Table V. Classical open surgery versus high ligation and division of the vein+/- perforator ligation
3 articles. 1 RCT

Operative procedure	Reference	Summary
Classical open surgery *versus* HL + tributary and perforator ligations	Hammarsten J, Pederson P, Cederlund CG, Campanello M. Long saphenous vein saving surgery for varicose vein. A Long-term follow-up. *Eur J Vasc Surg.* 1990;4:361-4 Hammarsten J, Campanello M, Pedusen P.Long Saphenous vein saving surgery for varicose vein. *Eur J Vasc Surg.* 1993;7:763-764 Campanello M, Hammarsten J, Forsberg S,C,Bernland P et al. Standard stripping versus long saphenous vein saving surgery for primary varicose veins: a prospective, randomized study with the patients as their own controls. *Phlebology* 1996;11:45-9	Patients with primary VV and SFJ and GSV incompetence. SSV competent, no data on deep vein No CEAP classification Group I (n=18): OS of GSV *versus* Group II (n=18): HL+ and division of the vein at the SFJ +/- perforator ligation **Post-operative results** Less subjective postoperative discomfort in group II. **Results at 4 years of follow-up:** . No difference between groups in terms of clinical outcome and plethysmography as far as incompetent perforators had been treated . Ultrasound examination: Patent and compressible GSV in group II

Abbreviations:
HL= high ligation; GSV= Great saphenous vein; OS= Open surgery: High ligation + Saphenous stripping+/ - Perforator ligation +/ - tributary phlebectomy; SFJ= saphenous -femoral junction; SSV=small saphenous vein