

Less Post-Op Pain With Radiofrequency Ablation

A study published in the June issue of the *British Journal of Surgery* compared two increasingly popular treatments for varicose veins, and found that patients who received radiofrequency ablation (RFA) reported less post-procedural pain than those treated with endovenous laser ablation (EVLA). However, both groups reported the same clinical and quality of life improvements at six weeks.

“It’s estimated that as many as 30 percent of adults in the UK will suffer from the condition (varicose veins) at some point in their lives,” explains principal investigator Professor Alun Davies from Imperial College, London.

Vascular surgery experts from the College randomized 131 patients into two groups, with 64 receiving endovenous laser ablation and 67 receiving radiofrequency ablation using VNUS® ClosureFAST™.

All the procedures were carried out under general anesthetic between July 2008 and July 2009 by one of three surgeons experienced in both techniques. The 89 female and 42 male patients were then asked to fill in diary cards recording pain levels, based on a visual analogue scale from zero to 100, and note any analgesia use. The patients had an average age of 49 and there were no statistically significant differences in other factors such as their body mass index and the pattern of the disease between the two surgical groups.

“Radiofrequency and endovenous ablation are minimally invasive techniques and their development has revolutionized the treatment of varicose veins,” says Professor Davies. Perceived advantages over traditional surgery include fewer complications, minimal post procedural pain and faster recovery times.

Key findings of the study included:

- Average pain scores for the first three days after surgery were 26.4 on the zero to 100 scale for the RFA group and 36.8 for the EVLA group.
- The average scores for the first 10 days after surgery were 22 for the RFA group and 34.3 for the EVLA group.
- Patients treated with RFA used an average of 8.8 analgesic tablets during the first three days and 20.4 over the first ten days. This was much lower than the 14.2 and 35.9 used by the EVLA group.
- Sixty percent of the RFA group and 50 percent of the EVLA group returned to normal activities after three days, with 77 and 74 percent respectively resuming normal activities within seven days. Return to work figures were similar for both groups.
- Only two major complications were observed. A patient in the RFA group suffered a pulmonary embolus two weeks after surgery and a patient in the

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EVLA group suffered a lymphatic leak.

- The most common minor complications were tingling, pricking or numbness (10 percent), vein inflammation (six percent) and skin staining (six percent).
- There was little difference in clinical and quality of life scores between the two groups six weeks after surgery.

“Our study showed that patients experience less post procedural pain with the VNUS® ClosureFAST™ than the 980nm EVLA,” says Professor Davies. “Newer radial fibers and longer laser wavelengths have been developed for EVLA and are likely to replace the 980nm bare tip laser fiber. We await the results of randomized trials using these with interest.”

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