

# SVS/AVF 2014 VENOUS LEG ULCER GUIDELINES FOR CLINICAL PRACTICE

	GUIDELINE <sup>1</sup>	GRADE <sup>1</sup>
<b>Venous Duplex Ultrasound</b>	<b>GUIDELINE 3.9:</b> We recommend comprehensive <b>venous duplex ultrasound</b> examination of the lower extremity in all patients with suspected <b>venous leg ulcer</b> .	<b>1 B</b>
<b>Ablation – Prevent Recurrence</b>	<b>GUIDELINE 6.2:</b> In a patient with a venous leg ulcer (C6) and incompetent superficial veins that have axial reflux directed to the bed of the ulcer, we <b>recommend ablation*</b> of the incompetent veins in addition to standard compressive therapy <b>to prevent recurrence</b> .	<b>1 B</b>
<b>Ablation – Ulcer Healing</b>	<b>GUIDELINE 6.1:</b> In a patient with a venous leg ulcer (C6) and incompetent superficial veins that have axial reflux directed to the bed of the ulcer, we <b>suggest ablation*</b> of the incompetent veins in addition to standard compressive therapy <b>to improve ulcer healing</b> .	<b>2 C</b>
<b>Ablation – Prevent Ulceration</b>	<b>GUIDELINE 6.4:</b> In a patient with skin changes at risk for venous leg ulcer (C4b) and incompetent superficial veins that have axial reflux directed to the bed of the affected skin, we <b>suggest ablation*</b> of the incompetent superficial veins in addition to standard compressive therapy <b>to prevent ulceration</b> .	<b>2 C</b>
<b>Venous Angioplasty &amp; Stent Recanalization – Ulcer Healing, and Prevent Recurrence</b>	<b>GUIDELINE 6.14:</b> In a patient with inferior vena cava or iliac vein chronic total occlusion or severe stenosis, with or without lower extremity deep venous reflux disease, that is associated with skin changes at risk for venous leg ulcer (C4b), healed venous leg ulcer (C5), or active venous leg ulcer (C6), we <b>recommend venous angioplasty and stent recanalization</b> in addition to standard compression therapy <b>to aid in venous ulcer healing and to prevent recurrence</b> .	<b>1 C</b>

GRADE	DESCRIPTION OF RECOMMENDATION	METHODOLOGIC QUALITY OF SUPPORTING EVIDENCE
<b>1 B</b>	Strong recommendation, moderate-quality evidence	RCTs with important limitations or exceptionally strong evidence from observational studies
<b>1 C</b>	Strong recommendation, low quality or very-low-quality evidence	Observational studies or case series
<b>2 C</b>	Weak recommendation, low quality or very-low-quality evidence	Observational studies or case series

<sup>1</sup> Thomas F. O'Donnell Jr et al. Management of venous leg ulcers: Clinical practical guidelines of the Society for Vascular Surgery and the American Venous Forum. J VascSurg 2014;60:3S-59S.

\*Regarding the choice of method of saphenous ablation there are multiple RCTs showing strong and consistent evidence that modern open surgery radiofrequency and laser ablation are equivalent in effect and safety

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