

Table XXXVII. Preoperative duplex scan before varices classical open surgery
Articles already listed in SERVIER lists but not included in tables
2 articles, 2 RCT

Operative procedure	Reference	Summary
Preoperative duplex scan before varices surgery	Smith JJ, Brown L, Greenhalgh RM, Davies AH. Randomised trial of preoperative colour duplex marking in primary varicose vein surgery: Outcome is not improved. <i>Eur. J Vasc Endovasc Surg.</i> 2002;23:336-343.	Monocenter study 149 consecutive patients presenting primary and uncomplicated varicose veins (GSV an/or SSV) No detailed data on CEAP classification; perforator or deep vein. All patients were assessed by duplex scan (DS) and were treated by open surgery including isolated stab phlebectomy. Group I: n=72 preoperative duplex marking Group II: n= 77 no preoperative duplex marking Outcome at 6-weeks and 12- months No lost to follow-up. There was no difference in terms of recurrence at DS examination and quality of life (SF 36) between the 2 groups
	Blomgren L, G. Johansson GL Emanuelsson L, Dahlberg-Akerman A, Thermaenius P, Bergqvist D. Late follow-up of a randomized trial of routine duplex imaging before varicose vein surgery . <i>BJS</i> 2011;98;112-16	Monocenter study 293 patients, 343 lower limbs (LL) presenting primary and uncomplicated varicose veins (GSV an/or SSV) No detailed data on CEAP classification; perforator or deep vein. All were treated by classical open surgery Group I: n=166 LL preoperative duplex imaging Group II: n= 177 LL no preoperative duplex imaging Outcome at 7-year 194 LL were examined clinically and by duplex imaging

		<p>95 in group I 99 in group II</p> <ul style="list-style-type: none">- No patient developed an ulcer-Incompetence at SFJ or SPJ in group I= 14%, in group II=46%. P<0.001- Quality of life (SF 36) was similar in both groups-Redo surgery was proposed in symptomatic patients and performed or offered respectively in group I. n=15, group II. n= 38. P=0.001 <p>Redo surgery was mainly related to tactical failure</p>
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Abbreviations: GSV = great saphenous vein; LL=lower limb; SF 36=SFJ=saphenofemoral junction; SPJ= saphenopopliteal junction; SSV=small saphenous vein.