

Follow up consisted of clinical evaluation, ankle-brachial index measurements and duplex scanning.

**Results** The mean follow-up time was 30.1 months. The mean length of the endarterectomised SFAs was 29 cm (range, 15–43 cm). The five year cumulative primary patency rate by means of life table analysis was  $45.8 \pm 4.4\%$  (SE). Percutaneous transluminal balloon angioplasty and surgical re-interventions were performed in thirty three and five patients respectively resulting in a primary assisted patency rate of  $57.5 \pm 4.1\%$ . The five year secondary patency rate was  $65.6 \pm 3.8\%$ . Limb salvage was achieved in 35 of the 41 patients with gangrene.

**Conclusions** The long term results of ultrasonic SFA endarterectomy suggest this is an effective technique.

#### An “All-Comers” Venous Duplex Scan Policy for Patients with Lower Limb Varicose Veins Attending a One-stop Vascular Clinic: Is It Justified?

Makris S.A., Karkos C.D., Awad S., London N.J.M.. Eur J Vasc Endovasc Surg 2006;32:718-24.

**Objective** To determine whether clinical assessment could predict the correct management of patients with varicose veins (VVs), select those who would need duplex scanning, and identify deep venous reflux (DVR).

**Methods** Prospective study of 342 consecutive limbs with VVs. These were divided into 3 groups: 170 (50%) limbs with primary VVs without skin changes (group I), 37 (11%) with recurrent VVs without skin changes (group II), and 135 (39%) with primary or recurrent VVs with skin changes (group III). Clinicians were asked to document whether they would normally request a duplex scan because of clinical uncertainty. Agreement between decision-making based on clinical and on duplex findings was documented.

**Results** Agreement between clinical and duplex findings for groups I, II, and III was 82%, 59%, and 67%, respectively. In 112 cases (66%) in group I, clinicians felt certain about the diagnosis and yet duplex scanning revealed they were wrong in 12% of cases. In group II, clinicians would request a duplex scan because of clinical uncertainty in 30 (81%) cases. In group III, the sensitivity, specificity, positive and negative predictive value of clinical assessment in detecting DVR was 32%, 77%, 24%, and 83%, respectively.

**Conclusions** Clinical evaluation of patients with VVs is unreliable in planning their management. Clinicians can neither predict those who will require duplex scanning nor correctly identify DVR. Even experienced surgeons often “get it wrong” when assessing primary uncomplicated veins despite being certain about the diagnosis. Therefore, an “all-comers” duplex imaging policy should be implemented if optimal management is to be achieved.

#### Knee versus Thigh Length Graduated Compression Stockings for Prevention of Deep Venous Thrombosis: A Systematic Review

Sajid M.S., Tai N.R.M., Goli G., Morris R.W., Baker D.M., Hamilton G.. Eur J Vasc Endovasc Surg 2006;32:730-36.

**Objective** Graduated compression stockings are a valuable means of thrombo-prophylaxis but it is unclear whether knee-length (KL) or thigh length (TL) stockings are more effective. The aim of this review was to systematically analyse randomised controlled trials that have evaluated stocking length and efficacy of thromboprophylaxis.

**Method** A systematic review of the literature was undertaken. Clinical trials on hospitalised populations and passengers on long haul flights were selected according to specific criteria and analysed to generate summated data.

**Results** 14 randomized control trials were analysed. Thirty six of 1568 (2.3%) participants randomised to KL stockings developed a deep venous thrombosis, compared with 79 of 1696 (5%) in the TL control/thigh length group. Substantial heterogeneity was observed amongst trials. KL stockings had a significant effect to reduce the incidence of DVT in long haul flight passengers, odds ratio 0.08 (95%CI 0.03–0.22). In hospitalised patients KL stockings did not appear to be far worse than TL stockings, odds ratio 1.01 (95%CI 0.35–2.90). For combined passengers and patients, there was a benefit in favour of KL stockings, weighted odds ratio 0.45 (95% CI 0.30–0.68).

**Conclusion** KL graduated stockings can be as effective as TL stockings for the prevention of DVT, whilst offering advantages in terms of patient compliance and cost.