

INVITED COMMENTARY

Vein diameter and vein surgery

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The interesting review by Tan et al. confirms the multiple scenarios seen by clinicians in everyday practice because, frequently there is no logical match between the size of the varicose veins and clinical impact.¹ Although the review confirms the relationship with clinical severity, the decision to intervene based on vein diameter should not be justified by a surrogate outcome.

On the one hand, the concept of “chronic venous insufficiency” is related to high grades of chronic venous disease (C3-C6), which includes functional abnormalities of the venous system with oedema, skin changes, or venous ulcers.² In these cases, the indication for surgery is usually not discussed by most specialists because they are equivalent to complicated varicose veins. On the other hand, grades C1 and C2 are not included in all the papers reviewed. The problem seems exclusively related to C2 grades in which the indication for surgical treatment must be based on quality of life and clinical symptoms, very subjective outcomes that nowadays are not well evaluated. The “SyM Vein Consensus statement”³ in 2016 confirmed the absence of a validated standard quantitative symptom questionnaire. Furthermore, the available quality of life questionnaires were constructed in order to evaluate the efficacy of treatments, not to evaluate these patients pre-operatively.

Another important topic is the possible relationship between vein diameters and future complications. Although there is no evidence regarding the relationship with vein bleeding or thrombophlebitis, this is suspected by most clinicians and it must be considered in the decision for surgery.

In addition, as discussed by the authors, not all the veins are measured in the same way, taking into account the point of measurement or the conditions for doing it, such as the position of the patient. Furthermore, this is more complicated, or even impossible, in recurrent or non-saphenous varicose veins. Therefore, we do not know exactly what a big vein is, how to measure veins, and, frequently, we are not able even to measure them.

Finally, it seems logical not to base an important decision such as surgical treatment on indirect outcomes only. Indeed, we all agree that the symptomatology and the impact on clinical severity and quality of life must be taken into account to personalise treatment

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