

INTRODUCTION

The changing face of care for venous disease

Varicose veins and associated chronic venous diseases afflict millions of people worldwide. Progress in minimally invasive, endovascular techniques, and technology, including laser and radiofrequency ablation, has rapidly transformed the way we care for patients with venous disease today. Patient acceptance of mostly office-based, outpatient treatments of varicose veins, and more advanced chronic venous diseases, has been unprecedented, and clinical outcomes after minimally invasive venous ablations have been unexpectedly good. Interest in venous disease, a stepchild of medicine just a few decades ago, has grown immensely among patients, physicians, and device manufacturers, as well as third party payers. Testimony to this is the ever-increasing number of interventions performed in the United States.

The growing public awareness and interest, the increasing number of venous procedures performed by vascular surgeons, and also by physicians of other specialties, coupled with unparalleled enthusiasm of the medical industry to invest in technology and to contribute to generate scientifically valid data on safety and efficacy of the procedures fueled remarkable academic progress in the venous field. Evidence-based medicine, hardly typical of venous disease just before the turn of the century, has changed the way we decide on appropriate indications, safe and cost-effective techniques and on outcome assessment after venous interventions.

The two major stakeholders in the field of venous disease include the Society for Vascular Surgery (SVS), the largest North American not-for-profit organization dedicated to the prevention, investigation, and management of vascular diseases and its close ally, the American Venous Forum (AVF), a multidisciplinary society founded by members of the SVS; both organizations are fully devoted to the education and research of venous disease. During the past 2 decades, the objectives of both organizations have been to develop internationally accepted and standardized venous nomenclature

and classification, new reporting standards, outcome assessment tools, position statements, and practice guidelines. The two organizations, together with the Foundation of the SVS, the American Vascular Association, worked side by side to increase public awareness by campaigns and by screening for venous disease. The AVF recently introduced a national Venous Registry and launched a major initiative in the United States to decrease the prevalence of venous ulcers.

The objective of this Supplement of the *Journal of Vascular Surgery* is to present current scientific evidence on outcome after treatment of varicose veins and associated chronic venous diseases and to provide guidelines for their management. Members of the Venous Guideline Committee of the SVS and AVF formulate recommendations on “best practice” for evaluation of chronic venous disease and present up-to-date evidence on safety, efficacy, cost-effectiveness, and durability of medical, surgical, and endovascular procedures. The committee carefully weighed the benefits and harms of each old and new venous intervention. Based on the available evidence, the Venous Guideline Committee recommended clinical practice guidelines for the management of varicose veins and associated more advanced chronic venous diseases. In a separate article of the Supplement, a systematic review evaluated results of 38 comparative studies, including 29 randomized controlled trials, to collect and grade evidence on surgery, laser ablation, radiofrequency treatment, and liquid or foam sclerotherapy of varicose veins.

Indisputably, clinical practice guidelines need to be updated as the technology is changing and robust scientific data on efficacy of any new procedure become available. The rapidly transforming face of the care for patients with venous disease easily predicts that further changes in the management of venous disease are almost inevitable. Although transformation of our venous practice in the last decade has been unusually fast, medicine has been used to revolutionary progress. As Dr Charles H. Mayo said it already in 1931, “. . . the only thing that is permanent is change.”

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