

Table XXXXIV. SEPS versus open surgery perforator ligation in venous ulcer and varices

3 articles 2 RCT.

Reference underlined in color, same RCT

Operative procedure	Reference	Summary
SEPS versus open surgery perforator ligation in venous ulcer	<p><u>Pierik EGJM, Van Urj H, Hop CJ, Wittens CHA. Endoscopic versus open subfascial division of incompetent perforating veins in the treatment of venous leg ulceration: a randomized trial. J Vasc Surg. 1997;26:1049-1054. PMID: 9423722</u></p>	<p>Multi-center study Thirty-nine patients presenting a medial venous ulcer (C6) GSV and medial leg perforator incompetence combined or not with deep vein reflux. No data on SSV. GSV incompetence was treated by HL+ limited stripping (just below knee) <i>Group I:</i> (n=19) Linton modified procedure <i>Group II:</i> (n= 20) SEPS Postoperative course <i>Group II,</i> Less wound infection. P<0.001 Shorter hospital stays. P=0.001 Outcome at 4 and 21 months Same healing rate in both groups, as well absence of ulcer recurrence</p>
	<p><u>Sybrandy JEM, van Gent WB, Pierik EGJM, Wittens CHA. Endoscopic versus open subfascial division of incompetent perforating veins in the treatment of venous leg ulceration: Long-term follow-up. J Vasc Surg</u></p>	<p>Multi-center study Thirty-nine patients presenting a medial venous ulcer (C6) GSV and medial leg perforator incompetence combined or not with deep vein reflux. No data on SSV.</p>

	<p>2001;33:1028-1032. PMID: 11331845</p>	<p>GSV incompetence was treated by HL+ limited stripping (just below knee) <i>Group I:</i> (n=19) Linton modified procedure <i>Group II:</i> (n= 20) SEPS Outcome 50.6 months (mean) Ulcer recurrence <i>Group I</i> =22% <i>Group II</i> =12% P NS The presence of deep venous incompetence did not influence the recurrence rates P = 0.044</p>
<p>SEPS versus open surgery perforator ligation in varicose veins</p>	<p>Vashist MG, Malik V, Singhal N. Role of subfascial endoscopic perforator surgery (SEPS) in management of perforator incompetence in varicose veins: a prospective randomized study. Indian J Surg 2014;76:117-123 PMID 24891775</p>	<p>Monocenter study One hundred patients presenting LL varices. CEAP C2-C6, Primary etiology GSV and medial leg perforator incompetence without deep vein anomaly. No data on SSV. GSV incompetence was treated by HL+ limited stripping <i>Group I:</i> (n=50) Perforator ligation by open surgery <i>Group II:</i> (n= 50) SEPS Outcome <i>Group II</i> Less wound infection Faster ulcer healing but at 3 months no difference.</p>

Abbreviations: GSV = great saphenous vein; HL=high ligation; LL= lower limb; SEPS= subfascial endoscopic perforator ligation; SSV=small saphenous vein