

Table XV. Classic open surgery vs RFA vs EVLA vs UGFS

3 articles. 1 RCT

Reference in same color means same RCT

Operative procedure	Reference	Summary
<p style="text-align: center;">OS versus EVLA versus RFA versus UGFS</p>	<p>Rasmussen LA, Lawaetz M, Bjoern L, Vennits B, Blemings A, Eklof B. A randomized clinical trial comparing endovenous laser ablation, radiofrequency ablation, foam sclerotherapy and surgical stripping for great saphenous varicose veins. <i>Br J Surg.</i> 2011;98:1079-87</p>	<p>Multi-center study 580 lower limbs with primary symptomatic incompetent GSV and SFJ reflux. No incompetent anterior accessory vein, no SSV incompetence, no deep vein anomaly CEAP clinical classification C2-C4 Group I (n=142): OS versus Group II: EVLA 980 (n=17) and 1470 nm (N=127), bare fibre versus Group III (n=148): RFA Closure Fast™ versus Group IV (n=144): UGFS) one or 2 sessions when needed All procedures under local anesthesia, and completed by phlebectomy Results at 3 days and 1 month of follow-up: · Better HRQoL (SF 36) as well as less pain score (P<0.001) and shorter time off work in group III and IV compared with groups I and II (P<0.001) Results at 1 year of follow-up: · DS examination: GSV occlusion better in group I, II, III compared to group IV. P<0.001 · Clinical recurrence: No significant difference between groups.</p>
	<p>Rasmussen LA, Lawaetz M, Serup J, Bjoern L, Vennits B, Blemings A,</p>	<p>Multi-center study</p>

	<p>Eklof B. Randomized clinical trial comparing endovenous laser ablation, radiofrequency ablation, foam sclerotherapy and surgical stripping for great saphenous varicose veins with 3 years follow-up. <i>J Vasc Surg & Venous Lym Dis</i> 2013;1:349-56</p>	<p>580 lower limbs with primary symptomatic incompetent GSV and SFJ reflux. No incompetent anterior accessory vein, no SSV incompetence, no deep vein anomaly CEAP clinical classification C2-C4 Group I (n=142): OS <i>versus</i> Group II: EVLA 980 (n=17) and 1470 nm (N=127), bare fibre <i>versus</i> Group III (n=148): RFA Closure Fast™ <i>versus</i> Group IV (n=144): UGFS) one or 2 sessions when needed All procedures under local anesthesia, and completed by phlebectomy Results at 3 years of follow-up:</p> <ul style="list-style-type: none"> · <i>DS examination:</i> GSV occlusion better in group I, II, III compared to group IV. P<0.001 · <i>Clinical recurrence:</i> No significant difference between groups. P= 0.6596 · <i>Reoperations</i> were more frequent in group IV(P<0.001), but were mainly treated by UGFS in all groups · VCSS improved in all groups and with no significant difference between groups. · AVVSS improved significantly in all groups from 3 days and onwards (P < 0.0001), with no significant difference between groups at any time point · <i>SF-36 scores</i> improved in all domains and in all groups
	<p>Lawaetz M, Serup J, Bjoern L , Blemings A, Eklof B. Rasmussen LA. Comparison of endovenous ablation techniques, foam</p>	<p>Multi-center study 580 lower limbs with primary symptomatic incompetent GSV and SFJ reflux. No incompetent anterior accessory vein, no SSV incompetence, no deep vein anomaly CEAP clinical classification C2-C4</p>

sclerotherapy and surgical stripping for great saphenous varicose veins. Extended 5-year follow-up of a RCT. *Int. Angiology* 2017; 36:281-8

Group I (n=142): OS
versus
Group II: EVLA 980 (n=17) and 1470 nm (n=127), bare fibre
versus
Group III (n=148): RFA Closure Fast™
versus
Group IV (n=144): UGFS one or 2 sessions when needed
All procedures under local anesthesia, and completed by phlebectomy

Results at 5 years of follow-up:
Number patients assessed/ Number of patients included

Group I (n=40/142): OS
Group II (n=45/144): EVLA 980 and 1470 nm
Group III (n=55/148): RFA Closure Fast™
Group IV (n=37/144); UGFS

- . Recanalization or failed stripping procedure
 - Group I = KM estimate 6.3%
 - Group II = KM estimate 36.8%
 - Group III = KM estimate 5.8%
 - Group IV = KM estimate 31.7%
- . Recurrent VV
 - Group I = KM estimate 36.4%
 - Group II = KM estimate 36.8%
 - Group III = KM estimate 18.7%
 - Group IV = KM estimate 31.7%
- . Retreatment
 - Group I = KM estimate 23.4.%
 - Group II = KM estimate 18.7%
 - Group III = KM estimate 17%
 - Group IV = KM estimate 37.7%

Abbreviations:

AVVSS= Aberdeen varicose vein severity score;; DS = duplex ultrasound; ; EVLA = endovenous laser ablation; GSV= great saphenous vein; HRQoL= Health related quality of life; KM estimate= Kaplan Meir estimate; n=number; OS= Open Surgery: saphenofemoral ligation+ stripping, +/- perforator ligation+/- tributary phlebectomy; RFA= radiofrequency ablation; SF-36=12 Surveys to Measure Both Mental & Physical Health; SFJ=saphenofemoral junction SSV=short saphenous vein; UGFS= ultrasound guided sclerotherapy; VCSS= venous clinical severity score; VV= varicose vein