Table XIX. Classic open surgery versus microwave ablation 1 article, 1RCT

Operative procedure	Reference	Summary
HL+ Stripping + tributary phlebectomy + Pe ligation versus HL+EMA GSV+EMA tributary and phlebectomy + EMA Pe ablation	Yang L, Wang XP, Su WJ, Zhang Y, Wang Y. Randomized clinical trial of endovenous microwave ablation combined with high ligation versus conventional surgery for varicose veins. Eur J Vasc Endovasc Surg. 2013; 46:473-79	Multi-center study 100 symptomatic patients (108 lower limbs) with primary GSV reflux below knee and SFJ incompetence. No previous VV surgery or DVT. No below knee-deep reflux No data on CEAP clinical classification Group I (n=108 lower limbs): HL+EMA GSV+ EMA Tributary phlebectomy. + EMA Pe ablation versus Group II (n=98 lower limbs): Open surgery: HL+ Stripping+ Tributary phlebectomy+ Pe ablation Post-operative results: . Skin burns in group I: 10.2% . Less ecchymosis in group I compared with group II. (P=0.004) . Less sensory impairment in group I compared with group II. (P=0.03) Recurrence of VV at 6 months: Recurrence in group II (10.2%) > group I (2.8%). P=0.03 Recurrence of VV at 2 years: . Lost to follow-up at 2 years: 8 lower limbs in group I vs 9 lower limbs in group II. (P=0.02) . Recurrence in group II (28.2%) > group I (14.3%). P=0.02 No difference between groups at any time regarding HRQoL (AVVQ) and severity scores (VCSS)

## Abbreviations:

AVVQ: Aberdeen varicose vein questionnaire; DVT=deep venous thrombosis; EMA = endovenous microwave ablation;; GSV = great saphenous vein; HL= high ligation; HRQoL, health-related quality of life; Pe.= perforator;; SFJ= saphenofemoral junction;; VCSS = Venous clinical severity scoring; VV=varicose veins