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 and al[1] and Pares and 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.

1 additional RCT reference CHIVA vs Stripping published in 2006 [2] is not cited in this review .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).

A Cochrane Review [5] was published on June 2015, so just after ESVS January 2015 review, with the authors’ conclusion “The CHIVA method reduces recurrence of varicose veins and produces fewer side effects than vein stripping. However, we based these conclusions on a small number of trials with a high risk of bias as the effects of surgery could not be concealed and the results were imprecise due to low number of events. New RCTs are needed to confirm these results and to compare CHIVA with approaches other than open surgery”.

These considerations should improve the current ESVS grade into IIb B.

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