Various recommendation grades in the operative treatment of primary varicose veins

Les différents grades de recommandations dans le traitement opératoire des varices primitives

CONTROVERSES
ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
CONTROVERSIES
& UPDATES
IN VASCULAR SURGERY
JANUARY 21-23 2016
MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

M. Perrin,
Lyon - France

BACKGROUND

Lower limbs primary varices operative treatment has been subject of different recommendations that deserve to be analyzed by taking in account
- the societies that recommend them
- the grading system used.

The SVS/AVF GUIDELINES 2011

Gloviczki P, Comerota AJ, Dalsing MC, et al. The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. *J Vasc Surg.* 2011;53:2S-48S

COMMENT

32 recommendations on management of VV are given, based on peer-reviewed articles published

Most of their recommendation remain valid but are not fully applicable in Europe. The SVS/AVF guidelines were analyzed by an European team.

Lugli M, Maleti O, Perrin M. Review and Comment of the 2011 Clinical Practice Guidelines of the Society for Vascular Surgery and the American Venous Forum. Phlebolymphology 2012;19(3):107-20

The EUROPEAN GUIDE for SCLEROTHERAPY 2014

Rabe E, Breu FX, Cavezzi A, et al. European guidelines for sclerotherapy in chronic venous disorders. Phlebology 2014;29:338-54

COMMENT

32 recommendations on management of VV and telangiectasias are given, based on peer-reviewed articles published

The EUROPEAN VENOUS FORUM and the INTERNATIONAL UNION OF ANGIOLOGY GUIDELINES 2014

Management of chronic venous disorders. International Angiology 2014;33:87-208

COMMENT

6 recommendations on operative treatment of VV are given, based on RCT's available at this date

The INTERNATIONAL GUIDELINES on ENDOVENOUS THERMAL ABLATION 2015

Pavlovic MD, Petrovic SS, Pichot O, Rabe E, Maurins U, Morrizon N, Pannier F.Guidelines of the First International Consensus Conference on Endovenous Thermal Ablation for Varicose Vein Disease – ETAV Consensus Meeting 2012 Phlebology 2015;30:257-73

COMMENT

26 recommendations on management of VV are given, based on peer-reviewed article published

All recommendations of these guidelines are graded according to the American College of Chest Physicians Task Force recommendations on Grading Strength of Recommendations and Quality of Evidence in Clinical Guidelines.

Grading Recommendations According to Evidence (Chest, 2006;129:174-181

Grade of Recommendation / Description	Benefit vs Risk and Burdens	Methodological Quality of Supporting Evidence	Implications
1A/strong recommendation, high-quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	RCTs without important limitations or overwhelming evidence from observational studies	Strong recommendation, can apply to most patients in most circumstances without reservation
1B/strong recommendation, moderate quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	RCTs with important limitations (inconsistent results, methodological flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	Strong recommendation, can apply to most patients in most circumstances without reservation
1C/strong recommendation, low-quality or very low-quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Observational studies or case series	Strong recommendation but may change when higher-quality evidence becomes available

Grading Recommendations According to Evidence (Chest, 2006;129:174-181)

Grade of Recommendation / Description	Benefit vs Risk and Burdens	Methodological Quality of Supporting Evidence	Implications
2A/weak recommendation, high-quality evidence	Benefits closely balanced with risks and burden	RCTs without important limitations or overwhelming evidence from observational studies	Weak recommendation, best action may differ depending on circumstances or patients' or societal values
2B/weak recommendation, moderate-quality evidence	Benefits closely balanced with risks and burden	RCTs with important limitations (inconsistent results, methodological flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	Weak recommendation, best action may differ depending on circumstances or patients' or societal values
2C/weak recommendation, low-quality or very low-quality evidence	Uncertainty in the estimates of benefits, risks, and burden; benefits, risk, and burden may be closely balanced	Observational studies or case series	Very weak recommendations; other alternatives may be equally reasonable

The EUROPEAN SOCIETY for VASCULAR SURGERY GUIDELINE on MANAGEMENT of CHRONIC VENOUS DISEASE 2015

Management of Chronic venous disease. Clinical Practice Guidelines of the European Society for Vascular Surgery. *Eur J Vasc Endovasc Surg* 2015:49:678-737

COMMENT

19 recommendations on management of VV are given, based on peer-reviewed article published

Table 1

Level of evidence A	Data derived from multiple randomized clinical trials or meta-analyses
Level of evidence B	Data derived from a single randomized clinical trial or large non-randomized studies
Level of evidence C	Consensus of opinion of the experts and/or small studies, retrospective studies, registries

Table 2

Classes of recommendations	Definition
Class I	Evidence and/or general agreement that a given treatment or procedures is beneficial, useful, effective
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure
Class IIa	Weight of evidence/opinion is in favour of usefulness/efficacy
Class IIb	Usefulness/efficacy is less well established by evidence/opinion
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.

Operative procedure	*SVS/AVF*	*EVF/IUA*	*ESVS*	*ETAV/IUP*	*EGS*
Surgery	GSV 2B* SSV 1B*	2A*	I B**	*NG*	*NG*
Modern Surgery	*NG*	1 B*	*NG*	*NG*	*NG*
ASVAL, CHIVA	2C*, 2B*	*NG*	II b B**	*NG*	*NG*
EVLA or RFA	1B*	1A*	GSV I A** SSV II a B**	1A*	*NG*
Steam	*NG*	*NG*	*NG*	1A*	*NG*
Clarivein®	*NG*	*NG*	*NG*	1A*	
Glue	*NG*	*NG*	*NG*	*NG*	*NG*
UGFS	?	1A*	III A**	*NG*	1A-1C* according to vein diameter
Thermal ablation *versus* UGFS (GSV)	1B*	*NG*	I A**	*NG*	*NG*
Thermal ablation *versus* Surgery (GSV)	1B*	*NG*	I A**	*NG*	*NG*
Surgery for PREVAIT	2C*	*NG*	*NG*	*NG*	*NG*
UGFS for PREVAIT	2C*	*NG*	IIa B**	*NG*	*NG*
Endovenous thermal ablation for PREVAIT	2C*	*NG*	*NG*	*NG*	*NG*

* Guyatt's grading ; ** Grading system of the European Society of Cardiology ; NG, not graded.

The National Institute for health and Care Excellence (NICE) document on management of VV.2013

National Institute for Health and Care Excellence. Varicose veins in the legs - the diagnosis and management of varicose veins. Clinical guideline 2013;168:1-248

For people with confirmed varicose veins and truncal reflux :

- Offer endothermal ablation (Radiofrequency ablation of varicose veins [NICE interventional procedure guidance 8] and endovenous laser treatment of the long saphenous vein [NICE interventional procedure guidance 52])
- If endothermal ablation is unsuitable, offer ultrasound-guided foam sclerotherapy (see Ultrasound-guided foam sclerotherapy for varicose veins [NICE interventional procedure guidance 440])
- If ultrasound-guided foam sclerotherapy is unsuitable, offer surgery
- If incompetent varicose tributaries are to be treated, consider treating them at the same time

CONCLUSION

Recommendations must be taken in account when managing patient with primary VV but other factors determine operative procedure choice

- Personal mastery of the different techniques : the practitioner will favor the one he/she masters best

- Cover/reimbursement by the Health Services/Health Insurance which varies from country to country.

- The patient's own choice, influenced by:

- **possible postoperative problems**
- **recovery time and time off work**
- **which procedure allows easiest control of recurrences**