

Table VII

Operative procedure	Reference <i>Abstracts corresponding to references can be found using the listing "RCTs by alphabetical order" or "RCTs by topic."</i>	Summary
Open surgery <i>versus</i> RFA	Hinchliffe RJ, Uhbi J, Beech A, Ellison J, Braithwaite. A prospective randomised controlled trial of VNUS Closure <i>versus</i> surgery for the treatment of recurrent long saphenous varicose veins. <i>Eur J Vasc Endovasc Surg.</i> 2006;31:212-8.	16 patients presenting bilateral REVAS with persistent GSV trunk. One leg: RFA with VNUS Closure bipolar catheter on one lower limb <i>versus</i> Other leg: redo-groin surgery (RGS) + S. Anesthesia: no standardization Results at 10 days of follow-up: <ul style="list-style-type: none"> · Procedure shorter with VNUS compared with RGS (P = 0.02) · Less post-operative pain with VNUS compared with RGS (P=0.02) · Less bruising with VNUS compared with RGS (P=0.03)
	Kianifard B, Holdstock JM, Whiteley MS. Radiofrequency ablation (VNUS Closure) does not cause neo-vascularisation at the groin at one year : results of a case controlled study. <i>Surgeon.</i> 2006;4:71-74.	GSV incompetence Group I (N=55): VNUS closure bipolar catheter <i>versus</i> Group II (N=55): OS. No information on the type of anesthesia Results at 1 year of follow-up: <i>Neovascularization:</i> No neovascularization in group I compared with 11 in group II (P=0.028)
	Lurie F, Creton D, Eklof B, Kabnick LS, Kistner RL, Pichot O et al. Prospective randomized study of endovenous radiofrequency obliteration (Closure procedure) <i>versus</i> ligation and stripping in a selected patient population (EVOLVES Study). <i>J Vasc Surg.</i> 2003;38:207-14.	GSV incompetence 86 lower limbs Group I (N=44): VNUS Closure bipolar catheter <i>versus</i> Group II (N=36): OS Anesthesia: no standardization Results at 4 months of follow-up: <ul style="list-style-type: none"> · Return to normal activity shorter in group I compared with group II (P=0.02) · Return to work shorter in group I compared with group II (P=0.05) · Better HRQoI in group I compared with group II
	Lurie F, Creton D, Eklof B, Kabnick LS, Kistner RL, Pichot O, Sessa C, Schuller-Petrovic S. Prospective randomized study of endovenous radiofrequency obliteration (Closure) <i>versus</i> ligation and vein stripping	65 patients with GSV incompetence Group I (N=46 at year 1, 36 at year 2): VNUS Closure bipolar catheter <i>versus</i>

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	(EVOLVeS) Two-year follow-up. <i>Eur J Vasc Endovasc Surg.</i> 2005;29:67-73.	Group II (N=40 at year 1, 29 at year 2): OS (HL and S) Anesthesia: no standardization Results at 2 years of follow-up <ul style="list-style-type: none"> Similar clinical and DUS results in both groups (at least equal in group I to those of group II, after HL+S) Better HRQol in group I compared with group II
	Rautio T, Ohinmaa A, Perala J, Ohtonen P, Heikkiken T, Wiik H et al. Endovenous obliteration <i>versus</i> conventional stripping operating in the treatment of primary varicose veins: a randomized controlled trial with comparison of the costs. <i>J Vasc Surg.</i> 2002;35:958-65.	GSV incompetence Group I (N=15): VNUS Closure bipolar catheter <i>versus</i> Group II (N=13): OS General anesthesia Results at 2 months of follow-up <ul style="list-style-type: none"> Less post-operative pain in group I compared with group II ($P = 0.017-0.036$) Shorter convalescence in group I compared with group II ($P < 0.001$) Cost-saving for society in employed patients in group I compared with group II
	Perala J, Rautio T, Biancari F, Ohtonen P, Wiik H, Heikkinen T, Juvonen T. Radiofrequency endovenous obliteration <i>versus</i> stripping of the long saphenous vein in the management of primary varicose veins: 3-year outcome of a randomized study. <i>Ann Vasc Surg.</i> 2005;19:1-4.	GSV incompetence Group I (N=15): VNUS Closure bipolar catheter <i>versus</i> Group II (N=13=): L+S General anesthesia Results at 3 years of follow-up <ul style="list-style-type: none"> No difference between groups in terms of clinical results
	Stötter L, Schaaf I, Bockelbrink A. Comparative outcomes of radiofrequency endoluminal ablation, invagination stripping and cryostripping in the treatment of great saphenous vein. <i>Phlebology.</i> 2006;21:60-4.	GSV incompetence Group I (N=20): VNUS Closure bipolar catheter <i>versus</i> Group II (N=20): HL+ invagination S <i>versus</i> Group III(N=20): HL+ cryostripping General anesthesia Results at 1 year of follow-up <ul style="list-style-type: none"> No difference in the physician-assessed clinical status between the 3 groups More satisfaction in group I compared with group II and III regarding operative procedure ($P=0.001$) and the cosmetic appearance ($P=0.006$)

	<p>Subromania S, Lees T. radiofrequency ablation vs conventional surgery for varicose veins-a comparison of treatment costs in a randomized trial. <i>Eur J Vasc Endovasc Surg.</i> 2010;39:104-11.</p>	<p>GSV incompetence Group I (N=47): VNUS closure bipolar catheter <i>versus</i> Group II (N=41): OS and general anesthesia <u>Results</u></p> <ul style="list-style-type: none"> · Procedure duration longer in group I compared with group II (P<0.001) · Hospital cost more expensive in group I compared with group II · Earlier return to work in group I compared with group II (P=0.006)
	<p>Elkaffas KH, Elkashef O, Elbaz W. Great saphenous vein radiofrequency ablation <i>versus</i> standard stripping in the management of primary varicose veins- a randomized clinical trial. <i>Angiology.</i> 2010;62:49-54.</p>	<p>GSV and SFJ incompetence of 180 lower limbs Group I (N=90): VNUS closure bipolar catheter <i>versus</i> Group II (N=90): OS RFA with local anesthesia, and OS with general anesthesia <u>Results</u></p> <ul style="list-style-type: none"> · Lower overall complication rate in group I compared with group II · Shorter hospitalization in group I compared with group II (P= 0.001) · More expensive procedure in group I compared with group II (P= 0.003) <p>Results at 2 years of follow-up</p> <ul style="list-style-type: none"> · No difference between groups in term of VV recurrence rate.

Abbreviations :

OS= Open surgery; High ligation + Saphenous stripping+/- Perforator ligation +/- tributary phlebectomy; DUS= duplex ultrasound; GSV= Great saphenous vein; HL= High ligation; HRQoL, health-related quality of life;; RFA = Radiofrequency ablation; REVAS, recurrence of VV after surgery; S = Stripping; SFJ= saphenofemoral junction; VV, varicose veins