



Research Update #4 Research Presented at the International Union of Angiology

Ted King, MD, Assistant Medical Director, Vein Clinics of America, recently presented the following study at the 22nd World Congress of the International Union of Angiology. This study was selected as part of the most recent and significant advancements in the treatment of varicose vein disease.

“PRELIMINARY EXPERIENCE WITH CONCOMITANT ULTRASOUND-GUIDED FOAM SCLEROTHERAPY AND ENDOVENOUS LASER ABLATION: A SERIES OF 250 CONSECUTIVE CASES”

Objective: Endovenous laser ablation is known to be effective in the treatment of Great Saphenous Vein reflux. Ultrasound-guided foam sclerotherapy is also becoming an increasingly accepted treatment for varicose vein disease. There is little information on the use of endovenous laser ablation in combination with ultrasound-guided foam sclerotherapy.

Methods: *In this prospective series of 250 cases, 215 Great Saphenous Veins (GSV), 51 Small Saphenous veins (SSV), 8 veins of Giacomini, 15 Anterior accessory veins branches, 7 Posterior accessory veins, and 13 non-saphenous veins were treated with endovenous laser ablation in combination with ultrasound-guided foam sclerotherapy for varicose branches not amenable to endovenous laser ablation.* All the patients were CEAP class C3-6. Quality of life (QOL) scoring was assessed. Ultrasound-guide foam sclerotherapy was given prior to tumescent anesthesia and then endovenous laser ablation was performed. All of the patients were strictly monitored and had Duplex ultrasound scanning to evaluate for DVT at 48-96 hours. Thorough Duplex scanning was done at 1 week, 1 month, 3 months, 6 months, and 12 months.

Results: To date, all of the patients but one (96.6%) had sustained elimination of the venous reflux at one year. Continued branch vein reflux seen on ultrasound during follow up evaluations was treated with further ultrasound-guided foam sclerotherapy. No DVT or superficial burn occurred. Twelve patients (4.8%) complained of a temporary numbness in the saphenous nerve distribution. There was no evidence of sural nerve injury. All ulcers were closed and all QOL indicators were substantially improved at one month.

Conclusions: Ultrasound-guided foam sclerotherapy given in combination with endovenous laser ablation is safe and effective in treating the GSV, SSV, and their tributaries. A study with additional cases and more long-term follow-up is on going.

We hope you have found this information useful.