Table XIX.

Operative procedure	Reference *Abstracts corresponding to references can be found using the listing "RCTs by alphabetical order" or "RCTs by topic."*	Summary
Sclerotherapy for VV using polidocanol *versus* sclerotherapy for VV using placebo	Kahle B, Leng K. Efficacy of sclerotherapy in varicose veins. A prospective, blinded, placebo-controlled study. *Dermatol Surg* 2004;30:723-28	25 patients C_2.C_4**, Ep,As,P$_r$** presenting with VV with competent SFJ and SPJ Group I (N=14): injection with polidocanol 2 % or 3 % *versus* Group II (N=11): injection with saline solution **Results at 4 to 12 weeks of follow-up:** *Venous occlusion:* 76.8% in group I *versus* 0% in group II (P<0.0001) *Venoarterial flow index (VAFI):* VAFI decrease from 1.5 to 0.98 in occluded veins (N=11) of group I *versus* no VAFI modification in group II (P<0.05).
	Todd KL, Wright DI and the VANISH-2 Investigator group. The VANISH-2 study: a randomized, blinded, multicenter study to evaluate the efficacy and safety of polidocanol endovenous microfoam 0.5% and 1.0% compared with placebo for the treatment of saphenofemoral junction incompetence. *Phlebology*. 2014;29:608-618. DOI:10.1177/0268355513497709	Patients presenting symptomatic primary VV C2-C6 with SFJ incompetence and GSV (mean diameter from 8.3 to 9 mm (mean) or major accessory veins incompetence. Group I (N=60): injection with PEM 0.5 %. Maximum dose 15 mL *versus* Group II (N=58): injection with with PEM 1 %. Maximum dose 15 ml *versus* Group III (N=57): injection PEM 0.125 % Maximum dose 15 ml *versus* Group IV (N=57): placebo **Results at 4 to 8 weeks of follow-up, but ongoing study** *Groups I and II* Larger improvement assessed by VVSym compared to group IV. P<0.0001 *Groups I, II and III:* 60% adverse effects, mild or moderate in 95% that resolved without sequelae *versus* 39% in group IV.
	Gibson K, Kabnick L. A multicenter, randomized, placebo-controlled study to evaluate the efficacy and safety of Varithena (polidocanol endovenous microfoam 1%) for symptomatic, visible varicose veins with saphenofemoral junction incompetence. *Phlebology*. 2017:32:185-93	77 Patients presenting symptomatic primary VV C2-C5 with SFJ incompetence and or major accessory veins incompetence. Group I (N=39): injection with Polidocanol 1 %. Maximum dose 15-30 mL *versus* Group II (N=38): placebo. Post-procedure compression **Results at 1 to 12 weeks of follow-up** Tools used for assessing outcome - HASTI - m-VEINES-QOL/Sym - CIVIQ 2 Outcome in favor of group I compared to group II. Respectively P=0.0009; P<0.001 and P 0.001

Abbreviations
CIVIQ-2= chronic venous insufficiency questionnaire 2;HASTI; assessment of heaviness, aching swelling, throbbing ,itching symptoms; - m-VEINES-QOL/Sym:,*PEM= modified* VEINES-QOL/Sym: PEM= *Polidocanol endovenous micro foam;; SFJ= saphenofemoral junction ; SPJ = saphenopopliteal junction; VV, varicose veins; VVSym Q= varicose veins symptoms quality*