VENOUS CONSERVATIVE SURGERY EDITORIAL

The commitment of our journal to the dissemination and simplification of conservative venous surgery. A brief overview

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Conservative venous surgery based on hemodynamic correction without stripping or ablation (particularly saphenous vein preservation through selective ligation of escape points (CHIVA)[1] or targeted phlebectomies (ASVAL)[2]) is still regarded as an "alien" attitude, originating from a "different world," as demonstrated by the recommendations of major international Consensus Conferences. Although conceptually acknowledged as valid, it is considered insufficiently supported by consistent evidence to be recommended as a first-line treatment.

As recently underlined in a Letter to the Editor of *Phlebology* ("Rebranding CHIVA"[3], first published online October 14, 2025), the limited adoption of CHIVA can be attributed to several factors:

- Its inherent complexity, requiring advanced duplex ultrasound skills
- The lack of support from the medical device industry, given its minimal reliance on technology
- Poor integration into formal medical education and training programs
- Persistent misunderstandings surrounding its foundational concepts
- A contemporary preference for simplified and standardized approaches
- The scarcity of large-scale, high-quality randomized controlled trials (RCTs) and the lack of a shared interpretation of existing evidence
- The increasing use of new technologies for arterial substitution that reduce the emphasis on saphenous vein preservation, such as endovascular procedures and new prosthetic materials

All these factors-except those related to industrial interests-are cultural in nature and therefore potentially modifiable. Changing a long-standing tradition (primarily removing the saphenous vein) toward a different paradigm (modifying hemodynamics while preserving the saphenous vein) requires patience, perseverance, solid evidence, and, ultimately, effective communication. If, after nearly 40 years, CHIVA is still considered a niche solution, its cultural dissemination should be better managed, maybe facing several factors that were cited above.

Our journal has devoted particular attention to this issue by publishing a long series of contributions on conservative therapy in general, not exclusively focused on CHIVA, with the aim of eliminating prejudice against alternative approaches to varicose vein disease.

In 2022, *"Conservative Reflux Elimination Device (CREED): The Virtual Phlebectomy"*[4] and *"CHIVA cure and sclerotherapy"*[5] explored new aspects of saphenous vein sparing. The CREED concept was subsequently and positively commented on by Franceschi, Recek, Lee, and Passariello (See DOI: 10.24019/jtavr.07.2).

In 2023, two entire issues (10.24019/jtavr.08.1 and 10.24019/jtavr.08.2) were dedicated to the theme *"Saphenous Sparing Treatments"* 8.1 and 8.2, with contributions of 13 and 15 Authors, respectively. Not only were the two best-known saphenous-sparing methods presented (CHIVA by Cappelli, et al.[5], and later by Delfrate[6]; ASVAL by Pittaluga[2]), but a wide range of additional conservative approaches were also proposed. These included HIFU (Milleret), selective sclerotherapy

(Bernardini), compression devices for reflux suppression (Recek and Ricci), varicotape (Casoni), and valvuloplasty (Camilli), along with related commentaries and analyses.

In particular, *"Infrainguinal bypass using varicose veins with external scaffolding"* (by N. Montelione, et al)[7] may be considered an absolute editorial scoop because of the unprecedented number of procedures reported, with no previous cohorts of comparable size. This study challenges the long-standing "myth" surrounding the use of refluxing (dilated) saphenous veins for arterial substitution and represents a landmark contribution capable of inspiring and motivating advocates of conservative surgery. Four invited commentaries 1) Foggia and De Nicola; 2) Caradu, Ducasse, and Bérard; 3) Baumgartner; and 4) Gloviczki, respectively) underscored the importance of this report, followed by a reply from the Authors and an editorial (See DOI: 10.24019/ jtavr.09.3). The silence of the CHIVA community, however, remains strikingly "noisy."

In the *"Chronicle of CHIVA"*[8] three papers proposing variations aimed at simplification of the original CHIVA method were discussed, highlighting the still unsolved issues of Shunt 3 conditions.

Finally, in an interview, Casoni - while promoting HIFU technology - suggested *"a new promise in conservative surgery"*[9] based on a pathophysiological concept that is still questionable and unproven, yet nonetheless worthy of attention.

Conservative saphenous surgery-extending beyond arterial bypass indications and offering preservation of both physiological and economic resources-still requires further development. It is often disliked (or even opposed) by traditional surgeons, mainly because of the intellectual commitment it demands, although this is no different from many other surgical disciplines. A continuous cultural and editorial effort may be the only way to counteract this prevailing and somewhat complacent trend.

This has been one of the core objectives of *JTAVR*.

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