

Great Saphenous Vein Stripping versus Hemodynamic Correction (CHIVA)  
in Treatment of Varicose Veins of Great Saphenous Venous System .

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ABSTRACT

Background: The CHIVA(Cure Conservatrice et He'modynamique de L'Insuffisance Veineuse en Ambulatoire,Ambulatory Conservative Haemodynamic Management of Varicose Veins) technique has appeared at the decade of eighties of the last century. It has been identified to be an attractive method for the treatment of lower limb varicosities, in spite of the little number of surgeons skilled at this procedure at its beginning. The CHIVA has been continuing to be more effective although the huge revolution of the more recent modalities for the treatment of varicosities. This relatively new procedure depends in its management of varicose veins on the reversion of the venous blood flow to its normal hemodynamic state at both deep and superficial systems via breaking all types of venous shunts at the escape points within the different compartments. Subject and Methodology: 60 patients from those attended the outpatient departments of general surgery complaining from chronic venous disease (CVD) or varicose veins were randomly arranged into 2 groups 30 cases in each group; group I were subjected to (CHIVA) and group II to high ligation and stripping (HLS). They were assessed according to the CEAP clinical classification and ultrasonic duplex scanning. CHIVA operation was performed under local anesthesia while the stripping under spinal or general anesthesia. This study has been carried out at the general surgery department in Fayoum University Hospital (FUH) in the period from May 2015 to Septembe2017. Cases were reviewed regularly at the outpatient clinic for 24 months to assess recurrence rates and complications at both groups; data were recorded and statistically analyzed. Results: The recurrence occurred at 5/30 and 0/30 at CHIVA and HLS respectively. Regarding the aesthetic satisfaction of the patient, the stripping was better; 27/30 in contrast to 21/30, while the investigator satisfaction was more or less equal ; 22/30 for stripping and 23/30 for CHIVA. The wound infection was 1/30 in each group. Nerve damage, bruises and superficial venous thrombosis were found to be 0/30, 8/30 and 0/30 in CHIVA group, while at the stripping group were 3/30, 16/30 and 1/30 respectively. Conclusion: CHIVA is safe, less invasive, effective and if done properly it lead to complete cure. Also properly carried out stripping is much more beneficial to patients than poorly performed CHIVA procedure.

Keywords: Varicose veins surgery, CHIVA, Venous stripping.