

Evidence Discussion (PVI.201.A)

Treatment of Saphenovenous Reflux

Superficial venous insufficiency involving the Greater Saphenous Vein (GSV), Short Saphenous Vein (SSV), Anterior Accessory Saphenous Vein (AASV), or Posterior Accessory Saphenous Vein (PASV) can lead to significant lower extremity discomfort, edema and potentially ulceration. Medical management including leg elevation and compression stockings can lead to significant improvement in symptoms and decrease the risk skin ulceration in many patients but is not effective for all patients and does not address the underlying anatomic disease process. For patients with active ulceration, significant leg symptoms, and/or significant leg edema and superficial venous reflux on venous duplex, intervention to ablate the associated vein is medically necessary. Endovenous treatment has replaced prior interventional treatments such as ligation and vein stripping in the majority of cases due to its excellent results, lower risk of wound complications, shorter recovery period and improved cosmetic results. For patients with significant reflux on duplex imaging and failure of a short-term trial of compression therapy (8 weeks), endovenous therapy can improve wound healing, provides improved quality of life, and may decrease the risk of future ulceration.

For patients with epifascial or a superficial saphenous vein thermal ablation carries an increased risk of skin burns, hyperpigmentation, or induration while non-thermal techniques may cause hyperpigmentation or induration. Miniphlebotomy or limited vein stripping is safe and effective vein is close to the skin (,0.5 cm).

References

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