As is well known, a standard venous population does suffer from C2—C3 venous disease. The randomised controlled trial by Sell H, et al., in this issue of the Journal shows us that in such patients with uncomplicated venous disease, as seen in every-day practice, surgical intervention is superior to compression therapy in terms of Quality of Life and (CEAP) C-class improvement. With compression, no improvement at all will be achieved. Endovenous procedures are known to have at least the same results as surgery.2

From this study we therefore learn that although in a first-line setting, patients with C2 and C3 venous disease could be treated by compression therapy, this treatment is likely to fail. If patients subsequently have to be referred, they should be offered a more effective (endovenous or surgical) intervention.

Although in this study the treatment of two groups of venous patients by either compression therapy or surgery was compared, they are in fact not comparable. Compression therapy can never provide definitive therapy: the effects will stop after the patient stops wearing stockings. A temporary, relatively ineffective therapy cannot be compared with a definitive and obviously effective one.

The reason that this study has been performed is that governments and insurance companies, in view of the costs, consider compression therapy a serious alternative to invasive procedures, and even elect for compression as the primary treatment for C2 and C3 patients. This study was started when the Finnish government issued a venous description system (not analogous to CEAP or other known venous scoring system) with compression therapy as the baseline therapy. The underlying hypothesis was that venous disease is generally cosmetic and doesn’t need funding by either the government or insurance companies.

Although this and another study comparing compression versus surgery3 originated a decade ago, and therefore the type of surgical intervention is somewhat old-fashioned, the study presents clear and important results.

REFERENCES