

## Endovenous Laser Ablation

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A review of approximately 380 veins personally treated by endovenous laser ablation (EVLA) over the past 4 1/2 years shows in excess of 85% primary success and 90% secondary success at three years determined by ultrasound surveillance. Recurrence was almost invariably by recanalisation of the proximal treated saphenous vein and was easily treated by ultrasound-guided sclerotherapy. Secondary success rates could have been higher but some patients elected not to have further treatment because there was no clinical recurrence. There were very few limbs in which reconnections were seen from the common femoral vein or abdominal / pelvic tributaries into thigh varices. These findings markedly differ from recurrence patterns after surgery. Success rates are higher for EVLA than for UGS or surgery in my practice although the studied series were not concurrent or randomized. Venous thromboembolic complications were seen in less than 2% of limbs as detected by routine ultrasound review at 3 -4 days after every procedure. All deep venous occlusions were asymptomatic, all above-knee lesions caused only partial obstruction and all rapidly resolved with short-term anticoagulation shown by serial ultrasound examinations. There was one symptomatic pulmonary embolus that resolved with anticoagulation. No systemic neurological events were observed apart from visual aura in patients with past migraine after secondary sclerotherapy. Two of 90 limbs treated for small saphenous reflux developed numbness in the sural nerve distribution that resolved within 6 months. The incidence of these complications is probably less than described by others after surgery.