THE SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND

Minta Palmer has completed this personal reflection on **21/02/2022**

Paper: Winter 2021/2022 CPD questions

Personal Reflection:

Description of the Learning:
No Benefit of Wearing Compression Stockings after Endovenous Thermal Ablation of Varicose Veins: A Systemic Review and Meta-Analysis.

Analysis:
Meta-analysis of 7 randomised controlled trials to determine if compression stockings were necessary after varicose vein ablation. All random controlled trials reviewed compared outcomes of compression vs no compression after endovenous ablation (RFA and EVLA). QoL questionnaires and pain scores assessed. 1,146 total patients ‚Äì 572 compression, 574 no compression.

Conclusion:
QoL ‚Äì Post-procedural compression did not result in significant improvement over no compression. Lower pain scores with compression. No significant difference in occlusion rate of target vessel with compression vs no compression. No significant difference in time to return to work. No significant difference in complications. Meta-analysis finds that wearing compression stockings after ablation of VV is not likely to improve surgical outcomes except for pain scores ‚Äì does not reduce the risk of post-operative complications either.

Benefit to Current Practice:
Given that compression stockings are difficult to put on and take off, and that the majority of venous incompetence patients are over 65, removing the guidance to use stockings following varicose vein procedures would make their recovery easier. It would also lead to a slightly reduced procedure cost by not providing stockings.

Benefit to User:
Given that compression stockings are difficult to put on and take off, and that the majority of venous incompetence patients are over 65, removing the guidance to use stockings following varicose vein procedures would make their recovery easier. It would also lead to a slightly reduced procedure cost by not providing stockings.

Description of the Learning:
A Dose Response Association Between Body Mass Index and Mortality in Patients with Peripheral Artery Disease: A Meta-Analysis Including 5,729,272 Individuals

Analysis:
Meta-analysis of 7 studies filling inclusion criteria: patients w/ PAD, reported association of BMI and all cause mortality, reported results of 3 or more BMI categories.

Conclusion:

,ÄúObesity Paradox‚Äù - Increased BMI in surgical patients lead to decreased length of stay and decreased long term mortality; in critically ill patients decreased in-hospital mortality. Greater body mass has been suggested to serve as a metabolic reserve to combat acute stress. Lower BMI may be due to frailty; higher BMI as been shown to be associated with superior survival among those w/ re-existing chronic cardiovascular disease. Higher BMI may also mean larger absolute muscle mass and muscle strength. Higher BMI sometimes reflects better nutrition. Short term survival not significantly correlated w/BMI in dose response manner. U-shaped relationship between BMI and risk of all cause mortality, w/lowest mortality at BMI ~33-34 kg/m2 (CLI patients 25-26 kg/m2).

Benefit to Current Practice:
Educating patients regarding the importance of maintaining a healthy weight would help reduce the strain on services. The findings that patients with higher BMI have shorter length of stay in hospital, as well as decreased in-hospital mortality is surprising, but important to relate to patients.

Benefit to User:
Patients would benefit from decreased inpatient time, as well as reduced post-surgical complications.