Advances in Vascular Intervention

13:15 Convention Hall A

Endovenous Therapy for Varicose Vein

Ting CW

Division of Vascular Surgery, Department of Surgery, Queen Elizabeth Hospital, Hong Kong

Varicose vein is a common problem which may lead to distending calf discomfort or even complications such as skin changes, bleeding or ulceration. Sapheno-femoral incompetence with Great Saphenous Vein (GSV) reflux is the commonest pathology. Traditional open sapheno-femoral flush ligation and stripping of the GSV has been the standard treatment for decades. Less invasive therapy with endovenous ablative techniques have been introduced as an alternative treatment for abolishing GSV reflux. This obviates the need for general or regional anaesthesia. Studies have shown comparable efficacy with open surgery, while associated with less perioperative pain and earlier return to work. Thermal ablation with radiofrequency (RFA) or laser (EVLA) are the most popular approaches. Some studies suggest that EVLA is associated with greater perioperative pain and bruises when compared to RFA. With the introduction of 1470nm 2ring radial laser fibre, there is decreased pain and quicker return to normal activities when compared to 940nm laser fibre. More recently, non-thermal ablative methods including mechanochemical ablation and cyanoacrylate glue are also introduced. They show similar efficacy in ablating GSV reflux with comparable outcomes to thermal approaches. These techniques further eliminate the need for turmescent anaesthesia that is required for thermal ablation.

In summary, endovenous therapy with thermal ablation (RFA or EVLA) is the current first-line treatment for GSV reflux. Nonthermal ablative methods including mechanochemical ablation and cyanoacrylate glue also show promising early results although more long-term studies would be helpful.