<table>
<thead>
<tr>
<th>Operative procedure</th>
<th>Reference</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial or complete stripping</td>
<td>Holme JB, Skajaa K, Holme K. Incidence of lesions of the saphenous nerve after partial or complete stripping of the long saphenous vein. Acta Chir Scand. 1990;156:145-8.</td>
<td>163 consecutive patients with GSV incompetence 157 patients assessed Group I (N= 80, 75) complete stripping + trib.phleb versus Group II (N=77, 75) partial stripping + trib.phleb <strong>Results at 12 weeks of follow-up:</strong> More frequent lesions of the saphenous nerve in group I (39%); Compared with group II (7%); P &lt;0.001</td>
</tr>
</tbody>
</table>
| HL versus HL                 | Corder AP, Schache DJ, Farquharson SM, Tristram S. Wound infection following high saphenous ligation: a trial comparing two skin closure techniques: subcuticular polyglycolic acid and interrupted monofilament nylon mattress sutures. JR Coll Surg Ed. 1991;36(2):100-2. | Skin closure with subcuticular polyglycolic acid (N= 76) versus interrupted monofilament nylon mattress sutures (N = 86) **Results at 6 weeks of follow-up:**  
- Higher infection rate found with subcuticular polyglycolic acid (P= 0, 05)  
- Appeared to be operator dependent |
- *Postoperative complications:* no difference between the 2 groups  
- *Size of exit site:* significantly smaller in group II (P<0.01) |
|                             | Durkin MT, Turton EPL, Wijesinghe LD, Scott DJA, Berridge DC. Long Saphenous Vein Stripping and Quality of Life: a Randomised Trial. Eur J Vasc Endovasc Surg. 2001; 21: 545-549. PMID: 10364948 | 80 patients with incompetent SFJ and GSV Group I (N=43) PIN stripping versus Group II (37) Conventional stripping **Results at 6 months of follow-up:**  
- HRQoL (SF-36; EuroQoL): bodily pain, and physical summary significantly improved in both groups  
- *Role function:* improved in group I only |
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Reference</th>
<th>Findings</th>
</tr>
</thead>
</table>
Group I (N=69): HL+ Tributary ablation  
Group II (N= 64): HL+S+ Tributary ablation  
**Results at 5 years of follow-up:**  
Relative risk of reoperation in group I= 0.45, CI 0.26-0.78. P=0.002 |
Group I : HL+S + Trib. phleb. with tourniquet  
Group II: HL+S + Trib. phleb. without tourniquet  
**Results at 1 to 6 weeks of follow-up:**  
- Operative time: shorter in group I (P<0.01)  
- Bruising: reduced in group I (P<0.01)  
- Temporary saphenous neuralgia:  
  - N=2 in group I  
- Pain, activity, cosmetic results: similar in both groups |
746 patients still available at 10-year follow-up  
Group I (N=369) SFJ Flush ligation + trib phleb  
Group II (nN=377) SFJ distal ligation + trib phleb  
**Procedure**  
Cost and operating time in favor of group II but P=NS  
**Results at 10 years of follow-up:**  
- Number of sclerotherapy sessions (to control varices) in favor of group II  
- Reflux assessment by DS and AVP: no difference in terms of persistent reflux or AVP  
- GSV occluded segment in favor of group I, 6.5 cm versus 1.4 cm. (P<0.025)  
**No conclusion can be drawn from this study** |
### SSV surgical treatment variants

<table>
<thead>
<tr>
<th>Study</th>
<th>Description</th>
<th>patients</th>
<th>Results at 3 months of follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dumas BE, Spronk S, Boelhouwer RU, den Hoed PT. Subfascial ligation at three different levels versus partial exeresis of the incompetent short saphenous vein: A randomized clinical trial. <em>J Vasc Nurs.</em> 2007;25:12-18.</td>
<td>84 patients with incompetent SSV investigated by DS Ligation of SSV termination when refluxing (Flush ligation ?) in all patients + Additional subfascial ligation of SSV trunk at 3 different levels in group I (N=44) versus Additional partial resection of the proximal SSV (10-15 cm) by S in group II (N=40)</td>
<td>Reflux assessment: no difference between groups in terms of persistent reflux Symptoms improvement: No correlation between presence or absence of reflux and symptom improvement, and no difference between groups in terms of improvement.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study</th>
<th>Description</th>
<th>patients</th>
<th>Results at 1 to 26 weeks of follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buttler CM, Scurr JH, Coleridge Smith PD. Prospective randomized trial comparing conventional (Babcock) stripping with inverting (Pin) stripping of the long saphenous vein. <em>Phlebology.</em> 2002;17:59-63.</td>
<td>136 patients with incompetent GSV Group I (N=68): HL+S Under general anesthesia Conventional stripping, Babcock versus Group II (N=68): inverting stripping Oesch stripper</td>
<td>Per operative time: Shorter operative time and less blood loss in group II compared with group I Results at 1 to 26 weeks of follow-up: No difference between groups in terms of hematoma, postoperative pain, mobility or analgesics consumption</td>
<td></td>
</tr>
</tbody>
</table>

| Study | Description | patients | Results at 5 years of follow-up:
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Haas E, Burkhardt T, Maile N. Rezivhäufigkeit durch Neoangiogenese nach modifizierter Krossectomie. <em>Phlebologie</em> 2005;34:101-104</td>
<td>1054 Patients (1389 limbs) with SFJ and GSV reflux Group I (N=607): HL +S +/- trib phleb versus Group II (N=292) with fascia cribriformis suture +S +/- trib phleb versus Group III (N=490):HL with inverting suture of the stump+S +/- trib phleb</td>
<td>Presence of neovascularization at the SFJ with or without varices: Group I=9.6% vs Group II=5.7% vs Group III=9% (P=NS)</td>
<td></td>
</tr>
</tbody>
</table>

| Study | Description | patients | Results at 11 years of follow-up:
|-------|-------------|----------|----------------------------------|

---

© Les Laboratoires Servier
All rights reserved. No part of this document may be translated, reprinted, reproduced or used in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from Servier.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Study Details</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Saphenous stripping (Babcock) *versus* invaginated stripping | Nisar A, Shabbir J, Tubassam P et al. Local anaesthesia flush reduces postoperative pain and haematoma formation after great saphenous vein stripping: a randomised controlled trial. *Eur J Vasc Endovasc Surg.* 2006;31:325-31. | • No Difference in terms of PREVAIT between the 2 groups (P=0.012)  
• More frequent reoperation in group II (P=0.012)  
• Reduction of reoperation by 60% in group II. |
• Better reduction of hematoma in group I compared with group II (P= 0.007)  
• Better reduction of post-operative pain in group I compared with group II (P<0.001)  |
• Less blood loss in group II compared with group I (P<0.001)  
• No difference between groups in terms of postoperative pain and returned to work, but less saphenous nerve damage in group II  |

92 patients with GSV incompetence Various anesthesia modality Group I (N= 46) Conventional stripping, (Babcock) versus Group II (N= 46): invaginated stripping. **Results at 1 to 26 weeks of follow-up:**  
• Less blood loss in group II compared with group I (P<0.001)  
• No difference between groups in terms of postoperative pain and returned to work, but less saphenous nerve damage in group II  

68 patients with GSV incompetence + Pe reflux Group I (N=34): HL +S+ Trib phleb versus Group II (N=34): HL +S+ Trib phleb+ SEPS Patients with isolated SFJ junction reflux or /and deep reflux, C₆, PREVAIT were excluded **Results at 1 week to 1 year of follow-up:**  
The addition of SEPS was not associated with significant morbidity and had no effect on VV recurrence rate or HRQoL outcomes, but did reduce the number of incompetent Pe
| Redo SFJ ligation **versus** Redo SFJ ligation +PTFE patch insertion in recurrent GSV | Winterborn R.J, Earnshaw J.J. Randomized trial of PTFE patch for recurrent great saphenous varicose veins. *Eur J Vasc Endovasc Surg*. 2006;34:367-73. | 31 patients (40 lower limbs) with GSV reflux
All presenting recurrent SFJ reflux
Group I (N=20 lower limbs): redo SFJ ligation **versus**
Group II (N=20 lower limbs): redo SFJ ligation+ PTFE patch interposition
**Results at 6 weeks, 1 year, and 2 years of follow-up:**
No difference between groups in terms of perioperative complications and recurrent neovascularisation. |
Group I (N=30): HL+ reverse foam sclerotherapy
Group II (N=30): HL + invagination S
Group III (N=30): HL+ standard S
General anaesthesia for all procedures
**Results at 2 weeks of follow-up:**
Less post-operative complications and better patient satisfaction in group I compared with group II. |
Group I (N=87 lower limbs ): flush SFJ ligation **versus**
Group II (114 lower limbs ):standard transfixion SFJ ligation
**Results at 2 years of follow-up:**
No difference between groups in terms of PREVAIT and neovascularization |
| HL+S+ versus ± tributary phlebectomy **versus** S with ligation below SFJ of GSV ± tributary phlebectomy | Casoni P, Lefebvre-Villardebo M, Villa F, Corona P Great saphenous vein surgery without high ligation of the saphenofemoral junction .*J Vasc Surg* 2013;58:173-178. | 120 Patients with SFJ and GSV reflux
Group I (N=60): HL+S ± trib phleb versus
Group II (N=60): S with ligation below SFJ of GSV ± trib phleb
**Results at 8 years of follow-up:**
- **PREVAIT and DS reflux**
  - Group I = 32.2% vs group II=16.4 %
   - *P*= 0.045
  - **Average time of PREVAIT**
    - Group I=3.5 ±1.2 years vs group II= 4.1±1.6 years
      - *P*= 0.358=NS |
Operative treatment:
Group I (N=219): HL+ S+ trib phleb with antibiotics
Group II (N=214): HL+ S+ trib phleb without antibiotics
**Results at 1 to 5 days of follow-up:**
Prophylactic antibiotics conferred satisfactory wound healing in group I
- (OR 2.2; 95% CI,1.3 to 3.6; *P*
  - 0.003). |
prophylaxis

Abbreviations:
AVP = ambulatory venous pressure; DS = duplex scan; F-U = Follow-up; GSV = great saphenous vein; HL = high ligation; Pe = perforator; PTFE = polythetrafluoroethyène; HRQoL = health-related quality of life; PREVAIT = presence of varices after operative treatment; S = stripping; SEPS = subfascial endoscopic perforator surgery; SFJ = saphenofemoral junction; Trib phleb. = tributary phlebectomy; UGFS = ultrasound guided foam sclerotherapy.