

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

JANUARY 19-21 2017

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

PARIS, FRANCE



15 year follow-up of radiofrequency ablation of
the great saphenous vein and what are the
causes of recurrence in the long term
– a single centre experience

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Judith M Holdstock



Disclosure

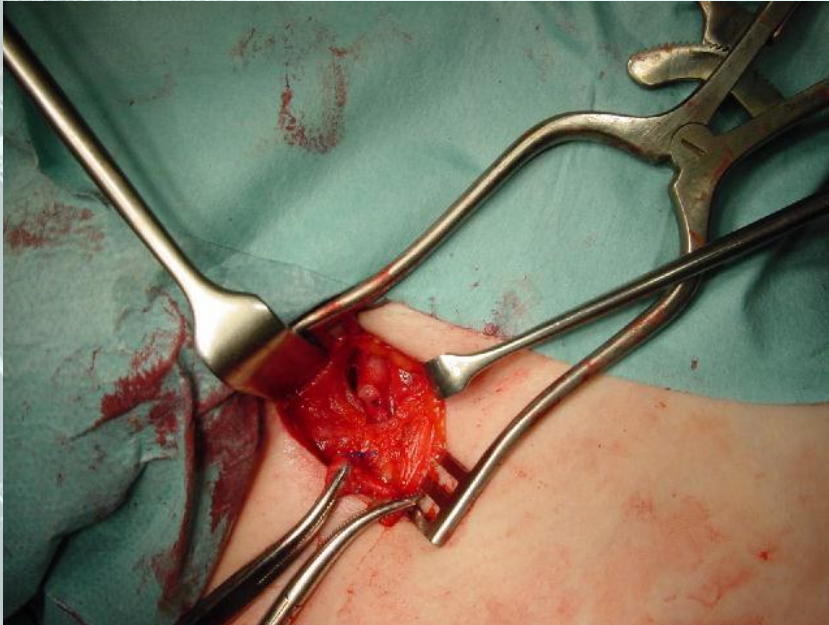
Speaker name:

.....Mark S Whiteley.....

- I have the following potential conflicts of interest to report:
 - Consulting
 - Employment in industry
 - Shareholder in a healthcare company
 - Owner of a healthcare company
 - Other(s)
- I do not have any potential conflict of interest

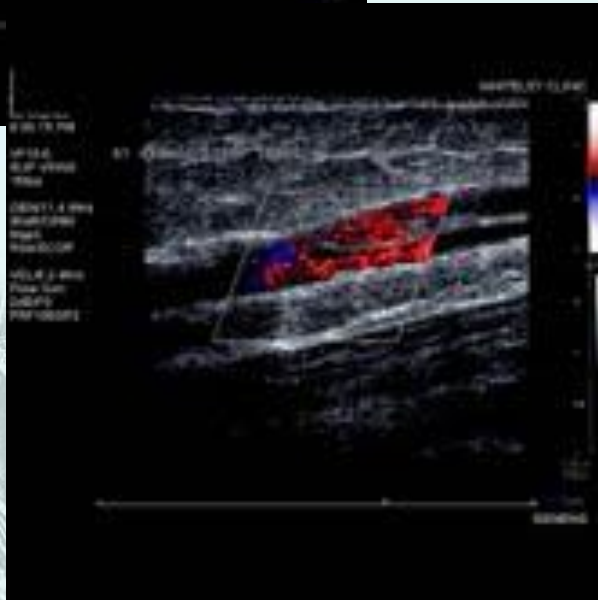
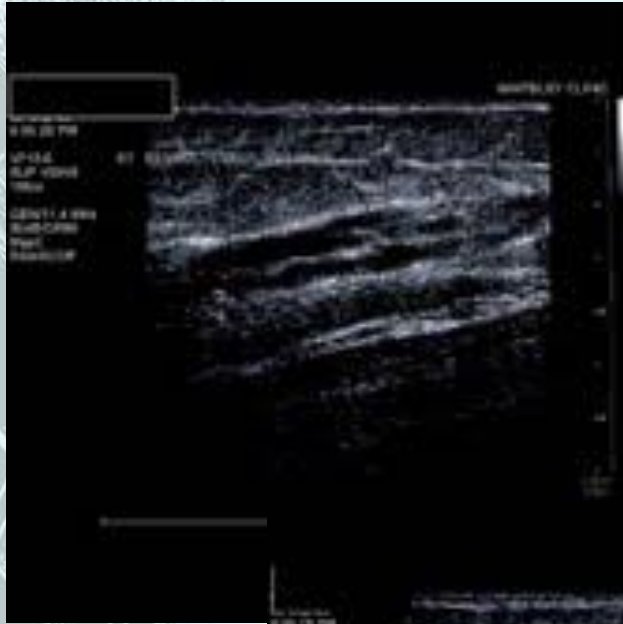


High Tie + Stripping





Strip-track revascularization





Strip-track revascularization

Original article

Strip-track revascularization after stripping of the great saphenous vein

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23% 1 year

82% 5-8 years

Short Report

Strip-track revascularization as a source of recurrent venous reflux following high saphenous tie and stripping: results at 5–8 years after surgery

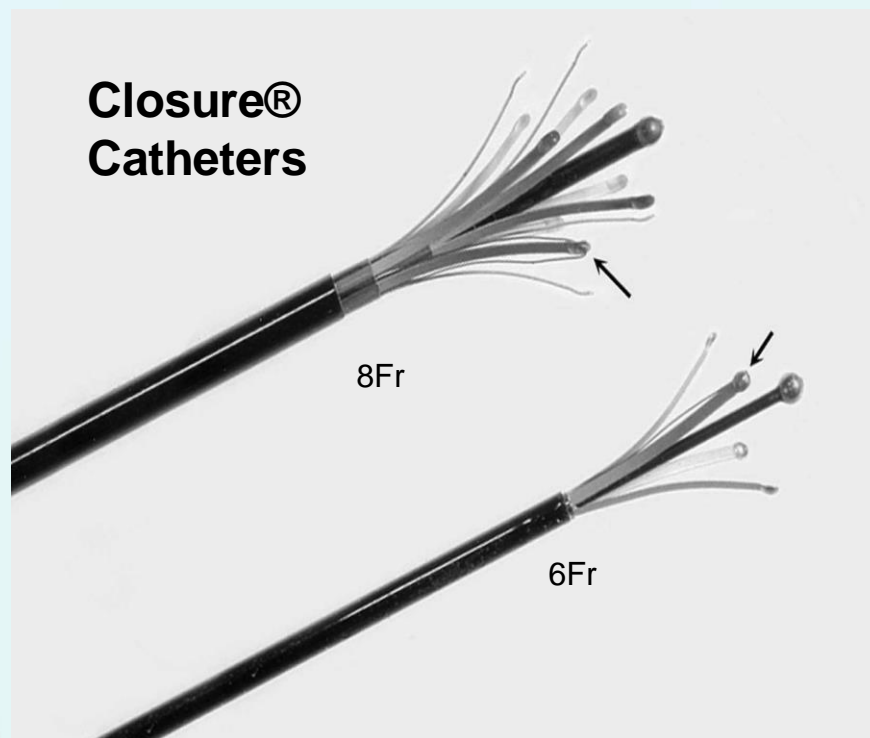
Alexandra E Ostler¹, Judy M Holdstock¹,
Charmaine C Harrison¹, Barrie A Price¹ and
Mark S Whiteley^{1,2}

Phlebology

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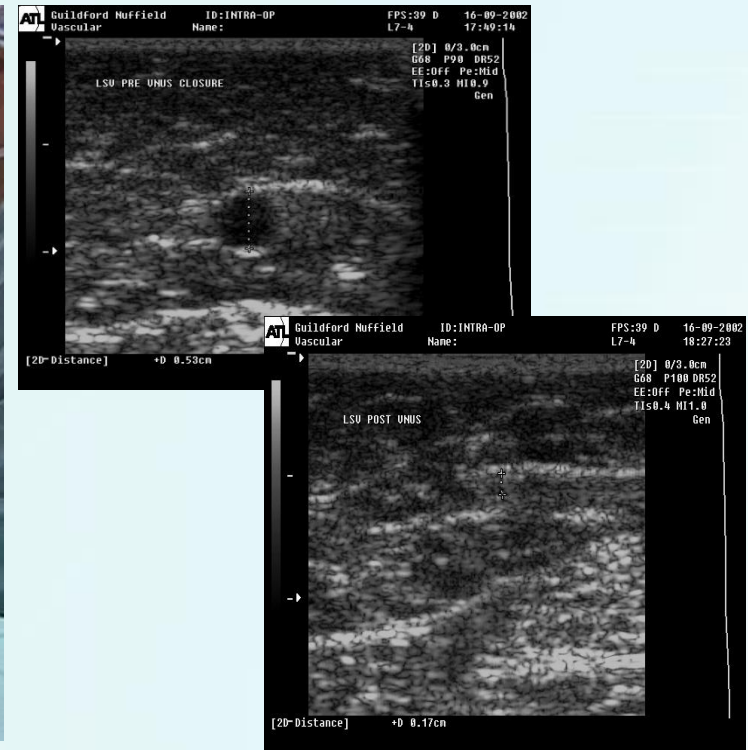
March 1999





Technique

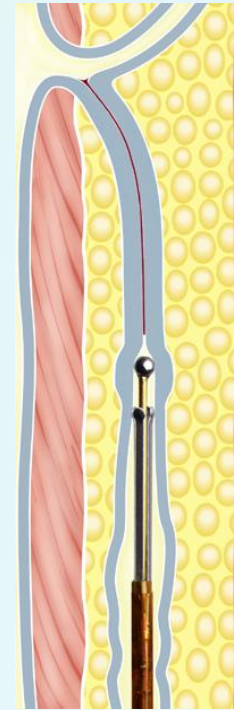
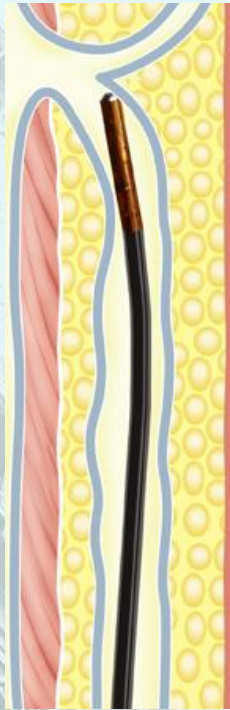
- General Anaesthetic + Esmark Bandage





Pull back - Slow

- 70⁰C – 1 cm every 20 seconds





15 Year Audit

- 189 patient invitations to last known address
 - All VNUS March 1999 – Dec 2001
 - 100% Closure immediate post procedure
- Assessments:
 - Self assessment
 - Observer assessment
 - Duplex Scan (Vascular Scientist)
 - Feedback



Duplex grading

- 1 – Total Success
 - Complete atrophy – No reflux in target vein
- 2 – Partial Success
 - Partial atrophy – any patent sections clinically irrelevant
- 3 – Partial Failure
 - At least one section patent and leading to clinically significant reflux / varicose veins
- 4 Total Failure



Results

- 54 responded + 4 co-incidental returns
 - 58 Patients
 - 91 Legs (73 primary + 18 recurrent)
- Female: Male = (43:15)
- Age at Treatment = 52.6y (31-69y)
- Mean follow-up = 185 months (15.4y)

Results



Clinical CEAP score	No. legs pre-procedure (n=91)
0	0 (0%)
1	4 (4%)
2	56 (62%)
3	6 (7%)
4	22 (24%)
5	1 (1%)
6	2 (2%)

Results



Vein treated	No. VNUS-treated veins (n=101)
GSV	87 (86%)
SSV	2 (2%)
AASV	7 (7%)
Giacomini	5 (5%)

Results



Success score	No. veins (n = 101)
1 (Complete success)	73 (72%)
2 (Partial success)	16 (16%)
3 (Partial failure)	12 (12%)
4 (Complete failure)	0 (0%)
(Veins treated elsewhere in the interim – presumed failure)	2 (not included)

Results



	Present	Absent
No. legs with patient reported varicose veins (n=91)	40 (44%)	51 (56%)
No. legs with observer reported varicose veins (n=91)	64 (70%)	27 (30%)
Paraesthesia (n=91)	4 (4%)	87 (96%)

Results



Source of de novo reflux	No. legs (n = 47)	No. patients (n = 35)
SSV	15 (32%)	14 (40%)
AASV	16 (34%)	15 (43%)
IPVs	37 (79%)	28 (80%)
Pelvic venous reflux	8 (17%)	5 (14%)
PAVA	8 (17%)	6 (17%)

Results



Question	Response	No. patients
Are you pleased to have had VNUS Closure®? (n=58)	Yes	58 (100%)
	No	0 (0%)
Please rate the general wellbeing of your treated leg(s) (n=91)	Very good	24 (26%)
	Good	34 (37%)
	Neutral	21 (23%)
	Bad	8 (9%)
	Very bad	4 (4%)
Are you pleased with the treated area(s)? (n=58)	Very pleased	45 (78%)
	Pleased	11 (19%)
	Neutral	1 (2%)
	Displeased	1 (2%)
	Very displeased	0 (0%)
Would you recommend VNUS Closure®? (n=58)	Yes	57 (98%)
	Maybe	1 (2%)
	No	0 (0%)



Summary

- VNUS Closure
 - 88% Closure at 15 years
- Commonest causes of recurrence
 - Disease progression
 - Other veins / IPV / Pelvic veins
- Patient Satisfaction
 - High



Conclusion

- VNUS Closure
 - Now technique and device obsolete
- However
 - Model of endovenous thermal ablation
 - Consider as minimum efficacy for new techniques