
WHOSE ABLATION
REDUCES OR CANCELS THE RETROGADE FLOW**



OVERTREATMENT

BILATERAL THERMAL ABLATION!!!!!!

Target of the treatment is the varicose reservoir



GSV :4,2 mm
VARICOSE OF COLLATERALS
ONLY ONE INCOMPETENT VALVE L GSV

C2 s,Ep,As1,Pn

C2 s,Ep,As1,Pr

CONSERVATIVE TREATMENT: PHLEBECTOMY /ASVAL

What settings should we evaluate to decide ablation

TO DETERMINE THE POINT OF NO RETURN:

- CEAP
- VEIN DIAMETER
- INTENSITY AND LENGTH OF REFLUX
- PPR
- VENOUS PRESSURE

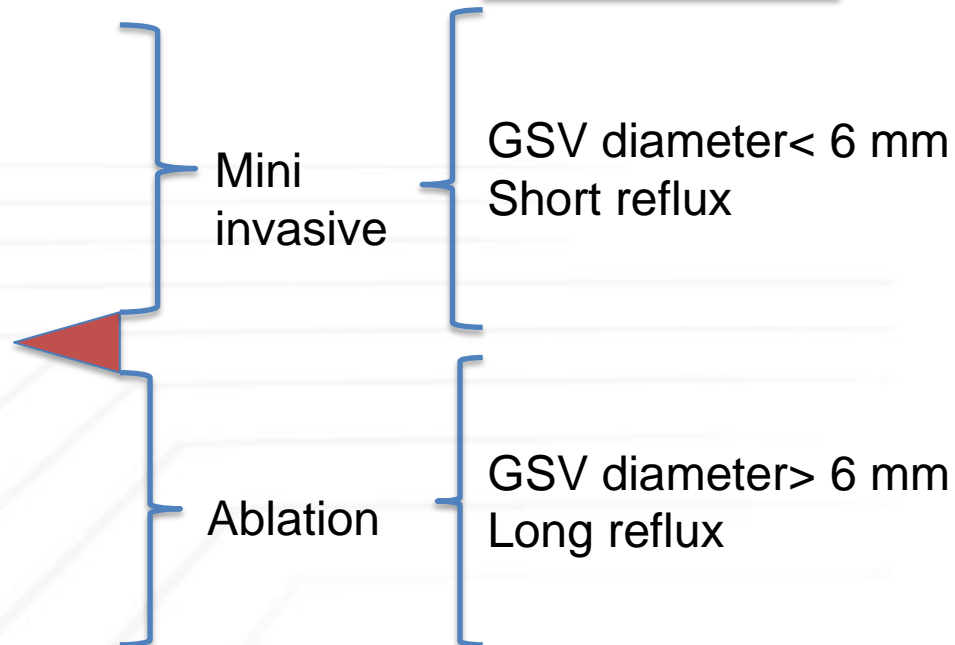
CHOICE BETWEEN THE TWO APPROACHES

should not be dogmatic but based on combination of objective criteria

Clinical

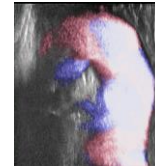
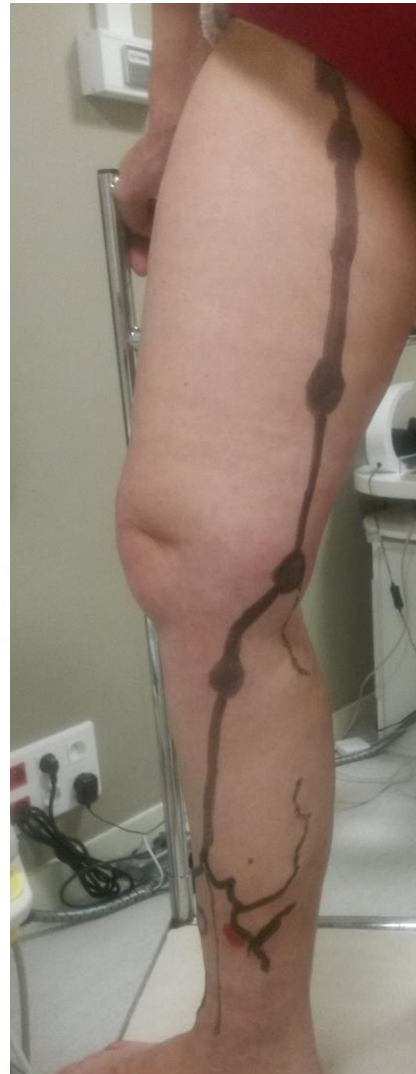
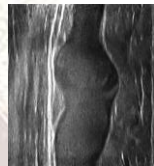
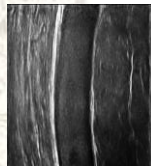
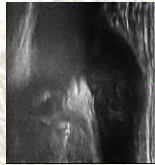
US investigation

CEAP classification of chronic venous disease	Clinical classification
C0	No visible or palpable signs of venous disease
C1	Telangiectasies or reticular veins
C2	Varicose veins
C3	Edema
C4a	Pigmentation or eczema
C4b	Lipodermatosclerosis or atrophie blanche
C5	Healed venous ulcer
C6	Active venous ulcer

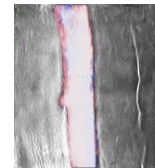


Venous pressure measurement is still missing

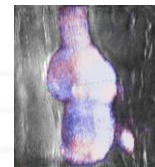
GSV INCOMPETENCE



SFJ: 14 mm



GSV TRUNC:7mm



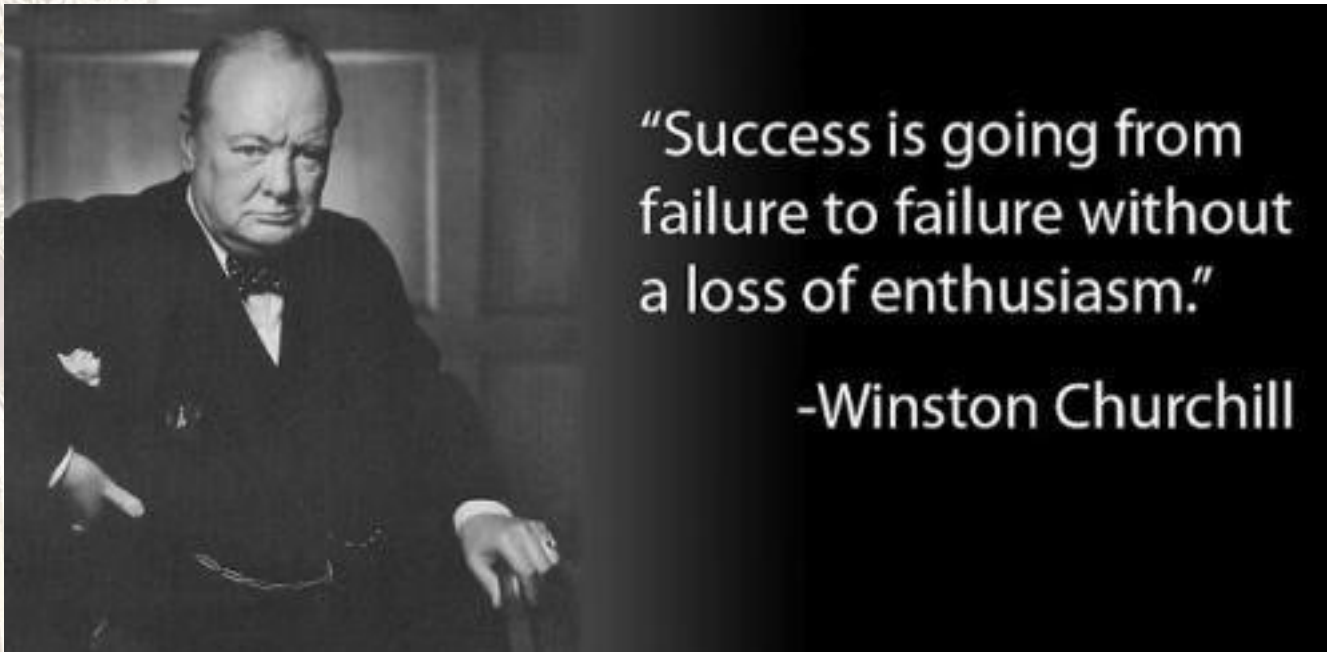
VALVULAR ECTASIA :16 mm

INCOMPETENCE
OF
CALF PERFORATOR

C2 4a s, Ep,As 2,3,Pr

STRIPPING OR THERMAL ABLATION AND CALF PERFORATOR LIGATION

TREATMENT OF VENOUS INSUFFICIENCY



BAGATELLE POUR UN MASSACRE

O combien de crosses, combien de saphènes
Ont péri pour une maladie incertaine!
Combien d'aiguilles, combien de strippeurs
Ont semé le désastre et l'horreur!
Ont ne parle à ce jour que de mise à mort
Le froid, le chaud, le chiva et pis encore.
Pour complaire aux media et être dans le vent
Ont veut innover, on se trompe souvent.
Ah ces techniques nouvelles
Ces jeunes filles toujours belles!
Comme les positions de l'amour
À la classique on revient toujours!
Et vous chirurgiens intègres, osez nier
Que nombre de veine seraient épargnées
Si à votre programme s'inscrivait chaque jour
Une carotide une renale un carrefour!

J.C. POULAIN
Nîmes 1989