From JVS and JVS-VL: Public Funding of EVA Reduces Costs

Publicly funded endovenous ablation has reduced the rates of high ligation and stripping, which in turn has reduced costs to the Canadian health system by approximately $42,000 a year.

And great saphenous vein intervention rates have not increased, according to an article in the July issue of the Journal of Vascular Surgery: Venous and Lymphatic Disorders. The article, “Economic Implications of Endovenous Great Saphenous Ablation in a Public Health Care System” is from the Canadian Society for Vascular Surgery and is open-source through July 31-Aug. 30.

Researchers retrospectively reviewed cases of HL/S between 2003 to 2014 and cases of EVA between 2007 — when it was introduced into the public system in Saskatchewan, Canada — and 2014. While the rates for great saphenous vein intervention were similar for both time periods, case costs of HL/S were higher than those of endovenous laser treatment. The total annual costs of great saphenous vein intervention decreased following introduction of EVA, the society concluded. Read more at vsweb.org/JVS-VLAblation.

From JVS: Consider Debris

Researchers have identified predictors of embolic filter debris load during carotid artery stenting in asymptomatic patients. The study is from the Vascular and Endovascular Surgery Society and is published in the July issue of the Society of Vascular Surgery. It is available, free, through Aug. 30 at vsweb.org/JVS-Debris.

Researchers performed a quantitative analysis of all patients with asymptomatic carotid stenosis of more than 70 percent undergoing CAS between 2008 and 2016. The authors concluded that the majority of asymptomatic carotid stenoses treated with CAS have detectable embolic debris in the protecting filter. Factors of being older than 75, a preexisting ipsilateral cerebral ischemic lesions, hypoechogenic plaque and plaque larger than 15 mm should be considered independent predictors of clinically relevant embolic debris during the procedure.

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