

VENOUS DEBATE:
ENDOVENOUS ABLATION COVERAGE??
NEGATIVE

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DISCLOSURES

No commercial conflicts

No off-label use of products

I do vein stripping for Health BC

I do Endovenous (EndoV) as private pay procedure

COVERAGE??

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Meaning of coverage:

1. Patient do not pay
2. Government pays
3. Surgeon get paid with a fee code

Two out of three: - EVAR: EndoAnchar, Palmaz
 - Bedside US or ABIs

EndoV: - “Covered” if you are willing:

1. do it without extra pay (Contract)
2. bill as a vein stripping (FFS)

My Stance: Patient should pay for EndoV Tx. No coverage

Varicose veins (VV)

- **Prevalence 20-30% of adult population**
- **7Th most common reason to see a GP**
- **Most common Vasc Surg referral**
- Why they come?
 - Cosmetic
 - Symptomatic
 - Symptomatic + Cosmetic (Majority)
 - Potential for abuse
 - Complicated (>C3)



DOCTOR MY VEIN HURTS. AND THEY ARE SO UGLY!!

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Varicose veins? Get ready to pay – or wait years for treatment in B.C.



LONG WAIT FOR VV CARE

- Large volume of patients
- Arterial disease prioritized over veins
- Wait years just to see a vascular surgeon
- Another wait list for vein stripping

GP's and dermatologists opening vein clinics (bad care!)

THE QUESTION

Will EndoV coverage improve vein wait times in Canada?

Economic implications of endovenous great saphenous ablation in a public health care system

Abdalla Butt,^a and David Kopriva, MDCM, FRCS(C),^{b,c} *Saskatoon and Regina, Saskatchewan, Canada*

Switch from HL/S to EVA started 2007

Volume of procedures stayed at 90 cases/year

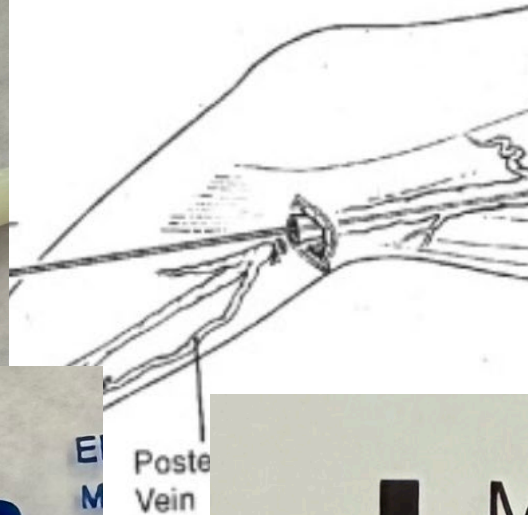
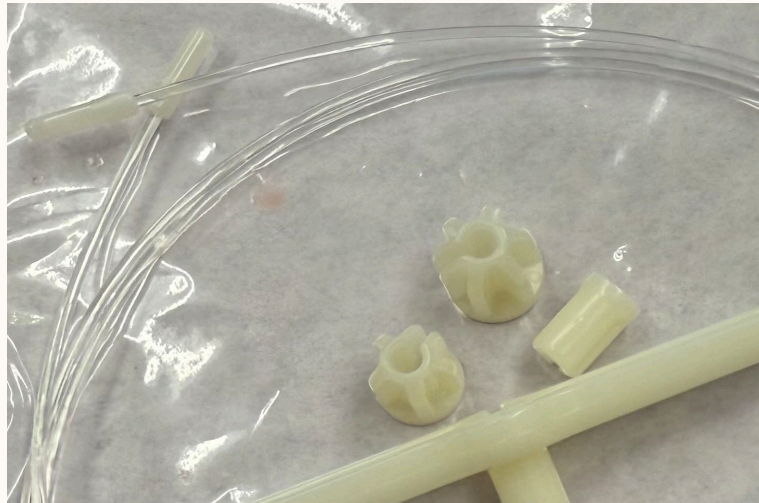
Wait time for vein procedures: 2-3 years

Tell GPs not to send patients unless C4 or greater

EndoV coverage does not improved vein care in Canada!

WHAT IS WRONG WITH CURRENT VEIN TX?

High ligation and Stripping (1)



EndoV



Medtronic, Inc.
710 Medtronic Parkway
Minneapolis, MN 55432
USA

HL/S VS ENDOV

- “beyond the initial procedure and first few weeks, **both** endovenous and surgical approaches achieve **comparable and durable symptom and QOL benefits**. “
(CSVS guideline, 2022)



**Cochrane
Library**

Cochrane Database of Systematic Reviews

Interventions for great saphenous vein incompetence (Review)

Whing J, Nandhra S, Nesbitt C, Stansby G

Cochrane review, 2021
Compare EVLA, RFA, HL/S etc.
- No long-term difference

RETURN TO WORK (RFA VS HL/S)

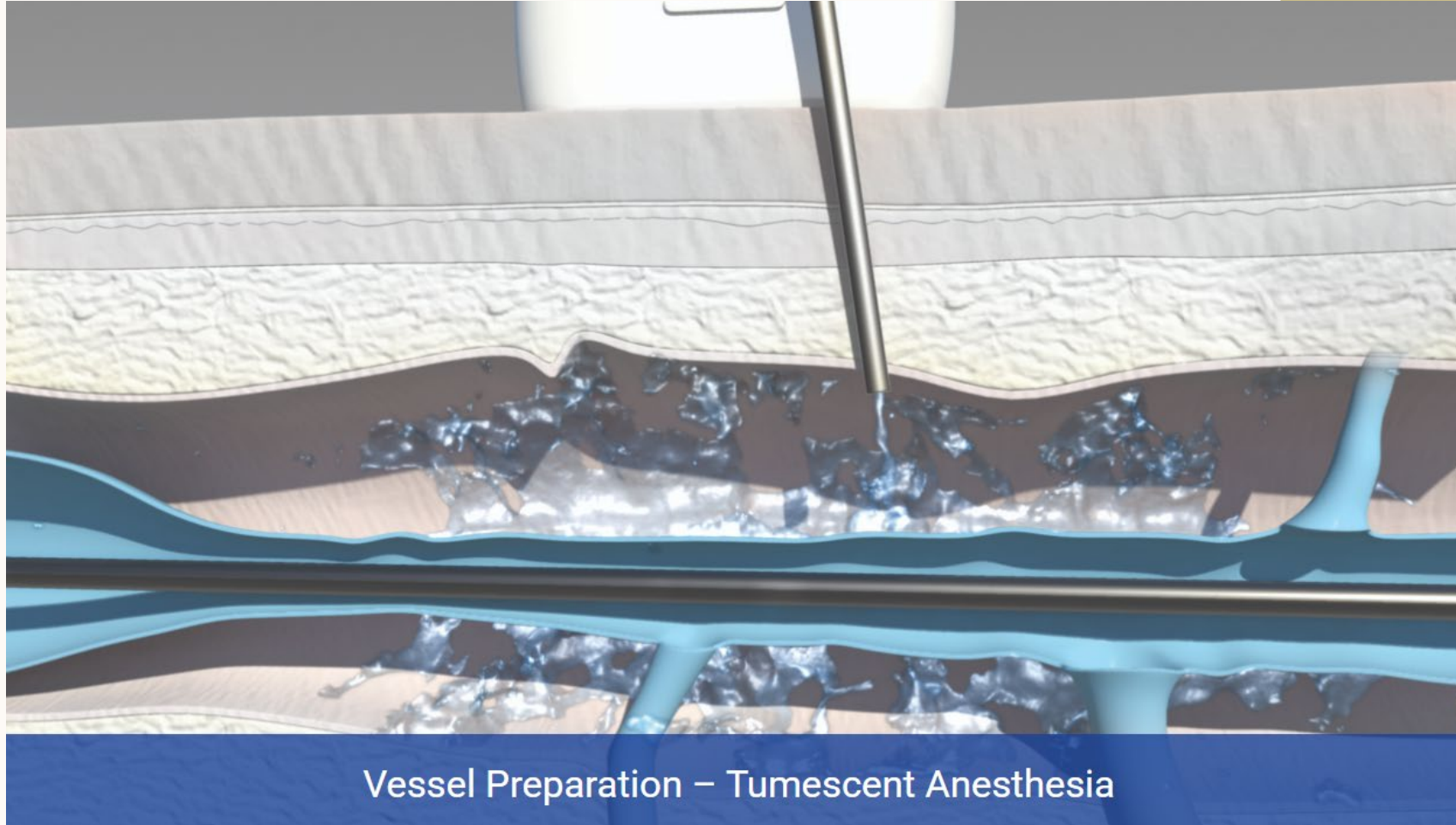
Study	Time to return to work (days)	
	RFA	HL/S (surgery)
EVOLVEs 2003 ^e mean	4.7	12.4
Helmy ElKaffas 2011 mean (SD)		
Rasmussen 2011 median (range)	2.9 (0 - 14)	4.3 (0 - 42)
Rautio 2002 ^c mean (SD)	actual: 6.5 (3.3)	actual: 15.6 (6)
	perceived: 6.1 (4.4)	perceived: 19.2 (10)
Subramonia 2010 median (IQR)	10 (4 - 13)	18.5 (11 - 28)

RETURN TO WORK (EVL VS HL/S)

EVLA versus HL/S (surgery)

Study	Time to return to work (days)	
	EVLA	HL/S (surgery)
Darwood 2008 ^d median (IQR)	EVLT1: 4 (2.5 - 7) EVLT2: 4 (1 - 12)	17 (7.25 - 33.25)
HELP-1 2011 median (range)	4 (2 - 14)	14 (13 - 28)
Pronk 2010 mean (SD)	4.38 (5.43)	4.15 (3.72)
Rasmussen 2007 mean (SD)	7 (6)	7.6 (4.9)

TUMESCENCE ANESTHETIC HELPS SHORT TERM PAIN& RECOVERY!

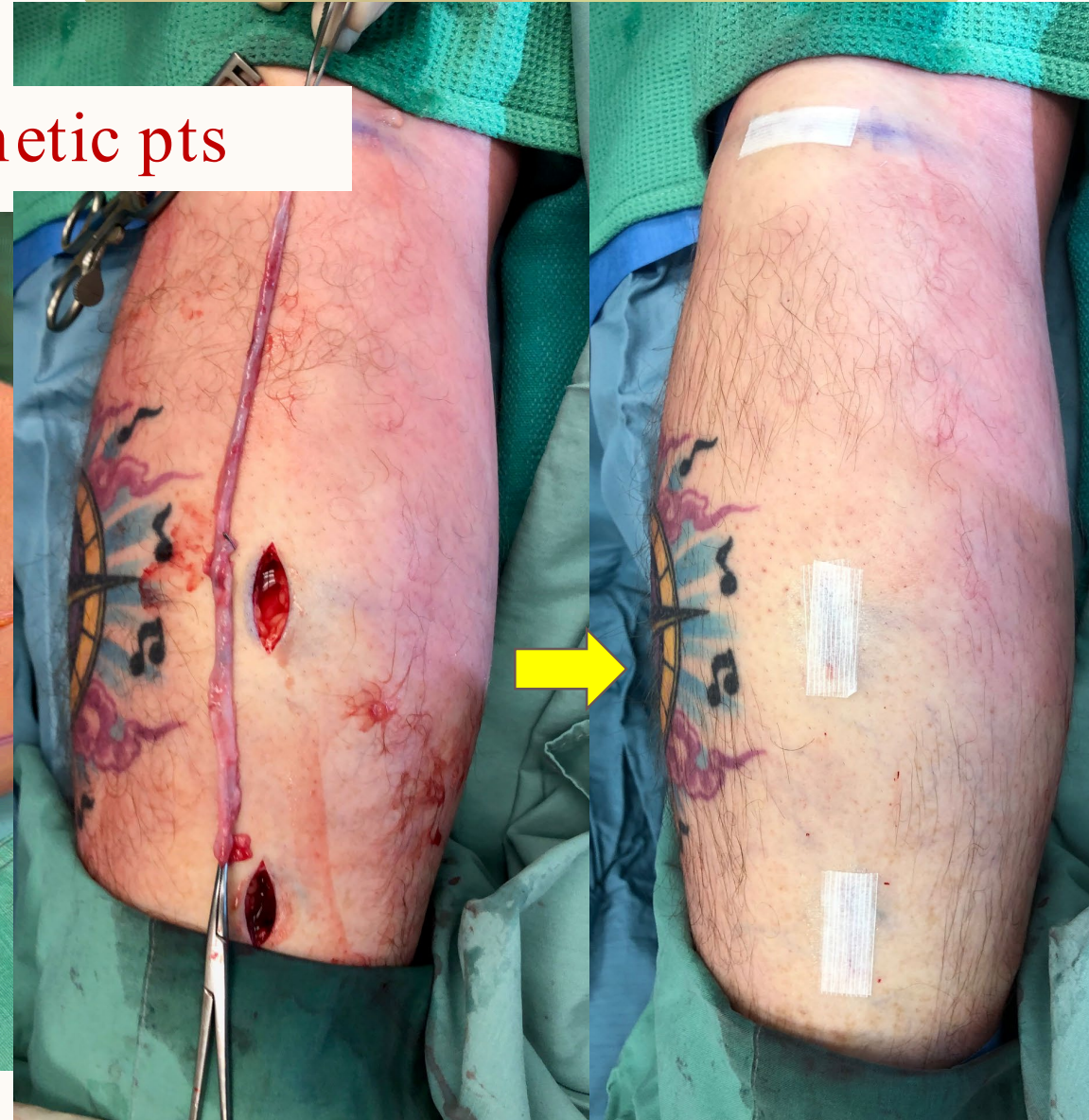


Why should burning veins be less painful than stripping

Help to reserve OR for real suffering pts

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Cuts and scars are good deterrents for cosmetic pts



CONCLUSIONS

- Long wait lists for VV are not helped by EndoV coverage
- Cosmetic C2 patients: potential abuse
- Vein stripping is good long term Tx; a good deterrent
- Covering EndoV will increase demand, lengthen wait time
- Tumescence anesthesia for vein stripping: help with recovery
- Frail Patients: EndoV can be done pro bono (Like endoAnchors)

**EndoV coverage will not improve vein care
should be kept Private Pay**

