About CHIVA and ESVS guidelines 2015

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As CHIVA European association, here are our comment about the ESVS guidelines (Eur J Vasc Endovasc Surg (2015) 49, 678e737)

The guidelines authors wrote: “In another study [2] all stripping procedures were done under general or epidural anaesthesia whereas the CHIVA treatments were performed under local anaesthesia, which acted as a confounder for the evaluation of the post-operative side effects.” In fact, Stripping procedures were done only under epidural anaesthesia that lasted not more than 2 hours, which didn’t impact the side effects assessed along 8-10 days following the operation which were defined as DVP, PE, hematomas, bruises, saphenous nerve injury, pain and days of convalescence. In addition, the potential effect of epidural anaesthesia respect to CHIVA as thromboembolism didn’t occur. So the different types of anaesthesia didn’t interfere with the statistical analysis of the results. On another hand the post operative treatments were identical in CHIVA and Stripping groups.

The guidelines authors state: “The most serious limiting concerns in both studies were how “failure” by recurrence was defined: it is unclear if the presence of visible recurrent varicose veins or the presence of refluxing veins during the DUS evaluation or both were considered to define the failure of the treatment”. In the Carandina et al[1] and Pares et al [2] RCTs the first-level research variable of intention-to-treat analysis were the clinically visible varicose veins caliber evaluated at 5 years follow-up according to Hobbs classification, so independently of the flow direction. This includes "absent or non visible recurrence" (patient clinically cured) and "visible recurrence" (patient in situation of clinical failure), with or without a simple reflux point. Duplex ultrasonography imaging was used to study the location of recurrence by examining different anatomic types of shunts. In this regard, we must remind that after a CHIVA procedure, a “refluxing vein” is not an hemodynamic failure if its caliber is normalized and it is no more overloaded by new or redo escape point. Moreover this is not a reflux with recirculation from the deep vein, but a footward drainage of the natural tributaries of the saphenous vein into a perforator.

2 important references are not cited in this review: 1 additional RCT reference CHIVA vs Stripping published in 2006 [2] and A Cochrane Review [5] published on 2013 , both favorable to CHIVA.

The recommendation 54 is restricted to physicians exclusively performing CHIVA without any explanation. Does that mean that CHIVA performers are the only physicians able to perform CHIVA and unable to perform any other treatment and vice versa ? A clear explanation is needed.

The fact that CHIVA preserves in all cases the GSV, should be stressed as it is with compression the only treatment which allows the possibility of future arterial by-pass (still performed and vital despite the endo-vascular procedures progresses) [5].

These considerations should increase the current ESVS recommendation 54 grade higher than IIb B.

1. Carandina S, Mari C, De Palma M, Marcellino MG, Cisno C, Legnaro A, et al. Varicose vein tripping vs haemodynamic correction (CHIVA): a long term randomised trial.Eur J Vasc Endovasc Surg2008;35:230e7.
2. Pares JO, Juan J, Tellez R, Mata A, Moreno C, Quer FX, et al. Varicose vein surgery: stripping versus the CHIVA method: a randomized controlled trial. Ann Surg2010;251:624e31
3. Iborra-Ortega E, Barjau-Urrea E, Vila-Coll R, Ballon-Carazas H, Cairols-Castellote MA. Comparative study of two surgical techniques in the treatment of varicose veins of the lower extremities: results after five years of follow-up [Estudio comparativo de dos técnicas quirúrgicas en el tratamiento de las varices de las extremidades inferiores: resultados tras cinco años de seguimiento]. Angiología 2006;58(6):459-68.
4. Sergi Bellmunt-Montoya, Jose Maria Escribano, Jaume Dilme, Maria José Martinez-Zapata CHIVA method for the treatment of varicose veins. Cochrane Database of Systematic Reviews 2013 ; Issue 7.
5. Maximiano Albers, MD, PhD, Marcello Romiti, MD, PhD, Francisco Cardoso Brochado-Neto, MD, PhD,Nelson De Luccia, MD, PhD, and Carlos Alberto Bragança Pereira, PhD**.** Meta-analysis of popliteal-to-distal vein bypass grafts for critical ischemia J Vasc Surg 2006;43:498-503

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