

Table XXVIII.

Operative procedure	Reference <i>Abstracts corresponding to references can be found using the listing "RCTs by alphabetical order" or "RCTs by topic."</i>	Summary
<p style="text-align: center;">RFA versus cyanoacrylate embolization (CAE)</p>	<p>Morrison M, Gibson K, McEnroe S, Goldman M, King T, Weiss R et al. Randomized trial comparing cyanoacrylate embolization and radio frequency ablation for great saphenous veins (VeClose). <i>J Vasc Surg.</i> 2015;61:985-994.</p>	<p>222 patients with symptomatic GSV primary VV Group I (N=108): CAE no anesthesia Group II (N=114): RFA tumescent anesthesia Results During the procedure. Pain similar in both groups On 1à points VAS scale CAE 2.2 P=0.11 RFA 2.4 At day 3 to 3 months of follow-up: At 3 days less ecchymosis compared to RFA. (P<0.01). At 3 months closure rate CAE 99% RFA 96%</p>
	<p>Kolluri R, Gibson K, Cher D, Madsen M, Weiss R, Morrison N. Roll-in phase analysis of clinical study of cyanoacrylate closure for incompetent great saphenous veins. <i>JVS Venous and Lymph Dis.</i> 2016;4:407-15.</p>	<p>222 patients with symptomatic GSV primary VV treated in 10 US centers. The first two subjects at each participating site (n. 20) were roll-in cases (ie, not randomized but instead treated with CAE) to ensure the physician's familiarity with the procedure Group I (N=108): CAE no anesthesia Group II (N=114): RFA tumescent anesthesia Results Mean procedure time was longer in the roll-in group (31 minutes) compared with the randomized groups (24 minutes for CAE and 19 minutes for RFA; P < .0001) There was no difference in intraprocedural pain between the roll-in and randomized groups as well as others clinical assessments, including quality of life improvement and adverse events.</p>
	<p>Morrison M, Gibson K, Vasquez M, Weiss R, Cher D, Massen M et al. VeClose trial 12-month outcomes of cyanoacrylate closure versus radiofrequency ablation for incompetent saphenous veins JVS, V&L 2017;3;322-31</p>	<p>222 patients with symptomatic GSV primary VV Group I (N=108): CAE no anesthesia Group II (N=114): RFA tumescent anesthesia Results at 12 M. (N=95 CAE, N= 97 RFA) <i>Occlusion rate</i> Group I = 97.2% Group II= 97.0% <i>Symptoms and quality of life</i> improved equally in both groups. Most adverse events were mild to moderate and not related to the device or procedure.</p>

Gibson K, Morrison N, Kolluri R, Vasquez M, Weiss R, Cher D, Madsen M, Jones A. Twenty-four month results from a randomized trial of cyanoacrylate closure versus radiofrequency ablation for the treatment of incompetent great saphenous veins. *J Vasc Surg Venous and Lym Dis.* 2018;6:607-13

171 patients with symptomatic GSV primary VV
Group I (N=87): CAE no anesthesia
Group II (N=84): RFA tumescent anesthesia
Results at 24 M.
Occlusion rate
Group I = 95.3%
Group II = 94.0%
Symptoms and quality of life improved equally in both groups.
Most *adverse events* were mild to moderate and not related to the device or procedure.

Abbreviations

CAE= cyanoacrylate embolization; GSV = great saphenous vein; M= month; N= number; RFA= radiofrequency ablation