## Table XXIII. Sclerotherapy of VV. Sclerotherapy with and without compression or different compression. Title has been modified

4 articles, 4 RCTs

Compression treatment	Reference	Summary
Stockings or bandages after liquid sclerotherapy	Scurr JH, Coleridge-Smith P, Cutting P. Varicose veins: optimum compression following sclerotherapy. Ann R Coll Surg Engl 1985;67:109-11.	Monocenter study. Forty-two patients with GSV but without SFJ incompetence were treated by liquid sclerotherapy (ethanolamine) and compression. No data on CEAP clinical class Group I: bandaging with Elastoplast for 16 days Group II; stockings (30-40 mmHg) for 18 days  Outcome at 3 and 6 weeks In the stockinged legs 144 of 156 injections were successful, compared with 117 of 147 in the bandaged group. P< 0.001
Compression therapy after UGFS at various duration	O'Hare JL, Stephens J, Parkin D, et al. Randomized Clinical Trial of Different Bandage Regimens after Foam Sclerotherapy for Varicose Veins. <i>Br J Surg</i> . 2010; 97:650-6.	Monocenter study.  124 VV lower extremities treated by UGFS: GSV or /and SSV or /and their tributaries  CEAP clinical classification C2-C5  Group I (n=61): compression by bandages for 24 hours, then compression by anti-thrombosis stockings for further 14 days  versus  Group II (n=63): compression by bandages for 5 days, then compression by anti-thrombosis stockings for 14 days  Results at 1-2 days of follow-up:  Pain and AVVSS: no difference between groups  Results at 2 weeks of follow-up:

Compression by	Hamel-Desnos C, Guias B.J.,	Superficial thrombophlebitis: no difference between groups Results at 6 weeks of follow-up:  . HRQol (SF-36) and AVVSS: no difference between groups . Vein obliteration: group I: 90% vs group I:I 89%. P=NS Multi-center study
stocking versus no compression	Desnos P.R., Mesgard A. Foam sclerotherapy of the saphenous veins: randomized controlled trial with or without compression. <i>Eur J Vasc Endovasc Surg</i> . 2010;39:500-7.	60 symptomatic patients with GSV (maximum 8mm trunk diameter) or/and SSV (maximum 6 mm trunk diameter) incompetence treated by UGFS.  Exclusion criteria, isolated saphenofemoral junction incompetence without saphenous trunk incompetence of the thigh, REVAS  No previous DVT  CEAP clinical classification C2-C6  All patients treated by UGFS  Group I (n=29): stocking compression (15-20 mmHg) for 3 weeks versus  Group II (n=31): no compression therapy  Results at 14-28 days of follow-up: Venous obliteration  Length of obliterated vein Reflux suppression  Side effects  Pain, edema, paresthesia Patient satisfaction  QoL  No difference between the 2 groups
	Hamel-Desnos C, Desnos P.R., Ferre B, Le Querec A. In vivo biological effects of foam sclerotherapy. <i>Eur J Vasc</i> <i>Endovasc Surg</i> . 2011;42:238- 45.	Monocenter study.  40 patients with GSV (maximum 8mm trunk diameter) or/and SSV (maximum 6 mm trunk diameter) incompetence treated by UGFS.  Exclusion criteria, isolated saphenofemoral junction incompetence without saphenous trunk incompetence of the thigh. REVAS without GSV or SSV without trunk recurrence No previous DVT All patients treated by UGFS

Group I (n=20): compression stockings (15-20 mmHg) for 3 weeks
<mark>versus</mark>
Group II (n=20): no compression therapy
Results at 1, 7, 14, and 28 days of follow-up:
Biological markers of inflammation
(fibrinogen, factor VIII, thrombomodulin, thrombin- antithrombin complex,
D-dimers, platelet factor 4 and troponin):
No significant biological changes between the 2 groups
Results at 28 days of follow-up:
Venous obliteration
100% in both groups
1 100 10 11 10 0 11 0

## Abbreviations:

AVVSS= Aberdeen varicose vein severity score; DVT=deep vein thrombosis; HRQoL= health-related quality of life; GSV= great saphenous vein; REVAS=recurrent vein after surgery; SFJ=saphenofemoral junction; SF-36 = generic quality of Life questionnaire; UGFS= ultrasound guided foam sclerotherapy; SSV=small saphenous vein; VV=varicose veins...