Letter

Additional information and comments to the article review citing CHIVA

The review article 'Treatment options, clinical outcome (quality of life) and cost benefit (quality-adjusted life year) in varicose vein treatment.' D Kelleher, T R A Lane, I J Franklin and A H Davies, Academic Section of Vascular Surgery, Department of Surgery and Cancer, Imperial College London, Charing Cross Hospital, London, UK. *Phlebology* 2012;27(Suppl. 1):16–22. DOI: 10.1258/phleb.2012.012S22' states: 'New techniques that have arisen interrupt the reflux haemodynamics while preserving the long saphenous vein and include the ASVAL and CHIVA techniques.[39,40] These provide minimally invasive treatments performed under tumescent local anaesthesia, and have produced good results. One single-centre series has shown that whereas CHIVA offers improved recurrence rates compared with open stripping in experienced hands, it has a steep learning curve and can lead to worse outcomes'.[41]

We are CHIVA practitioners and searchers for more than two decades.[1] We are surprised by the affirmation, 'One single-centre series[2] has shown that while CHIVA offers improved recurrence rates compared with open stripping in experienced hands', while three more favourable randomized controlled trial[3–5] among hundreds of studies are available in PubMed and a Cochrane Review protocol[6] is published and the review is going on.

This favour is important not only in terms of clinical outcomes but also in terms of venous capital when, with the ageing population, more and more people need bypasses (coronary and limbs) where saphenous trunks (included varicose patients) are demonstrated the best material in below knee bypass, despite the progresses of endovasal procedures.

In addition, this method is low cost, because ambulatory, requiring local anaesthesia, basic surgical material and few postoperative rest days.

The cited CHIVA-versus-stripping retrospective review of 1489 patients[7] confirms that CHIVA 'appears to be more effective than stripping in reducing the recurrence rate' and, 'if performed incorrectly, results are far worse with CHIVA'. In fact, the 'steep learning curve' required to prevent 'worse outcomes' is dramatically eased by updating the knowledge of venous haemodynamics[1,8] which has been revolutionized by the US Duplex technology and led logically to CHIVA method. Isn't it a privilege of surgeons and phlebologists to train and study for a method that gives at the same time best treatment, according to Hippocratic Oath?

We could not avoid to give these comments and complementary information regarding the importance of the issue.

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DOI: 10.1258/phleb.2012.012076

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