
In Response to Dr Franceschi

We are privileged to have a practicing pioneer on the CHIVA technique commenting on our article. The saphenous treatment score (STS) was validated on a cohort of patients receiving different endovenous treatments for obliterating varicose veins. A treatment success with this score was GSV occlusion without reflux. The STS was particularly useful in situations of co-existing occlusion, competency and reflux. Here these individual conditions were each assigned a value (depending on whether the outcome was competency or occlusion) and then weighted with an order of precedence above and below knee.

We proposed that saphenous conservation surgeons may wish to validate the STS using CHIVA or ASVAL. Since the STS was developed as a *flexible* scoring system this could be achieved by giving competency the successful endpoint. Dr Franceschi points out that not all saphenous reflux is harmful. For example, a self-limiting “reflux” can occur when the reverse flow in the GSV is a drainage pathway. By definition this flow is not a reflux but a deflux because it is a footward flow of blood from tributaries

through a saphenous trunk to the next perforating vein. If the STS is adopted for use in this setting then the phlebologist should exclude this as a failure. We would be reluctant to acknowledge occlusion as a failure when it has abolished reflux. A lesser score may be more appropriate in these situations when the goal of reflux abolition has been achieved but at the expense of competency.

The STS is the first attempt at providing a score for both restorative and obliterative treatment approaches. This may be useful for comparative studies. Since we do not practice saphenous conservation, any validations and modifications to the STS should be performed by the phlebologists who specialise in these techniques.

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