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Editorial

An update on varicose vein surgery in elderly patients from the Spanish Chapter of Phlebology and Lymphology of the Spanish Society of Angiology and Vascular Surgery

Cirugía de varices en pacientes de edad avanzada. Comunicado del Capítulo Español de Flebología y Linfología de la Sociedad Española de Angiología y Cirugía Vascular

INTRODUCTION

Chronic venous disease, specifically venous insufficiency in the form of varicose veins of the lower limbs, has significant clinical, social, and economic impacts. The increasing prevalence of this condition places a notable burden on health care demand and the Spanish National Health System (SNHS) (1,2).

JUSTIFICATION

In 2013, our scientific society developed a consensus document (3) outlining the inclusion/exclusion criteria and contraindications for surgical treatment of varicose veins to optimize patient inclusion in surgical waiting lists within the SNHS. In this document, advanced patient age was ranked as a "relative contraindication" for surgical procedures, emphasizing the need for individualized recommendations and surgical techniques in this specific patient group based on individual perioperative risk (functional reserve, comorbidities, ASA score, etc.). In line with this report, many elderly patients are not receiving adequate care due to lack of referral or exclusion from surgical treatment based solely on age.

The general aim of this communication is to highlight the diminishing intrinsic value of age as a contraindication or exclusion criterion for surgery in chronic venous disease, based on the available scientific evidence.

ARGUMENTATION

Conventional surgery of saphenofemoral junction ligation and stripping is no longer the recommended technique according to current clinical practice guidelines. Surgical treatment of varicose veins has evolved dramatically over the apst 2 decades due to the widespread use of Doppler ultra-

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sound for diagnosis. Its systematic use in phlebology has enabled the development of new endoluminal ablation techniques (such as endovenous laser, radiofrequency, and foam or cyanoacrylate sclerotherapy), as well as minimally invasive techniques like the CHIVA strategy (Ambulatory conservative haemodynamic correction of venous insufficiency). These therapeutic options allow outpatient procedures, even outside the operating room, with minimally invasive or no anesthesia, thereby reducing associated perioperative morbidity.

Current recommendations (4,5) emphasize that clinical management and decision-making in patients with superficial venous insufficiency should primarily depend on the severity of clinical presentation (using the CEAP classification), the patient's history and comorbidities (assessed during the pre-anesthesia consultation), and Doppler ultrasound findings. The 2022 European clinical practice guidelines[4] on the management of chronic venous disease recommends interventional treatment (recommendation no. 15, Class I, Evidence level B) for patients with symptomatic superficial venous insufficiency and varicose veins (CEAP clinical class C2s). Surgical procedure for superficial venous insufficiency is also indicated (recommendation no. 17, Class I, Evidence level C) in advanced stages with associated chronic skin complications (trophic changes or venous ulcers, CEAP C4-C6).

Of note, the negative impact of chronic skin lesions on the quality of life in this patient group, as well as the costs and resource consumption associated with treating venous ulcers. Recurrence rates of ulcers after conservative treatment range from 24% up to 69 % (5). Current clinical practice guidelines (4) agree that treating superficial venous insufficiency has been shown to improve these skin alterations, significantly benefiting quality of life. Early endovenous ablation in patients with active ulcers is recommended to accelerate ulcer healing (recommendation no. 76, Class I, Evidence level B) and minimize the risk of recurrences (recommendation no. 77, Class I, Evidence level A). In octogenarian patients, these interventions have also demonstrated good outcomes and cost-effectiveness vs compression therapy (conservative treatment) (6-9), and endovenous ablation surgery in this age group is considered safe (10-12). According to Sutzko et al. (6), there are no significant differences in the rates of systemic and local complication between patients older and younger than 80 years after varicose vein surgery, despite the former having higher preoperative morbidity and ulcer rates.

Current recommendations[4] suggest performing endovenous techniques in outpatient or "non-hospital" settings (recommendation no. 18, Class I, Evidence level C). Since surgical procedures requiring general anesthesia increase the risk of complications in elderly patients (13), this group particularly benefits from procedures that can be performed with local anesthesia or without anesthesia.

CONCLUSIONS

In line with current recommendations, we believe age should not be considered a limiting factor for varicose vein surgery. In patients older than 80 years, varicose vein surgery has proven safe, effective, and beneficial for improving quality of life (6,7,10). Risk assessments should also include evaluating the surgical technique to be used. Current studies have demonstrated both the safety and feasibility of thermal endovenous ablation and the tolerability of ultrasound-guided sclerotherapy, with comparable outcomes across different age groups (comparing patients older and younger than 75) (9-15). The potential benefit of intervention in terms of quality of life (reducing the risk of skin lesions and chronic complications), along with the availability of local and institutional health care resources, are key pillars for the management of this prevalent condition.

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REFERENCES

1. Álvarez-Fernández LJ, Lozano F, Marinel-lo Roura J, Masegosa-Medina JA. Encuesta epidemiológica sobre la insuficiencia venosa crónica en España: estudio DETECT-IVC 2006. Angiologia 2008;60(1):27-6. DOI: 10.1016/S0003-3170(08)01003-1
2. Escudero Rodríguez JR, Fernández Quesada F, Bellmunt Montoya S. Prevalence and clinical characteristics of chronic venous disease in patients seen in primary care in Spain: results of the international study Vein Consult Program Cir Esp 2014;92(8):539-46. DOI: 10.1016/j.cireng.2013.09.028

3. Bellmunt S, Miquel C, Reina L, Lozano F. La insuficiencia venosa crónica en el Sistema Nacional de Salud. Diagnóstico, indicaciones quirúrgicas y priorización de listas de espera. Documento de la Sociedad Española de Angiología y Cirugía Vascular (SEACV) y del Capítulo de Flebología y Linfología de la SEACV. Angiologia 2013;65(2):61-71. DOI: 10.1016/j.angio.2012.12.001
4. De Maeseneer MG, Kakkos SK, Aherne T, Baekgaard N, Black S, Blomgren L, et al. Editor's Choice - European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs. Eur J Vasc Endovasc Surg 2022;63(2):184-267. DOI: 10.1016/j.ejvs.2021.12.024
5. Miquel C, Rial R, Ballesteros MD, García-Madrid C. Guía de práctica clínica en enfermedad venosa crónica del Capítulo de Flebología y Linfología de la Sociedad Española de Angiología y Cirugía Vascular. Angiologia 2015;68(1):55-62. DOI: 10.1016/j.angio.2015.09.011
6. Sutzko DC, Obi AT, Kimball AS, Smith ME, Wakefield TW, Osborne NH. Clinical outcomes after varicose vein procedures in octogenarians within the Vascular Quality Initiative Varicose Vein Registry. J Vasc Surg Venous Lymphat Disord 2018;6:464-70. DOI: 10.1016/j.jvsv.2018.02.008
7. Sutzko DC, Andraska EA, Obi AT, Sadek M, Kabnick LS, Wakefield TW, et al. Age is not a barrier to good outcomes after varicose vein procedures. J Vasc Surg Venous Lymphat Disord 2017;5:647-57.e1. DOI: 10.1016/j.jvsv.2017.04.013
8. Pappas PJ, Lakhanpal S, Nguyen KQ, Vanjara R. The Center for Vein Restoration Study on presenting symptoms, treatment modalities, and outcomes in Medicare-eligible patients with chronic venous disorders. J Vasc Surg Venous Lymphat Disord 2018;6:13-24. DOI: 10.1016/j.jvsv.2017.08.018
9. Gohel MS, Heatley F, Liu X, Bradbury A, Bulbulia R, Cullum N, et al. A randomized trial of early endovenous ablation in venous ulceration. N Engl J Med 2018;378:2105-14. DOI: 10.1056/NEJMoa1801214
10. Aurshina A, Zhang Y, Zhuo H, Cardella J, Orion K, Sumpio B, et al. Safety and efficacy of venous ablation in octogenarians. J Vasc Surg Venous Lymphat Disord 2019;7:685-92. DOI: 10.1016/j.jvsv.2019.05.006
11. Tamura K, Maruyama T, Sakurai S. Effectiveness of Endovenous Radiofrequency Ablation for Elderly Patients with Varicose Veins of Lower Extremities. Ann Vasc Dis 2019;12(2):200-4. DOI: 10.3400/avd.oa.19-00002
12. Kibrik P, Chait J, Arustamyan M, Alsheekh A, Rajaee S, Marks N, et al. Safety and efficacy of endovenous ablations in octogenarians, nonagenarians, and centenarians. J Vasc Surg Venous Lymphat Disord 2020;8(1):95-9. DOI: 10.1016/j.jvsv.2019.05.011
13. Mohanty S, Rosenthal RA, Russell MM, Neuman MD, Ko CY, Esnaola NF. Optimal perioperative management of the geriatric patient: a best practices guideline from the American College of Surgeons NSQIP and the American Geriatrics Society. J Am Coll Surg 2016;222:930-47. DOI: 10.1016/j.jamcollsurg.2015.12.026
14. Van der Velden SK, Van den Bos RR, Pichot O. Towards an individualized management strategy for patients with chronic venous disease: Results of a Delphi consensus. Phlebology 2018;33(7):492-9. DOI: 10.1177/0268355517719357
15. Gillet JL, Hamel-Desnos C, Lausrecker M, Daniel C, Guez JJ, Allaert FA. The consequences of aging on the population in the management of varicose veins by sclerotherapy. In: UIP chapter meeting: Seoul UIP, Seoul, Korea, 27–29 August 2015. Int Angiology 2015;(Suppl.1).