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Endovenous Laser Ablation versus Conventional Surgery- long term comparative study in treating varicose veins

Ahmed M Morshed, Mohammed Farag, Ayman elnakeeb and Abdelsalam Megahed

Mansoura University, Egypt

Chronic vein insufficiency of the lower extremities is one of the most common benign diseases. It is estimated that varicose veins in the distribution of the great saphenous vein (GSV) are present in about 25% of women and 15% of men. It seems that the appearance and evolution of the disease occur due to multiple factors but mainly the modern lifestyle, characterized by sedentarity, lack of exercise and obesity. Surgery was the gold standard in the treatment of varicose veins. For several decades high ligation at the saphenofemoral junction (SFJ) and stripping of the GSV was the treatment of choice in order to eradicate the diseased vein. Insufficiency of the small saphenous vein (SSV) is treated in a similar way, by ligation at the saphenopopliteal

junction (SPJ) and stripping. In the last years, in the era of minimally invasive surgery, new techniques in the treatment of varicose veins, such as the endovenouslaser ablation (EVLA), have been introduced. In 1999, the first report on EVLA appeared in the literature. Using an 810 – nm diode laser, Bonè first reported the delivery of end luminal laser energy for the treatment of the insufficient GSV. In this study we will compare the outcome of laser ablation and conventional surgery in treatment of patients with varicose veins regarding the immediate postoperative results, pain, recurrence rate and socio-economic aspects of life with a period of 2 years.

a.mosaad@mans.edu.eg