

LETTER TO THE EDITOR

Preservation of the Great Saphenous Vein and the 2022 European Society for Vascular Surgery Guidelines

The great saphenous vein (GSV) is the conduit of choice for peripheral arterial and venous reconstructions. Varicose veins (VV) are usually located in its tributaries, not the GSV trunk itself, where focal dilatation (FD) is the most common abnormality rather than diffuse dilatation or aneurysms.¹ By performing resection of FDs and anastomosis, or by external prosthetic reinforcement, a dilated GSV, may make a good graft, due to its endothelial lining, obtaining similar results to normal vein.²

Ambulatory conservative haemodynamic correction of venous insufficiency (CHIVA) is a less invasive procedure, with less haematoma, wound infection, and paraesthesia than stripping, similar to thermal ablations. CHIVA has the advantage of GSV preservation for potential bypass and the haemodynamic benefit of maintaining venous drainage.³ Guideline recommendation 52 classifies CHIVA as Level B Class IIb.⁴ Six randomised clinical trials (RCT) in the Cochrane review 2021, analysed in the guidelines⁴ and a meta-analysis of 39 RCT containing 6 917 limbs, and concluded CHIVA results were similar to ablation or stripping.³ Are the major benefits of vein preservation and the available evidence not enough to upgrade recommendation 52?

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