THE USE OF ENDOVENOUS ELECTRIC WELDING IN ELDERLY PATIENTS WITH VARICOSE VEINS

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Varicose veins in elderly patients are more common than in young patients. Moreover, more advanced clinical forms prevail in elderly people, which corresponds to lipodermatosclerosis, hyperpigmentation, trophic ulcers, as well as the large diameter of the saphenous vein trunks. A feature of elderly patients was the presence of peripheral artery disease [1, 2].

Materials and methods: 32 patients aged 60-77 years with a diagnosis of varicose veins disease CEAP C 4-6 were operated on. The vertical reflux was eliminated by the endovenous electric welding (EVEW) that was performed on SKV-300 “Svarmed”, incompetent perforants were sclerotized with a 1.5% solution of lauromacrogol 400. The EVEW method is based on the occlusion of the trunks of the GSV and SSV due to denaturation of the protein elements of the venous wall under the influence of high-frequency modulated current. Removal of varicose tributaries was not performed. After surgery patients wore compression hosiery within 14 days. The study assessed the presence of complications, terms of occlusion, and ABI.

Results of treatment: The average diameter of GSV was 1.8 ± 0.48 cm, SSV - 1.5 ± 1.08 cm. In the study, no significant complications were noted. It is worth noting hyperpigmentation, phlebitis in the projection of performing EVES. The ABI data in patients averaged 0.62 ± 0.002, which did not affect the possibility of wearing compression hosiery in the after surgery period. Nine months later after EVEW – occlusion rate was 92.3% (24/26) for GSV and 100% for SSV (6/6). No recurrence of trophic ulcers was noted during this period. Two patients with trunk recanalization after 9 months were constantly receiving warfarin and rivaroxaban.

Conclusions: EVES has established itself as a safe way to treat varicose veins in the elderly.

References: