Management trends for chronic venous insufficiency across the United States: A report from the American Venous Registry


On behalf of the American Venous Registry, American Venous Forum
And
Participating physicians, staff and patients
Funding

AMERICAN VENOUS FORUM FOUNDATION
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ANGIODYNAMICS®
The Registry is managed by a Steering Committee appointed by the AVF.

Data integrity is monitored by a dedicated registry administrator.
OBJECTIVE:

Minimally invasive procedures for the treatment of saphenous vein reflux have been rapidly adopted as an alternative to saphenous vein stripping across the United States during the past decade.

There is limited information however, on the proportionate use of the various available vein ablation methods.
OBJECTIVE:

Data from web-based Varicose Vein (VV) module, American Venous Registry (AVR)

Analyzed relative frequency of techniques used for saphenous vein reflux and their associated outcomes (VCSS)
The American Venous Registry

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Second
Varicose Vein
Module Report
2013
METHODS:

De-identified data from 3,930 patients
...from 41 physicians at 37 sites

data collected:
venous clinical severity score (VCSS)
type of procedure
complications

baseline & f/u at 3, 6, and 12 months
RESULTS:

4,014 procedures (2007-2011)

laser 60%
radiofrequency 33%
phlebectomy 34%
sclerotherapy 16%

combo 37%
RESULTS:

VCSS
Preop
median 7

Postop (35 days)
median 4

p<0.001
RESULTS:

VCSS improvement
RESULTS:

bleeding blister pigmentation SVT DVT hematoma paresthesia ulcer wound infection right 1.1% left 0.6% bilateral 3.6%.

Kaplan-Meier analysis 3-year complication-free rate 78%

- Kaplan-Meier analysis showing the 3-year complication-free rate.

‘everyone will benefit from an integrated assessment of symptoms, clinical findings, non-invasive examinations and functional outcomes to better define the role of surgical, physical and medical therapies for chronic venous disease’.
1. Physician-generated measurement tools
   - CEAP
   - VCSS

2. Patient-perceived quality-of-life (QOL) measurement
   - Generic- SF 36
   - Disease specific- CIVIQ, AVVQ (Aberdeen)
CONCLUSIONS:

1. EVL most frequent

2. EVL, RFA and sclerotherapy with or without concomitant phlebectomy are effective

3. Significant reduction in VCSS

4. Safe, with low complication rates reported in the short-term.

5. Long-term follow-up will enable assessment of durability
The Vascular Quality Initiative® is designed to improve the quality, safety, effectiveness and cost of vascular health care by collecting and exchanging information. It consists of a distributed network of regional quality groups that function under an AHRQ-listed Patient Safety Organization using the M2S cloud-based data collection and reporting system. It is available to all providers of vascular health care and their respective institutions.