

Table I. Classic open surgery versus conservative treatment in C2s or C3 patients.

4 articles. 2 RCTs

Same underlined color means same RCT

| Operative procedure | Reference | Summary |
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| Classic open surgery versus conservative treatment | <p>Michaels JA, Brazier JE, Campbell WB, MacIntyre JB, Palfreyman SJ, Ratcliffe J. Randomized clinical trial comparing surgery with conservative treatment for uncomplicated varicose veins. <i>Br J Surg.</i> 2006;93:175-81</p> <p>Michaels JA, Campbell WB, Brazier JE, et al. Randomised clinical trial, observational study and assessment of cost-effectiveness of the treatment of varicose veins (REACTIV trial). <i>Health Technol Assess.</i> 2006;10(13):1-196</p> <p>Ratcliffe J, Brazier JE, Campbell WB, Palfreyman SJ, MacIntyre JB, Michaels JA. Cost effectiveness analysis of surgery versus conservative treatment for uncomplicated varicose veins in a randomized control trial. <i>Br J Surg.</i></p> | <p>Monocenter study</p> <p>246 patients presenting primary VV with reflux in the saphenofemoral or and the saphenopopliteal junction reflux.</p> <p>No data on deep veins</p> <p>CEAP clinical classification C2S</p> <p>Group I (n=122): conservative treatment (Lifestyle advice+ compression)</p> <p>versus</p> <p>Group II (n=124): open surgery (OS)</p> <p>Results at 2 years of follow-up:</p> <p>Group II > Group I regarding:</p> <ul style="list-style-type: none"> . HRQoL improvement (P=0.083) . Symptoms relief (aching, heaviness, itching, swelling, cosmetic concerns, P<0.05) . Anatomical extent of the veins (P<0.01) <p><u>Conclusion</u></p> <p>Standard surgical treatment of varicose veins by saphenofemoral ligation, stripping and multiple phlebectomies is a clinically effective and cost-effective treatment for severe varicose veins. Injection sclerotherapy appears to be also cost-effective, but produces fewer overall benefits, with a higher incremental cost-effectiveness ratio than surgery for</p> |

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| | 2006;93:182-6. | patients with superficial venous reflux. In minor varicose veins without reflux, sclerotherapy is likely to provide a small average benefit with acceptable cost-effectiveness. |
| | Sell H, Vikatamaa P, Albäck A, Lepäntello M, Malmivaraa A, Mahmoud O, Vernemo M. Compression therapy versus surgery in the treatment of patients with varicose veins: a RCT. <i>Eur J Vasc Endovasc Surg.</i> 2014; 47(6):670-77. | Multi-center study 153 symptomatic patients presenting VV with reflux in GSV or/and SSV. No data on deep veins CEAP clinical classification C2-C3 Group I (n=77): conservative treatment including medical compression <i>versus</i> Group II (n=76): open surgery (OS) Results at 2 years of follow-up: Group I: VCSS decreased from 4.6 to 3.5, and VSDS decreased from 7.7 to 7.0, while HRQoL was unchanged Group II: VCSS decreased from 4.8 to 0.6; P=0.01, and VSDS decreased from 8.2 to 0.9; P=0.0001, while HRQoL improved significantly. |

Abbreviations: HRQoL = Health Related Quality of Life; GSV=great saphenous vein;n=number; OS = Open Surgery: saphenofemoral or/and saphenopopliteal junction ligation+ stripping, +/- perforator ligation+/- tributary phlebectomy ; SSV=small saphenous vein; VCSS= Venous clinical Severity Score; VSDS= Venous segmental Disease Score; VV= varicose veins