Table II

Operative procedure	Reference *Abstracts corresponding to references can be found using the listing "RCTs by alphabetical order" or "RCTs by topic."*	Summary
Open surgery +/- SEPS and compression therapy *versus* isolated compression therapy in C_5-C_6 or C_6 patients	Barwell JR, Davies CE, Deacon J, Harvey K, Minor M, Sassano A; Taylor M et al. Comparison of surgery and compression with compression alone in chronic venous ulceration (ESCHAR study): randomised controlled trial. *Lancet*. 2005;363:1854-9.	500 lower limbs classified C_6 Group I :OS + compression therapy *versus* Group II: isolated compression therapy **Results at 24 weeks of follow-up:** 40 patients lost to follow-up *Venous ulcer healing:* healing rates similar in both groups **Results at 1 year of follow-up:** *Venous ulcer recurrences:* recurrence rate reduced by 28% in Group I *versus* 12% in Group II ; hazard ratio, -2.7; 65% CI-1.78 to 4.27; P <0, 0001
	Guest M, Smith JJ, Tripuraneni G, Howard A, Madden P, Greenhalgh RM, Davies AH. Randomized clinical trial of varicose vein surgery with compression *versus* compression alone for the treatment of venous ulceration. *Phlebology*. 2003;18:130-36.	76 patients assigned C_6 of the CEAP Group I (N=39): Four-layer bandaging *versus* Group II (N=37): OS + Four-layer bandaging **Results at 24 weeks of follow-up:** *Venous ulcer healing:* no difference between the two groups in terms of - healing rate (adjusted hazard ratio-0.69, P=0.41) ; - HRQoL (adjusted hazard ratio-0.79, 95% CI 0.45-1.39 using generic (SF 36) and specific (CXVUQ) tools
	Gohel MS, Barwell JR, Earnshaw JJ, Heather BP, Mitchell DC, Whyman MR, Poskitt KR. Randomized clinical trial of compression plus surgery *versus* compression alone in chronic venous ulceration (ESCHAR study)- haemodynamic and anatomical changes. *Br J Surg*. 2005;92:291-297.	214 lower legs with saphenous reflux +/- deep venous reflux Group I (N=112): compression therapy *versus* Group II (N=102): OS + compression therapy **Results at 1 year of follow-up:** *Haemodynamics* · Venous refill time better improved in Group II compared with Group I; P <0.001 · Deep venous reflux abolition o 10/22 when segmental o 3/17 when axial
	van Gent WB, Hop WC, Van Prag MC, Mackaay AJ, de Boer EM, Wittens CH. Conservative *versus* surgical treatment of venous leg ulcers : A prospective, randomized, multicenter trial. *J Vasc Surg*. 2006;44:563-71.	70 patients, and 200 venous ulcers (C_6) Group I (N=97 ulcers): open surgery +/- SEPS (50%)+ compression therapy *versus* Group II (N=103 venous ulcers) : compression therapy **Results at 29 months (mean 27) of follow-up:** *Venous ulcer healing* Group I, 72% *versus* group II, 53%; P=0.11 *Venous ulcer recurrences or medial ulcers*: better results in group I compared with group II; P=0.02

	Gohel MS, Barwell JR, Taylor M, Chant T, Foy C , Earnshaw JJ Heather BP, Mitchell DC, Whyman MR, Poskitt KR. Long term results of compression therapy *versus* compression plus surgery in chronic venous ulceration (ESCHAR). Randomized controlled trial. *Br J Surg*. 2007;335(7610):83-89.	500 lower legs classified C_5-C_6 Group I: OS+ compression therapy *versus* Group II: compression therapy. **Results at 3 years of follow-up:** *Venous ulcer healing* in C6 patients Non-significant difference between the 2 groups (P=0,73) **Results at 4 years of follow-up:** *Venous ulcer healing and recurrence in patients with isolated superficial reflux:* Ulcer free time longer in group I *vs* group II; P=0,007 Recurrence rates lower in group I *vs* group II; P<0,01 *Venous ulcer recurrence in patients with combined deep segmental reflux:* Recurrence rates lower in group I *vs* group II; P=0,04 *Venous ulcer recurrence in patients with combined deep axial reflux* No significant difference between groups in terms of recurrent rates ; P=0.33
CHIVA + compression therapy *versus* compression therapy in C_6 patients	Zamboni P, Cisno C, Marchetti F, Mazza L, Fogato L, Carandina S, De Palma M, Liboni A. Minimally invasive surgical management of primary venous ulcers vs. compression treatment: a randomized clinical trial. *Eur J Vasc Endovasc Surg.* 2003;25:313-318.	45 patients C_6 , and 47 venous ulcers Group I (N patients=21 ; N ulcers=23) : CHIVA + compression therapy *versus* Group II (N patients=24 ; N ulcers=24) :compression therapy **Results at 3 years of follow-up:** *Venous ulcer healing:* Group I, 100% at 31 days (mean) *versus* Group II 96% at 63 days (mean); P<0.02 *Venous ulcer recurrences:* Group I, 9% *versus* Group II 36% ; P<0.05 *HRQoL(SF 36):* Group I with better HRQoL > Group II (P<0.05)
	Zamboni P, Cisno C, Marchetti P, Fogato L, Carandina S, De Palma M et Liboni A. Hemodynamic CHIVA correction *versus* compression for primary venous ulcers: first year results. *Phlebology*. 2004;19:28.	45 patients and 47 lower limbs with primary VV (C6) Group I (N=23): CHIVA + compression therapy *versus* Group II (N=24): compression therapy) **Results at 1 year of follow-up:** *Venous ulcer healing:* Group I, 100% at 29 days (mean) *versus* Group II 96% at 61 days (mean); P<0.02 *HRQoL(SF 36):* Group I with better QoL > Group II (P<0.05)
EVLA+ Compression therapy *versus* Compression therapy in C_6 patients	Viarengo ML, Potério-Filhio J, Potério M Menezes FH, Meirelles GV. Endovenous laser treatment for varicose veins in patients with active ulcers: measurement of intravenous and perivenous temperatures during the procedure. *Dermatol Surg*. 2007;33:551-8.	52 patients classified C_6 , with active ulcer for more than 1 year Group I (N= 25): compression therapy Group II (N= 27): EVLA (Diode 980-nm) under local anesthesia + compression therapy **Results at 1 year of follow-up:** *Venous ulcer healing:* Group I, 24% *versus* Group II 81.5% ; P=0.0001 *Venous ulcer recurrences:* Group I, 44.4% *versus* Group II 0%; P<0.05

Ulcer healing and recurrence according to presence or absence of incompetent perforator after SEPS procedure	van Gent WB, Wittens CHA. Influence of perforating vein surgery in patients with venous ulceration. *Phlebology* 2015. 30 ;127-132. PMID: 24357450	94 lower limbs with venous ulcer (C6) treated by open surgery for GSV or /and SSV incompetence (54%)+SEPS (100%) + medical compression · DS performed at 1 year to assess the presence or the absence of incompetent Pe (missed Pe at SEPS or new incompetent Pe): Group I:= presence of incompetent Pe; and group II= absence of incompetent Pe **Follow-up at 1 year:** · Ulcer healing: 70% in group I *vs* 70% in group II (P=NS). · Recurrence rate: 30% in group I *vs* 8% in group II **Follow-up at 27 months:** · Recurrence rate: 50% in group I *vs* 16% in group II (P = 0.007) **Conclusion:** Ulcer healing was not significantly influenced by the number of remaining incompetent perforators, but ulcer recurrence rate was higher in the failure group (I).

Abbreviations:
CHIVA= Ambulatory Conservative Haemodynamic Management of Varicose Vein; CXVUQ= Charing Cross Venous Ulcer Questionnaire; DS= duplex scanning ; EVLA=endovenous laser ablation; GSV = great saphenous vein ; HRQoL= Health related quality of life; OS= Open surgery: High ligation + Saphenous stripping+/ - Perforator ligation +/ - tributary phlebectomy; Pe= perforator; SEPS= subfascial endoscopic perforating vein surgery; SF-36= Short form 36 items; SSV= small saphenous veins.