VESPA Trial: Endovenous laser treatment versus crossectomy of the small saphenous vein.

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This randomized trial will compare EVLT with saphenopopliteal ligation with regard to therapy failure (a) and recurrence (b). a. Insufficiency of the SSV determined by ultrasound 6 weeks post-treatment is regarded as a therapy failure. b....

Ethical review	Approved WMO	
Status	Recruiting	
Health condition type	Vascular therapeutic procedures	
Study type	Interventional	

Summary

ID

NL-OMON32315

Source ToetsingOnline

Brief title VESPA

Condition

- Vascular therapeutic procedures
- Venous varices

Synonym varicose veins, venous insufficiency

Research involving Human

Sponsors and support

Primary sponsor: Sint Franciscus Gasthuis **Source(s) of monetary or material Support:** Ministerie van OC&W,AngioCare BV

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Intervention

Keyword: crossectomy, EVLT, saphenous, small

Outcome measures

Primary outcome

Insufficiency after 6 weeks (therapyfailure).

Insufficiency after 1 year (recurrence)

Secondary outcome

Quality of life, morbidity, cosmetic results, duration of treatment, resumption

of work.

Study description

Background summary

Venous insufficiency has a high incidence worldwide. It is seen in 5-15% of all men en 15-30% of all women in western countries, varying from cosmetic complaints to chronic venous insuffiency and ulcers. The prevalence of insufficiency of the small saphenous vein (SSV) is 10-18%. In the early twentieth century the surgical procedure of choice for insufficiency of the great saphenous vein (GSV) was the saphenofemoral ligation and GSV stripping. Since stripping of the SSV resulted in a large number of nerve damages of the sural nerve, the method was adjusted to the saphenopopliteal ligation. The percentage of therapy failure (persistent insufficiency of the SSV perioperatively) is 25%. Reflux at one year was seen in 52%. The number of therapy failure is explained by the variable anatomy of the SSV and its junction.

Endovenous laser treatment (EVLT) is a minimal invasive, percutaneous, endovenous technique causing heat mediated steam bubbles resulting in endothelial damage and occlusion of the venous segment. EVLT is a widely used technique for treatment of insufficiency of the GSV. The use of EVLT for treatment of the insufficient of the SSV has not been investigated earlier by a randomized trial. Due to the fact that the SSV is cannulated under ultrasound guidance, it is certain the correct vein is being treated. This may result in a reduction of therapy failures and long term insufficiency.

Study objective

This randomized trial will compare EVLT with saphenopopliteal ligation with regard to therapy failure (a) and recurrence (b).

a. Insufficiency of the SSV determined by ultrasound 6 weeks post-treatment is regarded as a therapy failure.

b. Determination of insufficiency of the SSV using ultrasound after one year.

Study design

randomized multi-center trial, non blinded

Intervention

Ligation of saphenopopliteal junction versus EVLT.

Study burden and risks

The saphenopopliteal ligation is performed under spinal anaesthesia, the ELVT is performed under local anaesthesia.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

Insufficiency of the saphenopopliteal junction.

Exclusion criteria

Diameter of the small saphenous vein less than 2 mm. Occlusion of the deep venous system tortuous small saphenous vein

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-11-2008
Enrollment:	180
Туре:	Actual

Ethics review

Approved WMO Date: Application type: Review commission:

24-07-2008 First submission TWOR: Toetsingscommissie Wetenschappelijk Onderzoek Rotterdam e.o. (Rotterdam)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register CCMO ID NL22668.101.08