

2019 MID-ATLANTIC
CONFERENCE

9th ANNUAL CURRENT CONCEPTS IN
VASCULAR THERAPIES


2019



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May 3, 2019

Debate: Varicose veins should be allowed to decompress and treated at a second procedure



A question for you...

- A show of hands please...
- How many people want **incisions** all over your leg to **cut out** varicose veins (in the office, under straight local anesthesia – no IV sedation) when something non surgical will suffice?
- That concludes my talk –
thank you very much

It looks like I have some time left over

- Let me get this straight
- Started doing vein ablations to avoid vein stripping surgery
- Heavily promoted vein ablation as a non surgical therapy
- Does he now recommend surgical therapy for varicose veins immediately upon doing a non surgical therapy for varicose veins?

Seems like...



I know he likes cars, but...



Our aim is the same: maximum symptomatic relief for as long as possible

- What is the ideal treatment?
 - Minimally invasive
 - Safe
 - Effective
 - functional
 - cosmetic
 - Low recurrence rate
 - Cost effective

Debate: residual superficial varicosities may remain. Then what?

Simultaneous treatment

- Ensures treatment in a single session.
- Reduces the varicosity reservoir.
- Increased procedure time.
- Over-treats patients whose varicosities may regress.

Observation and delayed treatment if needed

- Shorter ablation time
- A variable number of patients return with residual varicosities that require secondary procedures.

Scant evidence

- Randomized trial: No difference in QOL measures.
 - Carradice, BJS 2009;96:369-75
- 41% of patients did not require further treatment (*a needless phlebectomy.*)
 - Monahan, JVS 2005;42:1145-9
- Further studies needed, evidence unclear.
 - Editorial “Phlebectomies: to delay or not to delay?” Davies, Phlebology 2012;27:103-4



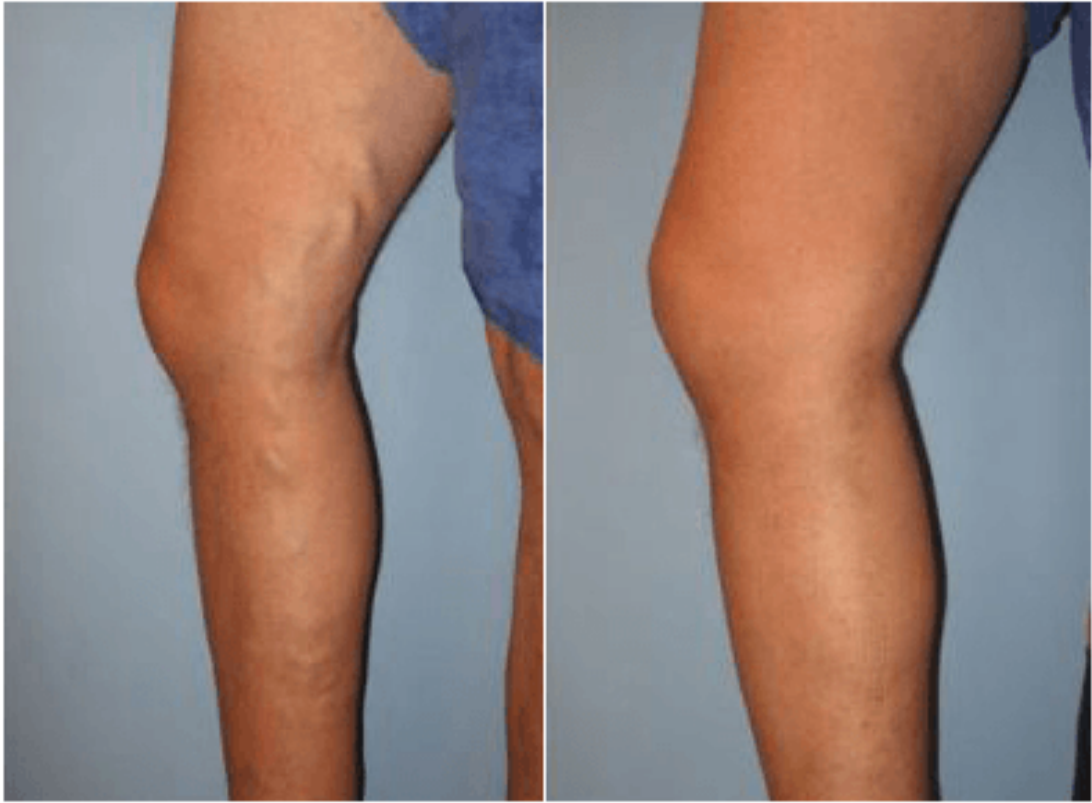
Before



After







Before

After



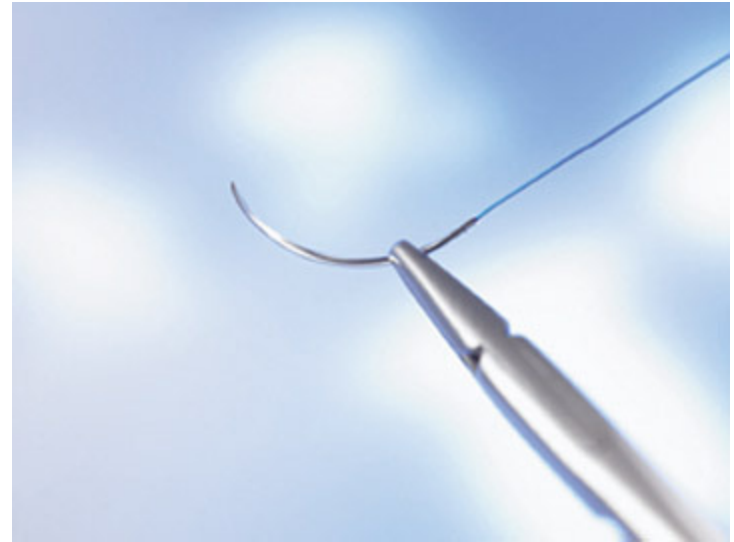
Before

After



Phlebectomy

- Surgical removal of a vein – cut and sew









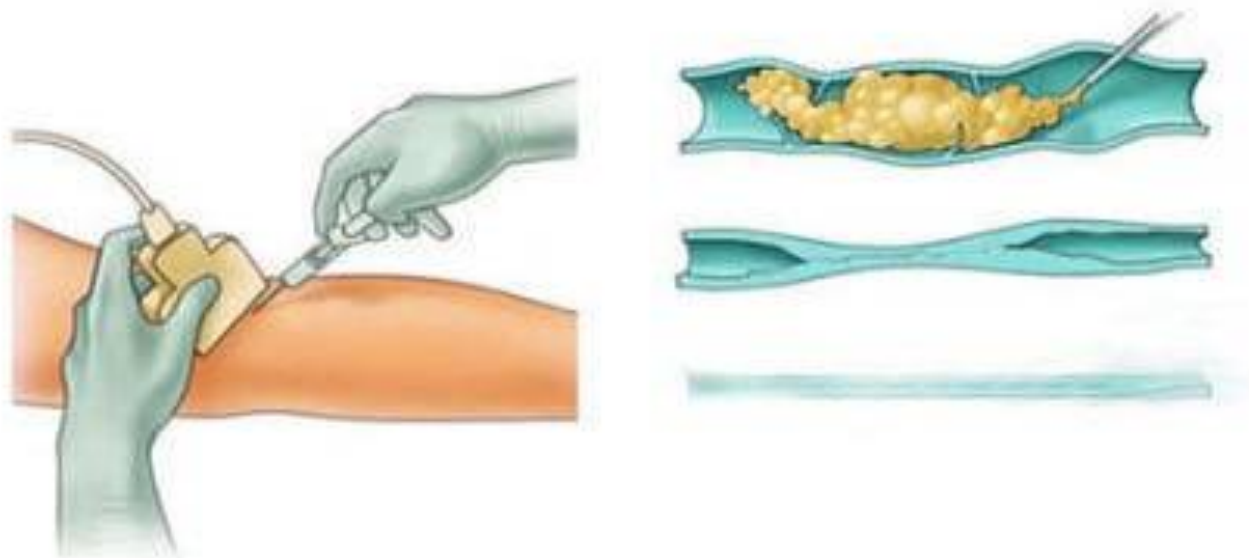


My current preference is neither

- I don't prefer phlebectomy and I don't prefer to wait and see.
- I do advocate for maximizing effective treatment strategy at the first opportunity.
- I prefer to combine endovenous vein ablation with foam sclerotherapy (specifically: Varithena)



Varithena[®]



2 Months post EVLT + Varithena



6 weeks post EVLT + Varithena



6 weeks post EVLT + Varithena



Summary and conclusions

- Concomitant phlebectomy with vein ablation may be unnecessary as a significant proportion of varices resolve with time.
- Variceal recurrence is not uncommon
 - Wait and see => subsequent sclerotherapy (or phlebectomy) can be offered to those that need it.
 - vein ablation results are enhanced by immediate adjunctive foam sclerotherapy.

Thank you

