**Table XXVI. Endovenous laser ablation versus sclerotherapy (UGFS)**

**3 articles, 1 RCT**

*Reference underlined in color means same RCT*

| Operative procedure | Reference | Summary |
|---|---|---|
| EVLA + phlebectomy *versus* USGFS | Lattimer C R, Kalodiki E, Azzam M, Geroulakos G. Validation of a New Duplex Derived Haemodynamic Effectiveness Score, the Saphenous Treatment Score, in Quantifying Varicose Vein Treatments. *Eur J Vasc Endovasc Surg*. 2012;43:348-54. | Monocenter study.<br>66 symptomatic patients presenting primary GSV incompetence and refluxing SFJ.<br>No SPJ reflux. No deep veins anomaly<br>CEAP clinical classification C2-C6<br>Group I (n=28): UGFS<br>*versus*<br>Group II (n=38): EVLA II 1470 nm diode laser, delivering intermittent energy (sequential withdrawal) phlebectomy under local anesthesia<br>**Results at 3 months of follow-up:**<br>. Patients were evaluated by DUS and APG to build a saphenous treatment score (STS)<br>. There was no difference above knee in terms of STS improvement between the 2 procedures |
| | Lattimer C R, Azzam M, Kalodiki E, Shawish E Geroulakos G. Cost and Effectiveness of Laser with Phlebectomies Compared with Foam Sclerotherapy in Superficial Venous Insufficiency. Early Results of a Randomised Controlled Trial. *Eur J Vasc Endovasc Surg*. 2012;43:594- | Monocenter study<br>100 symptomatic patients presenting primary GSV incompetence and refluxing SFJ.<br>No SPJ reflux<br>No deep veins anomaly<br>CEAP clinical classification C2-C6<br>Group I (n=50): UGFS<br>*versus*<br>Group II (n=50): EVLA II 1470 nm diode laser, sequential withdrawal + phlebectomy under local anesthesia<br>**Results at 3 months of follow-up:** |

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|---|---|---|
| | 600. | . *Above knee GSV obliteration rate, AVVQ, VCSS, VFI:* no significant difference between groups<br>. Group I significantly outperformed EVLA *in terms of cost,* treatment duration, pain, analgesia requirements and recovery. |
| | Lattimer C R, Kalodiki E, Azzam M, Makris GC, Somiayajalu S, Geroulakos G. Interim results on abolishing reflux alongside a randomized clinical trial on laser ablation with phlebectomies versus foam sclerotherapy. *International Angiology* 2013;22(4):394-403. | Monocenter study<br>100 symptomatic patients presenting primary GSV incompetence and refluxing SFJ.<br>No SPJ reflux. No deep veins anomaly. CEAP clinical classification C2-C6<br>Group I (n =50): UGFS<br>*versus*<br>Group II (n=50) EVLA II 1470 nm diode laser, sequential withdrawal + phlebectomy under local anesthesia<br>**Results at 15 months of follow-up:**<br>. Occlusion of the GSV was more effective in group II :42/44 (93. 5%) than in group I 31/46 (67.4%). However, both techniques were equally effective at abolishing global venous reflux with 43% in Group I (UGFS) and 41% in group II.<br>. The high reflux rate was not related to deterioration of quality of life and this reflux was largely asymptomatic |

**Abbreviations:**
*APG= air plethysmography; AVVQ =Aberdeen Varicose Vein Questionnaire; DUS= duplex ultrasound; EVLA = endovenous laser ablation; GSV= great saphenous vein; SFJ= saphenofemoral junction; SPJ=saphenopopliteal junction; UGFS= ultrasound guided foam sclerotherapy; VCSS= venous clinical severity score; VFI= venous filling index*