Summary: This single-center study randomly assigned 132 patients (of >4000 screened patients) to EVLA, RFA, or MOCA. The groups were similar in terms of demographics with most patients being class C2 or C3. Concomitant phlebectomies were routinely performed. At 1 year, 100% of RFA and EVLA were fully occluded and 82% in the MOCA group ($P = .002$). Time off work and postoperative pain were the same. In MOCA patients, size of the proximal great saphenous vein was associated with recanalization. However, ultrasonographic recanalization was not associated with symptom recurrence.

Comments: It is great to see randomized controlled trials being performed assessing newer ablation techniques; however, only 3.3% of screened patients were actually enrolled in this study owing to strict inclusion criteria. Also, patients received concomitant phlebectomies, so assessing level of postoperative pain or pain medication required cannot be attributed to the ablation procedure alone. This is a good addition to the data, but much more is needed.

To DOAC or not to DOAC

Which Patients With Unprovoked Venous Thromboembolism Should Receive Extended Anticoagulation with Direct Oral Anticoagulants? A Systematic Review, Network Meta-analysis, and Decision Analysis

Djulbegovic M, Lee AI, Chen K. J Eval Clin Pract 2019 Jun 12 [Epub ahead of print]

Conclusions: Extended anticoagulation with direct-acting anticoagulants (DOACs) should be considered for all patients with unprovoked deep venous thrombosis who are not at increased bleeding risk.

Summary: This systematic review included four randomized controlled trials including 8386 patients and comparing extended anticoagulation with one DOAC to another DOAC, aspirin, or placebo. No DOAC was associated with increased bleeding and all were efficacious for prevention of VTE recurrence. A threshold decision-analytic model was populated with data from the meta-analysis and showed that a VTE recurrence risk of 0.3% to 0.4% at 1 year was the threshold for continued DOAC anticoagulation.

Comments: Patients with an unprovoked VTE are a special population who may be at increased risk for recurrence and may benefit from extended DOAC treatment beyond current guideline recommendations.

Living with varicose veins

Experiences of Living With Varicose Veins: A Systematic Review of Qualitative Research

Lumley E, Phillips P, Aber A, Buckley-Woods H, Jones GL, Michaels JA. J Clin Nurs 2019; 281085-99.

Conclusions: Currently used patient-reported outcome measures may not fully capture the impact of varicose veins (VV) on quality of life or coping adaptations made by patients.

Summary: Three qualitative studies formed the basis of this review, from more than 1800 references initially identified. Five overarching themes were identified: physical, psychological, and social impacts of VV; adaptations to VV; and reasons to seek treatment. There was a wide range of reported symptoms with pain, heaviness, and itching being most common. The primary reason for patients to seek treatment was for symptom relief.

Comments: The details of this qualitative review are worth reading. Patient-reported outcome measures are often documented, but current instruments may not fully measure the effect of VV on quality of life. Understanding adaptations patients have made to cope with VV, helping with self-care and compression compliance, and setting realistic treatment outcome expectations are all important in patient-centered care.

Combining trauma datasets may strengthen validity

Whose Benchmark is Right? Validating Venous Thromboembolism Events Between Trauma Registries and Hospital Administrative Databases

Miano TA, Abelian G, Seamon MJ, Chreiman K, Reilly PM, Martin ND. J Am Coll Surg 2019; 228:752-9.e3.

Conclusions: Venous thromboembolic events (VTE) in a level one trauma center trauma registry were compared with hospital administrative data with a low-false positive rate validating the registry.

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Summary: A 10-year retrospective review was performed of almost 20,000 trauma patients admitted. VTEs were identified in both the trauma registry and in the hospital's administrative database to confirm events and identify events that each dataset may have missed. Sensitivity was higher for the administrative database, especially for pulmonary emboli, and specificity higher for the trauma registry.

Comments: It is hard to rationalize why the datasets would wary—is there under-coding or over-coding? Is there transfer to another service before an event? Are VTEs defined differently? VTEs are a major performance indicator and thus, it is critical to diagnose and track the events in order to highlight areas for quality improvement opportunity.