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# Re: 'Management of Chronic Venous Disease. Clinical Practice Guidelines of the European Society for Vascular Surgery'

ARTICLE · FEBRUARY 2016

DOI: 10.1016/j.ejvs.2015.12.024

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## CORRESPONDENCE

**Re: 'Management of Chronic Venous Disease. Clinical Practice Guidelines of the European Society for Vascular Surgery'**

We congratulate the authors of and contributors to the clinical practice guidelines of the European Society for Vascular Surgery for the management of chronic venous disease.<sup>1</sup> It is known that technological advancement is one of the major motivational powers in medicine and this is seen in the current clinical guidelines in which the novel techniques of thermal and non-thermal ablation have been introduced as mainstream treatment. Despite the lack of robust evidence in favor of these techniques over old fashioned surgical treatment, endothermal ablation has been introduced as the main option for the treatment of superficial vein pathology, especially when it refers to saphenous vein incompetence. It is worthy of note that a recent review from the Cochrane Database,<sup>2</sup> which includes 13 trials and 3081 randomized patients, emphasized that foam sclerotherapy, radiofrequency ablation and endovenous laser ablation are at least as effective as surgery in treatment of great saphenous vein incompetence. Nevertheless, large incompatibilities exist among trials as well as different time point measurements for outcomes, therefore this evidence is considered to lack robustness. Interestingly, in the current clinical guidelines, despite the dominant role of ablation techniques, surgery is considered to be an alternative option provided its results are not suboptimal. Moreover, this has been included in Recommendations 46, 47, 48, 49, and 50.<sup>1</sup>

Paradoxically the flowchart of the management of venous disease (page 720), which summarizes the treatment options for venous disorders, lacks consistency by excluding traditional surgery. In particular, for the arm of superficial vein pathology and in saphenous incompetence, the possible therapeutic options according to the flowchart are in order, thermal ablation, non-thermal ablation, and conservative treatment. It is surprising that this flowchart does not include an option for traditional surgery. This is in direct contrast to the extensive reporting of surgical techniques as alternatives to endovenous thermal ablation. Flowcharts are generally considered as quick sources of information and represent brief and condensed scientific knowledge. Therefore, we suggest that it would be prudent

for this chart to include the option of open surgery as an alternative treatment in varicose veins disease caused by saphenous vein incompetence. Based on published data, the surgical option seems a consistent and logical approach, and this should be clear in the content of the recent guidelines.

## REFERENCES

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- 2 [Nesbitt C, Bedenis R, Bhattacharya V, Stansby G. Endovenous ablation \(radiofrequency and laser\) and foam sclerotherapy versus open surgery for great saphenous vein varices. \*Cochrane Database Syst Rev\* 2014;7:CD005624.](#)

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<http://dx.doi.org/10.1016/j.ejvs.2015.12.024>  
 DOI of original article: <http://dx.doi.org/10.1016/j.ejvs.2015.02.007>