

Table XXXX.

<p>Operative procedure</p>	<p>Reference <i>Abstracts corresponding to references can be found using the listing "RCTs by alphabetical order" or "RCTs by topic."</i></p>	<p>Summary</p>
<p>Early vs Deferred endovenous treatment in Venous Ulcer</p>	<p>Gohel MS, Heatley F, Liu X, Bradburry A, Bulbubia R, Cullum M et al. A Randomized Trial of Early Endovenous Ablation in Venous Ulceration. <i>N Engl J Med.</i> 2018;378:2105-14.</p>	<p>450 patients with venous leg ulcers related to isolated superficial reflux were randomized in 2 groups. Group I (224) compression therapy, then early endovenous ablation of superficial venous reflux within 2 weeks after randomization (early intervention group). Group II (226) compression therapy alone, with consideration of endovenous ablation deferred until after the ulcer was healed or until 6 months after randomization if the ulcer was unhealed (deferred intervention group). Results <i>Time for ulcer healing</i> was better in Group I. Median 56 D vs 82 D P=0.001 <i>Secondary outcomes:</i> The median ulcer-free time during the first year after trial enrollment was 306 days in the group I and 278 in the group II. P = 0.002 Conclusion Early endovenous ablation of superficial venous reflux resulted in faster healing of venous leg ulcers and more time free from ulcers than deferred endovenous ablation.</p>

Abbreviations: D=Day