

**Table I**

Operative procedure	Reference <i>Abstracts corresponding to references can be found using the listing "RCTs by alphabetical order" or "RCTs by topic."</i>	Summary
Open surgery <i>versus</i> conservative treatment	<p>Michaels JA, Brazier JE, Campbell WB, MacIntyre JB, Palfreyman SJ, Ratcliffe J. Randomized clinical trial comparing surgery with conservative treatment for uncomplicated varicose veins. <i>Br J Surg.</i> 2006;93:175-81.</p>	<p>246 patients with severe non complicated varices (C<sub>2s</sub>) and reflux in the saphenofemoral or /and the saphenopopliteal junction reflux Group I (N =122): conservative treatment (Life style advice+ compression) <i>versus</i> Group II (N=124): open surgery (OS) <b>Results at 2 years of follow-up:</b> Group II (OS)&gt;Group I regarding:</p>
	<p>Michaels JA, Campbell WB, Brazier JE, et al. Randomised clinical trial, observational study and assessment of cost-effectiveness of the treatment of varicose veins (REACTIV trial). <i>Health Technol Assess.</i> 2006;10(13):1-196.</p>	<ul style="list-style-type: none"> <li>· HRQoL improvement (P=0.083)</li> <li>· Symptoms relief (aching, heaviness, itching, swelling, cosmetic concerns, P&lt;0.05)</li> <li>· Anatomical extent of the veins (P&lt;0.01)</li> </ul> <p><u>Conclusion</u> Standard surgical treatment of varicose veins by saphenofemoral ligation, stripping and multiple phlebectomies is a clinically effective and cost-effective treatment for severe varicose veins. Injection sclerotherapy appears to be also cost-effective, but produces less overall benefits, with a higher incremental cost-effectiveness ratio than surgery for patients with superficial venous reflux. In minor varicose veins without reflux, sclerotherapy is likely to provide a small average benefit with acceptable cost-effectiveness.</p>
	<p>Ratcliffe J, Brazier JE, Campbell WB, Palfreyman SJ, MacIntyre JB, Michaels JA. Cost effectiveness analysis of surgery versus conservative treatment for uncomplicated varicose veins in a randomized control trial. <i>Br J Surg.</i> 2006;93:182-6.</p>	<p>246 patients presenting with non-complicated varices (C<sub>2s</sub>) with saphenofemoral or/and saphenopopliteal junction reflux Group I: Conservative treatment (Life style advice) <i>versus</i> Group II: OS <b>Results at 2 years of follow-up:</b> Group II (surgery) offers a modest health benefit for relatively little National Health Service cost compared to conservative treatment</p>

<p style="text-align: center;">Open surgery versus compression therapy</p>	<p>Sell H, Vikatamaa P, Albäck A, Lepäntello M, Malmivaraa A, Mahmoud O, Vernemo M. Compression therapy versus surgery in the treatment of patients with varicose veins: a RCT. <i>Eur J Vasc Endovasc Surg.</i> 2014; 47(6):670-77.</p>	<p>153 patients <u>Non complicated Varices (C<sub>2s</sub>)</u> Group I (N=77): conservative treatment (CT) <i>versus</i> Group II (N=76): open surgery (OS) <b>Results at 2 years of follow-up:</b> Group I: VCSS decreased from 4.6 to 3.5, and VSDS decreased from 7.7 to 7.0, while HRQoL was unchanged Group II: VCSS decreased from 4.8 to 0.6; P=0.01, and VSDS decreased from 8.2 to 0.9; P=0.0001, while HRQoL improved significantly.</p>
--	--	---

Abbreviations :CT= compression treatment; HRQoL = Health Related Quality of Life; OS = Open Surgery: saphenofemoral or/and saphenopopliteal junction ligation+ stripping, +/- perforator ligation+/- tributary phlebectomy ; VCSS: Venous clinical Severity Score; VSDS= Venous segmental Disease Score