Beyond the short-term balance sheet

Long-term outcomes of endovenous laser ablation and conventional surgery for great saphenous varicose veins

Wallace T, El-Sheikha J, Nandhra S, Leung C, Mohamed A, Harwood A, et al. Br J Surg 2018 Aug 22. [Epub ahead of print]

Conclusion: The minimally invasive endovenous technique of laser ablation has sustained benefits at 5 years over traditional ligation and stripping for saphenous vein insufficiency.

Summary: Conventional surgery has been associated with increased clinical recurrence rates in symptomatic superficial venous incompetence (SVI) patients than in those who undergo endovenous laser ablation (EVLA), with a paucity of long-term outcomes reported. The United Kingdom's National Institute for Health and Care Excellence has observed 276 SVI patients who were randomized to either conventional ligation and stripping of the great saphenous vein or EVLA for 5 years, 137 in the surgery cohort and 139 in the EVLA cohort; both had concomitant phlebectomies. Data collected included patient-reported outcomes (cosmesis, vein questionnaire, patient satisfaction), clinical recurrence, and reintervention rates. In the 79% available for follow-up, EVLA was associated with a 13% lower clinical recurrence rate than conventional surgery. However, both groups reported similar sustained symptomatic improvement and patient-reported outcomes.

Comments: This study adds data to the body of evidence concluding that endovenous ablation is superior to traditional surgery in terms of recurrence rates. Presumably, these studies are done not just to show efficacy of endovenous techniques but also to propose the rationale behind higher equipment costs and the increased number of patients undergoing interventions for SVI. We are left with a few unanswered questions. What were the indications for reintervention? Although 40 patients underwent reintervention for recurrent or residual veins, only 12 were actually symptomatic. What about cost? To answer the societal questions will necessitate calculating the overall long-term cost to the health care system for the 13% increased clinical recurrence rate with traditional surgery. What about cost to the patient in terms of work days lost?

Everything in moderation

Alcohol consumption and the risk of incident pulmonary embolism in US women and men

Harrington LB, Hagan KA, Mukamal KJ, Kang JH, Kim J, Crous-Bou M, et al. J Thromb Haemost 2018;16:1753-62.

Conclusion: This study demonstrated no association between idiopathic pulmonary embolism (PE), in both men and women, and any level of alcohol consumption over time.

Summary: Alcohol is known to be associated with alterations in hemostatic factors and health complications, such as liver disease, damage to brain cells, and high blood pressure. There is no firm evidence demonstrating that alcohol drinkers, including light, moderate, and heavy drinkers, have an increase of PE; furthermore, some results show discrepancies and suggest association. This study included three large prospective population-based studies, Nurses' Health Study (NHS), NHS II, and Health Professionals Follow-up Study, for a combined cohort of 217,442 participants who were free of venous thromboembolism at baseline and reported alcohol consumption by type, quantity, and frequency every 2 to 4 years. This meta-analysis identified 1939 PEs. There was no correlation between alcohol consumption, amount, or frequency and occurrence of PE or self-reported venous thromboembolism risk.

Comments: Whereas there are many limitations in pooling data, cohort differences, and measuring and recording of outcomes, this study demonstrates the power of large population-based cohort studies. Many conflicting reports on the health risks and benefits of alcohol consumption and drinking patterns exist, so more data are needed to guide health recommendations and lifestyle choices. What is clear is that moderate to heavy alcohol consumption is associated with increased risks of injury to self or others and legal and social problems.