

Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum

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The Society for Vascular Surgery (SVS) and the American Venous Forum (AVF) have developed clinical practice guidelines for the care of patients with varicose veins of the lower limbs and pelvis. The document also includes recommendations on the management of superficial and perforating vein incompetence in patients with associated, more advanced chronic venous diseases (CVDs), including edema, skin changes, or venous ulcers. Recommendations of the Venous Guideline Committee are based on the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system as

- **Strong (GRADE 1)** if the benefits clearly outweigh the risks, burden, and costs. The suggestions are
- **Weak (GRADE 2)** if the benefits are closely balanced with risks and burden.

The level of available evidence to support the evaluation or treatment can be of

- **high (A),**
- **medium (B), or**
- **low or**
- **very low (C) quality.**

The key recommendations of these guidelines are: We recommend that in patients with varicose veins or more severe CVD,

(GRADE 1): Strong Recommendations

- A complete history and detailed physical examination are complemented by **duplex ultrasound** scanning of the deep and superficial veins (GRADE 1A).
- We recommend that the **CEAP classification** is used for patients with CVD (GRADE 1A)
- To decrease the recurrence of venous ulcers, we recommend **ablation of the incompetent superficial veins in addition to compression therapy** (GRADE 1A).
- For treatment of the **incompetent great saphenous vein (GSV)**, we recommend **endovenous thermal ablation (radiofrequency or laser) rather than high ligation and inversion stripping** of the saphenous vein to the level of the knee (GRADE 1B). Revised Venous Clinical Severity Score RVCSS is used to assess treatment outcome (GRADE 1B).
- Recommend **against compression therapy as the primary treatment if the patient is a candidate for saphenous vein ablation** (GRADE 1B).
- We recommend compression therapy as the primary treatment to aid healing of **venous ulceration** (GRADE 1B).
- We recommend **phlebectomy or sclerotherapy to treat varicose tributaries** (GRADE 1B)
- We recommend against selective treatment of perforating vein incompetence in patients with simple varicose veins (CEAP class C2; GRADE 1B)

(GRADE 2): Weak Recommendations

- Treatment of pathologic perforating veins (outward flow duration ≥ 500 ms, vein diameter ≥ 3.5 mm) located underneath healed or active ulcers (CEAP class C₅-C₆; GRADE 2B).
- We suggest treatment of pelvic congestion syndrome and pelvic varices with coil embolization, plugs, or transcatheter sclerotherapy, used alone or together (GRADE 2B).
- Suggest foam sclerotherapy as an option for the treatment of the incompetent saphenous vein (GRADE 2C).
- We suggest compression therapy for patients with symptomatic varicose veins (GRADE 2C)

Reference: [http://www.jvascsurg.org/article/S0741-5214\(11\)00327-2/abstract](http://www.jvascsurg.org/article/S0741-5214(11)00327-2/abstract)