<table>
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<tr>
<th>Operative procedure</th>
<th>Reference</th>
<th>Summary</th>
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<tr>
<td>Partial or complete</td>
<td>Holme JB, Skajaa K, Holme K. Incidence of lesions of the saphenous</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>
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<td>Conventional stripping</td>
<td>Corder AP, Schache DJ, Farquharson SM, Tristram S. Wound infection</td>
<td>Skin closure with subcuticular polygylcolic acid (N= 76) versus interrupted monofilament nylon mattress sutures (N = 86) <strong>Results at 6 weeks of follow-up:</strong> Higher infection rate found with subcuticular polyglycolic acid (P= 0, 05) Appeared to be operator dependent</td>
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<td>versus pin stripping</td>
<td>following high saphenous ligation: a trial comparing two skin closure</td>
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<td>techniques:subcuticular polyglycolic acid and interrupted monofilament</td>
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<td>Durkin MT, Turton EPL, Scott DJA, Berridge DC. A prospective randomised</td>
<td>80 patients with incompetent SFJ and GSV Group I (N=43) conventional stripping versus Group II (N=37) PIN stripping <strong>Results at 1 to 6 weeks of follow-up:</strong> - Postoperative complications: no difference between the 2 groups - Size of exit site: significantly smaller in group II (P&lt;0.01)</td>
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<td>Durkin MT, Turton EPL, Wijesinghe LD, Scott DJA, Berridge DC. Long</td>
<td>80 patients with incompetent SFJ and GSV Group I (N=43) PIN stripping versus Group II (37) Conventional stripping <strong>Results at 6 months of follow-up:</strong> - HRQoL (SF-36; EuroQoL): bodily pain, and physical summary significantly improved in both groups - Role function: improved in group I only</td>
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<td>HL+ tributary phlebectomy <strong>versus</strong> HL+ S+ tributary phlebectomy</td>
<td>Dwerryhouse S, Davies B, Harradine K, Earnshaw JJ. Stripping the long saphenous vein reduces the rate of reoperation for recurrent varicose veins. Five-year results of a randomized trial. <em>J Vasc Surg.</em> 1999;29:589-92.</td>
<td>100 patients (133 lower limbs) with incompetent GSV  Group I (N=69): HL+ Tributary ablation  versus  Group II (N=64): HL+S+ Tributary ablation  <strong>Results at 5 years of follow-up:</strong>  Relative risk of reoperation in group I= 0.45, CI 0.26-0.78. P=0.002</td>
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<td>Open Surgery with and without tourniquet</td>
<td>Sykes TC, Brookes P, Hickey NC. A prospective randomised trial of tourniquet in varicose vein surgery. <em>Ann R Coll Surg Engl.</em> 2000;82:280-2.</td>
<td>50 patients with primary GSV incompetence  Group I : HL+S + Trib. phleb. with tourniquet  versus  Group II: HL+S + Trib. phleb. without tourniquet  <strong>Results at 1 to 6 weeks of follow-up:</strong>  - <strong>Operative time:</strong> shorter in group I (P&lt;0.01)  - <strong>Bruising:</strong> reduced in group I (P&lt;0.01)  - <strong>Temporary saphenous neuralgia:</strong>  N=2 in group I  - <strong>Pain, activity, cosmetic results:</strong> similar in both groups</td>
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<td>SFJ flush ligation + tributary phlebectomy <strong>versus</strong> SFJ distal ligation + tributary phlebectomy</td>
<td>Belcaro G, Nicolaides AN, Cesarone NM, De Sanctis MT, Incandela L, Errichi BM et al. Flush ligation of the sapheno-femoral junction. versus simple distal ligation. A randomised, 10 year, follow-up. The safe study. <em>Angéologie.</em> 2002;54:19-23.</td>
<td>800 patients with incompetent GSV  746 patients still available at 10-year Group I (N=369) SFJ Flush ligation + trib phleb  versus  Group II (nN=377) SFJ distal ligation +trib phleb  <strong>Procedure</strong>  Cost and operating time in favor of group II but P=NS  <strong>Results at 10 years of follow-up:</strong>  - <strong>Number of sclerotherapy sessions</strong> (to control varices) in favor of group II  - <strong>Reflex assessment by DS and AVP:</strong> no difference in terms of persistent reflex or AVP  - <strong>GSV occluded segment</strong> in favor of group I, 6.5 cm versus 1.4 cm. (P&lt;0.025)  <strong>No conclusion can be drawn from this study</strong></td>
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**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 |

| Saphenous stripping (Babcock) versus pin stripping (Oesch stripper) | Haas E, Burkhardt T, Maile N. Rezilvahalfgigkeit durch Neoangiogenese nach modifizierter Krossectomie. *Phlebologie* 2005:34 :101-104 | 1054 Patients (1389 limbs) with SFJ and GSV reflux Group I (N=607): HL +S+/- trib phleb versus Group II (N=292) with fascia cirbriformis suture +S +/- trib phleb versus Group III (N=490):HL with inverting suture of the stump+S +/- trib phleb

**Results at 5 years of follow-up:**
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) |


**Results at 11 years of follow-up:** |
### Open Surgery under general anesthesia + local anesthesia : Lidocaïne + adrenaline versus saline solution


- 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.

GSV incompetence

- Group I (N=50): general anesthesia + local lidocaine and adrenaline versus
- Group II (N=50): general anesthesia + saline solution

**Results at 1 day to 26 weeks of follow-up:**

- 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)

### Saphenous stripping (Babcock) versus invaginated stripping


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

### HL+S+ Trib phleb. versus HL+S +Trib phleb. + SEPS


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
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<th>Study</th>
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<th>Results</th>
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| 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 anesthesia 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 transfixon 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 versus  
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; OS = duplex scan; F-U = Follow-up; GS V = great saphenous vein; HL = high ligation; Pe = perforator; PTFE = polytetrafluoroethylene; 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.