Table XI. Classic open surgery versus RFA versus EVLA
1 article. 1 RCT

Operative procedure	Reference	Summary
Classic open surgery *versus* EVTA (EVLA, RFA)	Dzieciuchowicz L, Espinosa G, Páramo JA. Hemostatic activation and Inflammatory response after three methods of treatment of great saphenous vein incompetence. *Phlebology* 2014;29:154–163.	Multi-center study. 45 patients presenting with primary GSV incompetence treated by OS or RFA or EVLA. No data on SSV or CEAP Class classification Group I (n=11): OS Group II (n=14): EVLA Group III (n=13): RFA Incompetent tributaries treated in all patients by phlebectomy General or local anesthesia **Results at 1-day post-surgery:** . *D-dimer* increased in group I compared to groups II and III (P=0.002). No difference in D-dimer between group II and III . *PAI-1* decreased in group III, was unchanged in group II, and increased in group I . *CRP:* Highest increase was in group I **Results at 10 days of follow-up:** . *D-Dimer* significantly increased in group I (P=0.04) . *CRP* significantly increased more in group I compared with groups II and III (P=0.01) **Conclusion**: EVTA is associated with significantly less active hemostasis and inflammatory response compared to OS procedure

Abbreviations:
CRP=C-reactive protein; EVTA=endovenous thermal ablation; EVLA = endovenous laser ablation; GSV = Great

saphenous vein; OS= Open surgery: High ligation + Saphenous stripping+/ - Perforator ligation +/ - tributary phlebectomy; PAI-1= plasminogen activator inhibitor; RFA= radiofrequency ablation; SSV= small saphenous vein