Table XXXXVIII. GSV incompetence treated by UGFS with blocking or not the SFJ 1 article, 1RCT.

Operative procedure	Reference	Summary
GSV incompetence treated by UGFS with blocking or not the SFJ	Ceulen RPM, Jagtman EA, Sommer A, Teule GJJ, Schurink GWH, Kemerink GJ. Blocking the Saphenofemoral Junction during Ultrasound-Guided foam sclerotherapy. Assessment of a presumed safety-measure procedure. EJVES 2010 ;40 :772-6	Multi-center study. Eight patients with primary Isolated GSV were treated by UGFS with Polidocanol as sclerosing agent. No data on CEAP clinical severity class Group I (n=3 LL): Ligation of the SFJ ,14 days before UGFS. Group II (n=3 LL): Compression of the SFJ during UGFS session. Group III (n=2 LL): isolated UGFS For detecting diffusion of the microbubble, a radioactive pertechnetate (99mTcO4) was added to the foam solution. Results Reduction of 99mTc activity in GSV in percent point per minute and remaining 99mTc activity remaining after 2.6 min following polidocanol-99mTc foam injection. Group I: Average 23% Group II: Average 34% In conclusion, blockage of the SF junction by ligation or compression may reduce, but does not completely stop, sclerosant foam from entering the deep venous system.

Abbreviations: GSV = great saphenous vein; LL=lower limb; SFJ= saphenofemoral junction; UGFS= ultrasound guided foam sclerotherapy