

To Ruth L. Bush, MD, JD, MPH

Section Editor - Venous Vantage Point

We read with great interest your commentary "CHIVA means what?" in our review article "CHIVA to Treat Saphenous Vein Insufficiency in Chronic Venous Disease: Characteristics and Results"¹, at pages 307-308 of volume 8, issue 2 of JVS-VLD. We also read a recent comment on the Cochrane Review about the subject at page 976 of the latest issue of JVS-VLD. Our impression is that maybe some statements from our paper were misunderstood, and we would like to clarify it.

We noticed that the message taken from our paper is that CHIVA is very hard to learn. In fact, it is easy to learn. One of the authors (FF) has a course in which surgeons come to the clinic for 3 days and learn to perform CHIVA cases². We do not expect a surgeon to perform aortic surgery without preparing for it. The same is valid for venous surgery.

A question was raised about reflux reversibility and "diseased" saphenous vein. We perform procedures routinely that revert saphenous reflux with CHIVA and even with sclerotherapy³. The sick saphenous vein is more of a dogma than a scientific reality. This has been proved by clinical and basic studies by teams from different countries⁴⁻⁶.

We do worry about preserving the saphenous vein for a few reasons. The saphenous graft for surgical bypass is one. Deep vein thrombosis and trauma pose real problems for patients without the saphenous vein, so being a natural bypass is another reason. Lastly, the destruction of the saphenous vein and leg vein capital leave areas of the leg without natural drainage. This creates venous neof ormation and undesirable skin effects. The current thinking that the deep system takes care of the flow does not take into consideration how the blood will get to the deep system.

Finally, the duplex mapping is fast once one gets used to do it. The examination is performed by physicians in most places that perform CHIVA.

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2. Faccini F, Ermini S, Franceschi C, editors. *Hemodynamic Saphenous Preserving Procedures in Chronic Venous Disease* [Internet]. Independently Published; 2022. Available from: <https://www.amazon.com/dp/B0B14GS6N7>
3. Faccini FP, Sathler-Melo CC. Elimination of saphenous reflux after tributary sclerotherapy: report of two cases. *J Vasc Bras* [Internet]. 2021 Jun 11;20:e20200064. Available from: <http://dx.doi.org/10.1590/1677-5449.200064>
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5. Bellmunt-Montoya S, Escribano JM, Pantoja Bustillos PE, Tello-Díaz C, Martínez-Zapata MJ. CHIVA method for the treatment of chronic venous insufficiency. *Cochrane Database Syst Rev* [Internet]. 2021 Sep 30;9:CD009648. Available from: <http://dx.doi.org/10.1002/14651858.CD009648.pub4>
6. Chastanet S, Pittaluga P. Ten-Year Outcomes of Treatment of Varicose Veins by Ambulatory Selective Ablation of Varices Under Local Anesthesia (ASVAL) [Internet]. Vol. 6, *Journal of Vascular Surgery: Venous and Lymphatic Disorders*. 2018. p. 289. Available from: <http://dx.doi.org/10.1016/j.jvsv.2017.12.028>