

**Table XXXVI. Electrocoagulation versus surgery or radiofrequency**  
**2 Articles, 2 RCT**

Operative procedure	Reference	Summary
<p>Electrocoagulation ablation  <i>versus</i>                      Classic surgery</p>	<p>Lorenz D, Gabel W, Retenbacher M, Weissenhode W, Minzlall M, Stengel D. Randomized clinical trial comparing bipolar coagulation and standard great saphenous stripping for symptomatic varicose veins. <i>Br J Surg.</i> 2007;94:434-440. PMID:17385181</p>	<p>Multicenter study                      200 patients presenting symptomatic GSV incompetence.                      No data on CEAP classification, deep veins                      Group I (n=101): conventional open surgery  <i>versus</i>                      Group II (n=99): EVS  <b>Post-operative outcome</b>                      Lower pain and hematoma in group II..P&lt;0.001                      Faster recovery in group II                      Better CIVIQ and SF36 in group II at 4 weeks</p>
<p>Electrocoagulation ablation  <i>versus</i>                      Radiofrequency ablation</p>	<p>Beteli B, Henrique Rossi F H, Lorenção de Almeida B, Izukawa AM, Rossi CBO, Gabriel A S et al. Prospective, double-blind, randomized controlled trial comparing electrocoagulation and radiofrequency in the treatment of patients with great saphenous vein insufficiency and lower limb varicose veins. <i>JVS V&amp;L</i> 2018;6:212-9.</p>	<p>Monocenter study.                      57 patients with primary GSV incompetence (85 LL)                      Exclusion criteria prior treatment of the GSV.                      No data on SSV, deep veins                      CEAP clinical classification C2-C6                      Group I (n=43): RFA  <i>versus</i>                      Group II (n=42): EC                      Spinal anesthesia for both.  <b>Post-operative complications</b>                      . <i>Benign adverse event.</i> No difference between the 2 groups.  <b>Outcome at 7days, 3 and 6 months of F-U</b></p>

		<p>. Mean number of analgesics used by the patients in the 2 groups. No difference</p> <p>. The time to return to routine activities was significantly lower in Group II. P =0.026</p> <p>. Time to return to work, there was no difference between groups.</p> <p>. Occlusion and improvement of the quality of life (AVQQ), there was no difference between the 2 groups.</p>
--	--	---

### Abbreviations

AVQQ= Aberdeen varicose vein questionnaire; CIVIQ= Construction and validation of a quality of life questionnaire in chronic lower limb venous insufficiency; EC= endovenous electro coagulation; EVS= bipolar coagulating electric vein stripper F-U = Follow-up; GSV = great saphenous vein; LL= lower limb; RFA= radiofrequency ablation; SF 36= short form 36 of health survey; SSV=small saphenous vein