

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

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MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

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How to prevent recurrences and complications after surgery for varicose veins

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No disclosure to declare

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The diagnosis and management of varicose veins Issued: July 2013

- 1. Offer Endothermal Ablation
- 2. If unsuitable offer UGFS
- 3. If unavailable offer Surgery



Recurrence rate after surgery 20-30%

- Causes of REVAS
 - 29% technical or tactical errors
 - 29% neovascularizations

More than 50% of recurrent varicose veins originates from the previously operated SF Junction





- How to reduce the incidence of REVAS:
 - 1.accurate initial diagnosis to reduce tactical recurrences
 - 2.To be performed by trained surgeons to reduce technical recurrences
 - 3. Closure of the fossa ovalis
 - 4. Suture of the sapheno-femoral junction exposed endothelium with a non absorbable suture
 - 5. Stripping by invagination



Perform less invasive surgical procedures when indicated

Traditional Surgery still has good results Use it following modern concepts!

Rasmussen Randomized clinical trial comparing endovenous laser and stripping of the great saphenous vein J Vasc Surg 2013 ✓ Equal incidence of recurrence between surgery and EVLA

Van den Velden Five years results of a randomized clinical Trial of Conventional surgery, endovenous laser ablation and unitrasound-quided Sclerotherapy in patients with great saphenous variscose veins Br J Surg 2015 ✓ Equal incidence of recurrence between surgery and EVLA; > UFGS

IN VASCULAR SURGERY

- J. Brittenden A Randomized trial comparing treatments for varicose veins Class Trial NFJM 2014
- ✓ Equal clinical results between Surgery, EVLA and UFGS
- ✓ Less efficacy in the ablation of the saphenous trunk for UFGS
- I.Flesskamper Endovenous laser ablation with and without high ligation compared high ligation and stripping: results of a multicentre randomized controlled trial with up to six years follow- up Phlebology 2014 ✓ Equal results at 6 years





COMPLICATIONS

- DVT
- Damage of the saphenous or sural nerve
- Infections
- Haematomas
- Haemorrage
- Vascular lesions (very rare)





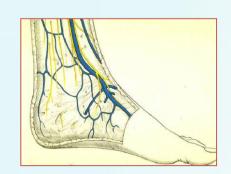
DVT

- –Incidence of about 1%: the routinely use of LMWH is not justified:to be given in stratified or at risk patients
- There is also evidence to suggest that those patients
 given DVT prophylaxis were not necessarily protected from
 the development of a DVT. One study reported that of the
 20 out of 377 patients that developed a DVT, 14 had received prophylactic
 subcutaneous low molecular weight heparin.
- Immediate deambulation and Elastic
 stocking are the first mean of prevention



How to prevent neurological damages

Stripping to the malleolus				
Wellwood	1975	23-50%		
Koyano	1988	27.7 %		
Rutgers	1994	33 %		
Stripping to the knee				
Negus	1986	4.2 %		
Rinvlin	1991	8.0 %		
Kahn	1996	5.0 %		





How to prevent neurological damages

- Perform tailored stripping
- Use an invaginating technique
- Use a delicate dissection at the malleolus





Small saphenous vein	High ligation/Stripping	
DVT	1,8 - 3,5 %	
Sural nerve damage	2,1%	
Paresthesias	1,7 - 34 %	
numbness	28%	

Tellings S.S., et Al. Phlebology. 2011 Feb 27.





Infections

- Delicate dissection
- The systematic use of antibiotics is not indicated
- In case of large dissections or at risk patients a short-term prophylaxis may be indicated





Vascular Injuries

Lesion	Pz.	%	Mortality
Arterial damage	44		0 %
Arterial stripping		31,8 %	
Amputation		34 %	
Venous lesions	43		16,6 %
CFV damage		65.1 %	
CFV stripping		9.3 %	

latrogenic vascular injuries in varicose vein surgery:
a systematic review



How to prevent recurrences and complications?

» Ambulatory basis



» Local - tumescent anaesthesia



» Delicate surgical act



» Lower incidence of complications



Thank you for your attention