Choosing wisely summury for Chemical or Thermal Ablation in the Treatment of incompetent Saphenous Veins and Recurrences.

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Preamble

This document including 10 "Choosing Wisely" and produced by French Vascular Doctors, experts from the National Professional Council of Vascular Medicine (CNPMV), was initiated following consultation with the French National Health Insurance (CNAMTS) and validated by both Instances.
The varicose veins of the lower limbs represent a major public health issue in France and the objective of this work is an improvement of their management on criteria of relevance, optimization of patient benefit and cost reduction.
The various conservative treatments are not discussed in this paper as they are not subject to it.

Choosing Wisely N° 1

Chemical or thermal ablation of the saphenous veins or their recurrences must be performed with a Duplex ultrasound scan before, during and immediately after the procedure.

Choosing Wisely N° 2

Ultrasound-guided sclerotherapy of a saphenous vein or its recurrence must be accompanied by a report of the procedure including: injection site(s), type and form of the sclerosing agent with concentration(s) used and volume(s) of foam injected, and by an iconography of the target vein just before the procedure and just after injection.

Choosing Wisely N° 3

If saphenous vein treatment is considered, for a diameter greater than 8 mm*, thermal ablation must be proposed as a first-line treatment if achievable; ultrasound-guided foam sclerotherapy remains a possible option depending on the context, but with a lower definitive occlusion rate.

* *Measurement of internal diameter taken (patient standing) in a transverse ultrasound cross-section at mid-thigh for the great saphenous vein and at mid-calf for the small saphenous vein, excluding ectasia.*

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Choosing Wisely N° 4

Except in special cases and contraindications, the foam form of a sclerosing agent should be used rather than the liquid form for the sclerotherapy treatment of a saphenous vein insufficiency or its recurrence.

In case of contraindication to foam, thermal ablation is recommended if feasible.

Choosing Wisely N° 5

If saphenous vein treatment is considered, for a diameter of less than 4 mm*, an ultrasound-guided foam sclerotherapy must be proposed as a first-line treatment if it is achievable; thermal ablation remains a possible option depending on the context, but with a significant cost increase compared to that of foam sclerotherapy.

** Measurement of internal diameter taken (patient standing) in a transverse ultrasound cross-section at mid-thigh for the great saphenous vein and at mid-calf for the small saphenous vein, excluding ectasia*

Choosing Wisely N° 6

If the treatment of saphenous vein insufficiency in a patient at high thrombotic risk (repeated thromboembolic episodes, known severe thrombophilias, hypercoagulability, active cancer) is decided, it is preferable, except in special cases, to propose thermal ablation as a first line of action, if this is feasible. However, ultrasound-guided foam sclerotherapy remains a possible option depending on the context. In all cases, the individual risk-benefit ratio must be assessed and an appropriate thromboprophylaxis performed.

Choosing Wisely N° 7

Once the decision to treat a saphenous vein or its recurrence has been made, conventional open surgery (high ligation and stripping) should not be proposed, except in very rare cases (such as very large dysmorphic ectasia of the junction or trunk).*

** This does not apply to the so-called "modern" or "minimally invasive" surgery performed under strict local tumescent anaesthesia*

Choosing Wisely N° 8

Two consecutive failures of an initial treatment of the great saphenous vein with ultrasound-guided foam sclerotherapy or a failure on the small saphenous vein should lead to a reassessment of the situation and alternative therapeutic solutions, considering the balance between benefit and risk.

Choosing Wisely N° 9

During treatment by thermal ablation (laser or radiofrequency) of a saphenous vein, local tumescent anaesthesia is mandatory. General, spinal or femoral-block anaesthesia is contraindicated except in very rare cases, for which ultrasound-guided tumescence remains mandatory.

Choosing Wisely N° 10

Whenever a thermal ablation of a small saphenous vein is chosen, it is preferable to propose an endovenous laser ablation as a first-line treatment.
The 3-cm segmental radiofrequency, bipolar and monopolar radiofrequency are possible options, but the 7-cm segmental radiofrequency is not recommended.

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