Commentaries

Invited commentary on 'Chronicle of CHIVA' by S. Ricci

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Reply to comment[1] about:

The CHIVA strategy applied to large-diameter saphenous veins[2].

We know the advantages of crossotomy. Our group with experience in CHIVA strategy for more than 30 years also performed crossotomy at the beginning, resulting in too many saphenous-femoral junction (SFJ) reopening, then we left this technique. We are aware that the surgical technique has been improved in this approach.

Interruption of the SFJ (first surgical stage) in type 3 veno-venous shunt have a problem with saphenous' drainage in a possible second stage. In these cases, we performed segmentary devalvulation of great saphenous vein (GSV) to ensure the retrograde draining.

Based on our experience, symptomatic thrombophlebitis in patients with large GSV (>9mm) are frequent and very symptomatic. In our opinion, due to clinical improvement, diameter reduction, and less complications with the interruption of SFJ as single procedure, the benefit of this strategy is clearly demonstrated.

We decided the possible second surgical stage at 6 months follow-up, because the maximum reduction in GSV diameter was reached at this point, and practically no changes occurred later. Clinical outcomes were evaluated through improvement of pronounced varicose veins, edema and dermatitis, healing of venous leg ulcers, and aesthetic demand of the patient. These patients had large varicose veins for long time and most of them are satisfied after the SFJ interruption.

References

1) Ricci S. Chronicle of "CHIVA". JTAVR 2023;08(3). DOI: 10.24019/jtavr.174

2) Tenezaca-Sari X, García-Reyes M, Escribano-Ferrer Jm, Marrero C, Bellmunt-Montoya S. The CHIVa strategy applied to large-diameter saphenous veins. International Angiology 2022 August;41(4):332-7 DOI: 10.23736/S0392-9590.22.04831-3