

Are there differences in guidelines for management of CVD between Europe and the US?

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Disclosures

- No disclosures

Five sources for comparison

- SVS/AVF US guidelines 2011
- MoLy review 2012
- NICE UK guidelines 2013
- EVF/UIP International guidelines 2014
- ESVS European guidelines 2015
- **Information is excellent. READ THEM**

SVS/AVF guidelines 2011

- The care of patients with varicose veins and associated CVD
- Peter Gloviczki, Tony Comerota, Mike Dalsing, Bo Eklöf et al
- J Vasc Surg 2011, 53; suppl S
- 14 guidelines based on 375 references
- Using the GRADE system

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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

European review and comment on the SVS/AVF guidelines

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Phlebology 2012;19:107-120

MoLy



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NICE UK guidelines 2013

- Guidelines on varicose veins: diagnosis and management
- Alun Davies, Mustapha Azzam, Andrew Bradbury et al
- www.nice.org.uk
- 250 pages, 110 references
- Excluded leg ulcers, spider veins, pelvic veins and pharmacologic treatment
- Using the GRADE system

EVF/UIP international guidelines 2014

- Management of CVD of the lower limbs.
Guidelines according to scientific evidence
- Andrew Nicolaides, Stavros Kakkos, Bo Eklöf, Michel Perrin et al
- International Angiology 2014;33:87-208
- 1,097 references
- GRADE system

ESVS European guidelines 2015

- Management of CVD. Clinical practice guidelines of the ESVS
- Cees Wittens, Alun Davies, Niels Baekgaard et al
- Eur J Vasc Endovasc Surg 2015;49:678-737
- 66 recommendations based on 588 references
- Using the European Society of Cardiology grading system: A-C marks the level of evidence; the recommendation is marked as I-III. Opposite to GRADE

Duplex scanning

- We (SVS/AVF) **recommend** that the clinical examination is complemented by duplex scanning of the deep and superficial veins: **1 A**
- **MoLy Agree**
- **NICE UK Agree**
- **EVF/UIP Agree**
- **ESVS Agree (IA strong recommendation)**

Classification

- We **recommend** that the CEAP classification be used for patients with CVD. The basic CEAP for clinical practice, and the full CEAP for clinical research: **1 A**
- **MoLy Agree**
- **NICE UK Agree**
- **EVF/UIP Agree**
- **ESVS Agree IB**

Medical treatment

- We **suggest** venoactive drugs (VAD) for patients with pain and swelling due to CVD, in countries where these drugs are available: **2 B**
- **MoLy Agree**
- **NICE UK not included**
- **EVF/UIP stronger recommendation for VAD**
- **ESVS Agree IIaA**

Compression treatment

- We **suggest** compression therapy using moderate pressure (20-30 mm Hg) for patients with symptomatic varicose veins: **2 C**
- We **recommend** against compression therapy as the primary treatment of symptomatic varicose veins in patients who are candidates for saphenous vein ablation: **1 B**
- **MoLy Agree**
- **NICE UK Agree**
- **EVF/UIP Agree**
- **ESVS Agree IB. Together with EVF/UIP recommend also IPC**

Open venous surgery

- We **suggest** high ligation and inversion stripping of the incompetent GSV to the level of the knee: **2 B**
- **MoLy 2 B too harsh for modern open surgery**
- **NICE UK open surgery ranked after thermal ablation and foam sclero**
- **EVF/UIP Agree, old type 2A, modern type 1B**
- **ESVS Agree instead of conservative treatment IB**

Post-intervention compression

- We **recommend** postoperative compression to reduce hematoma formation, pain and swelling. The recommended period of compression in C2 patients is one week: **1 B**
- **MoLy Agree**
- **NICE UK Agree**
- **EVF/UIP Agree**
- **ESVS Agree IA**

Recurrent varicose veins

- For treatment of recurrent varicose veins, we **suggest** ligation of the saphenous stump, ambulatory phlebectomy, sclerotherapy, or endovenous thermal ablation, depending on the etiology, source, location, and extent of varicosity: **2 C**
- **MoLy: in practice US guided foam sclerotherapy**
- **NICE UK separate recommendations not required**
- **EVF/UIP Agree**
- **ESVS Agree IIaB, extensive redo surgery not recommended IIIB**

Endovenous thermal ablation

- We **recommend** endovenous thermal ablations (laser and radiofrequency ablations) for treatment of saphenous incompetence, as they are safe and effective **1 B**
- **MoLy Agree**
- **NICE UK Agree as #1, Foamsclero #2, surgery #3**
- **EVF/UIP Agree 1A**
- **ESVS Agree IA**

Sclerotherapy

- We **recommend** liquid or foam sclerotherapy for telangiectasia, reticular veins and varicose veins **1B**
- **MoLy: Agree for telangiectasias and reticular veins, but not varicose veins**
- **NICE UK Foam sclero second choice for varicose veins**
- **EVF/UIP Agree, US guided foam sclero 1A**
- **ESVS Agree for telangiectasia/reticular veins IIaB; not recommended for C2-6 IIIA; primary treatment in recurrence IIaB**

Treatment of perforating veins

- We **recommend** against selective treatment of incompetent perforating veins in patients with simple varicose veins (C2) **1 B**
- **MoLy Agree**
- **NICE UK Agree**
- **EVF/UIP Agree**
- **ESVS not included**

Conclusion

- Full agreement on most of SVS/AVF guidelines
- Minor disagreements, mainly on indications for foam sclero

New Kids on the block

- Steam ablation
 - PI van den Bos
 - RCT Laser vs Steam Br J Surg 2014
- Mechanical Occlusion Chemically Assisted
 - PI Alun Davies
 - RCT RF vs MOCA Phlebology 2014
- VenaSeal medical adhesive ablation
 - PI Nick Morrison
 - RCT RF vs VenaSeal JVS 2015

New kids on the block

- SVS/AVF 2011 not included
- MoLy 2012 consequently not commented upon
- NICE UK 2013 not included
- EVF/UIP 2014 described, not graded, not recommended
- ESVS 2015 not included

Surveillance to ensure that the guidelines are up to date

- **Guidelines need to be up-dated to serve the practitioner!**
- SVS/AVF 2011: ?
- NICE UK 2013: regular annual check.
Surveillance report 2016: no up date. Next 2017
- EVF/UIP International 2014: next 2017
- ESVS European 2015: next 2017

VIVE LA INDIFFERENCE!

**Joint effort between
SVS/AVF, NICE UK,
EVF/UIP and ESVS?**