Table IX.

<table>
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<th>Operative procedure</th>
<th>Reference</th>
<th>Summary</th>
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| Open surgery versus EVTA (EVLA, RFA) | Dzieciuchowicz L, Espinosa G, Páramo JA. Hemostatic activation and Inflammatory response after three methods of treatment of great saphenous vein incompetence. *Phlebology*. 2014;29:154–163. | 45 patients presenting with GSV incompetence chose between OS and EVTA. The EVTA group was randomized for RFA or EVLA Group I (N=11): OS Group II (N=14): EVLA Group III (N=13): RFA Incompetent tributaries treated in all patients by phlebectomy General or local anesthesia **Results at 1 day post-surgery:**  
- *D-dimer* increased in group I compared to groups II and III (P=0.002). No difference in D-dimer between group II and III  
- *PAI-1* decreased in group III, was unchanged in group II, and increased in group I  
- *CRP:* Highest increase was in group I **Results at 10 days of follow-up:**  
- *D-Dimer* significantly increased in group I (P=0.04)  
- *CRP* significantly increased more in group I compared with groups II and III (P=0.01) **Conclusion:** EVTA is associated with significantly less active hemostasis and inflammatory response compared to OS procedure |

**Abbreviations:**
CRP=C-reactive protein ; EVTA=endovenous thermal ablation ; EVLA = endovenous laser ablation ; GSV = Great saphenous vein ; OS= Open surgery; High ligation + Saphenous stripping+/ - Perforator ligation +/- tributary phlebectomy; PAI-1= plasminogen activator inhibitor; RFA= radiofrequency ablation

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