Table XXXXV. Deep vein internal valvuloplasty and VV interventional treatment outcome

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<th>Operative procedure</th>
<th>Reference</th>
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| Deep vein internal valvuloplasty and VV  | Marakova NP, Lurie F, Hmelniker SM. Does surgical correction of the superficial femoral vein valve change the course of varicose disease? JVS 2001;33:331-68 | Single center study. 125 extremities with GSV +/- perforator incompetence, (superficial) femoral vein +/- popliteal vein incompetence CEAP clinical severity C2-C4. Group I (n=62 LL): GSV stripping, or/and subfascial perforators ligation +/- tributary stab avulsion. Group II (n=63 LL): GSV stripping, or/and subfascial perforators ligation, +/- tributary stab avulsion + Internal valvuloplasty of the (superficial) femoral vein according to Kistner’s technique performed first. **Outcome at 4-5 years**  
  Group I: 65% of the extremities showed stable improvement. PREVAIT was present in 11% and in 24% the venous disease was aggravated.  
  Group II: 86% of the extremities showed stable improvement and PREVAIT was present in 5% and in 10% the venous disease was aggravated. P<0.05.  
  After valvuloplasty, the corrected valve remained competent during follow-up in 45 extremities. Reappearance of reflux was observed in 12 extremities. Extremities in group II demonstrated superior results in comparison with group I (clinical improvement in 92% and 66% of extremities, respectively (P < .005). |
**Abbreviations:** GSV = great saphenous vein; LL=Lower limb; PREVAIT=presence of varices after interventional treatment