

1: J Mal Vasc. 1991;16(2):171-8.

[Necessity of reconciling the objectives of the treatment of varices and arterial surgery. Practical consequences]

[Article in French]

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It is unwise to treat patients with varicose veins without thinking about the possibility of atherosclerotic disease occurring later on. The various procedures of stripping, as well as cryosurgery and sclerosis injections in the saphenous veins destroy veins which are at present the best material for femoro-tibial, femoro-popliteal and coronary bypass. Every year, a great deal of limb salvages cannot be achieved because saphenous veins have been previously removed. As arterial disease occurs one or several decades after the venous complaint, every patient with varicose problems may be concerned. Further more, contrary to a frequent opinion, great saphenous veins of varicose patients are often suitable for arterial bypass. As Doppler combined to duplex scan allow to draw a precise map of the superficial venous channels with their endings, amount of flow back, and caliber of the saphenous veins, it is now possible to propose to most patients conservative procedures: ambulatory phlebectomy or sclerosis injections of peripheral veins in case of minor reflux, crossectomy or CHIVA (Ambulatory Hemodynamic Cure of Venous Insufficiency) in case of major reflux, or association of the various technics. Thus, destructing treatments of saphenous veins should be only proposed to patients whose veins are obviously unsuitable for arterial bypass.

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