

**Design and methods:** Patients who had undergone surgical revascularization between February 2001 and February 2005 and who were aged <65 years, were identified from a prospective database and contacted via a postal questionnaire.

**Results:** Of 139 patients identified 19 had died. Questionnaires were returned by 80/120 patients (66.7%). Of these 8, 36 and 36 patients had undergone aortic, groin or infra-inguinal procedures respectively. Pre-operatively, 59 were employed, 17 unemployed and 4 retired. Post-operatively, 51 returned to work, 16 were unemployed, and 13 retired. Those who retired post-operatively were significantly older ( $p < 0.05$ ) than the remainder. After a median hospital stay of 15 (iqr 4–45) days those returning to work did so after a further 26 (iqr 7–112) days, although this was delayed following aortic procedures ( $p < 0.05$ ) and in patients with non-intermediate occupations ( $p < 0.05$ ).

**Conclusions:** Two thirds of potentially employable patients with claudication return to work following surgery including all those undergoing lower limb revascularization who were employed pre-operatively. This is influenced by age, the type of procedure and pre-operative occupation. This data can be used to predict return to work in patients requiring surgery for intermittent claudication.

#### Long-term Results of Surgical Repair of Popliteal Artery Aneurysm

Davies R.S.M., Wall M., Rai S., Simms M.H., Vohra R.K., Bradbury A.W., Adam D.J. *Eur J Vasc Endovasc Surg* 2007;34:714-8.

**Objective:** To determine the long-term outcome of surgical repair of popliteal artery aneurysms (PAA).

**Methods:** A retrospective review of consecutive patients who underwent surgical PAA repair in two vascular surgery units between 1988 and 2006 was performed. Primary and secondary graft patency, limb salvage and patient survival rates were determined using Kaplan-Meier methods.

**Results:** 48 patients underwent repair of 63 PAAs (ligation and bypass=45, interposition grafting=18). The 5-year primary graft patency, secondary graft patency, limb salvage and patient survival rates were 75%, 95%, 98% and 81%, respectively. The 10-year primary graft patency rates were significantly lower for emergency cases (59%) compared with elective cases (66%) ( $p = 0.0023$ ). Thirteen patients (16 PAAs) required a total of 20 late re-interventions. Duplex ultrasound was available in 33 of 45 PAAs treated by ligation and bypass. Five (15%) PAAs demonstrated perfusion of

the aneurysm sac at median(range) follow up of 75(1–246) months after primary repair and two of these required emergency re-operation.

**Conclusions:** These data demonstrate that surgical PAA repair is associated with excellent long-term durability and provide an important benchmark with which to compare results of endovascular PAA repair. Patients treated using the ligation and bypass technique should be enrolled in an aneurysm sac surveillance program.

#### Comparison of 1% and 3% Polidocanol Foam in Ultrasound Guided Sclerotherapy of the Great Saphenous Vein: A Randomised, Double-Blind Trial with 2 Year-Follow-up. "The 3/1 Study"

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**Objectives:** To compare 1% and 3% POL foam in treating the great saphenous vein (GSV) by ultrasound guided sclerotherapy.

**Design:** Multicentre, prospective, randomised, double-blind trial with 2 year-follow-up.

**Patients and methods:** 148 patients with GSV reflux (saphenous trunk diameter 4–8 mm) were randomised to undergo ultrasound guided foam sclerotherapy using either 1% or 3% POL foam in a single session. Foam production was standardised using a sterile disposable syringe kit including sterile air and the Turbofoam<sup>®</sup> machine. Duplex ultrasonography was used to assess the outcome at 3 weeks, 6 months, 1 year, 18 months and 2 years. The main criterion of success was the disappearance of the venous reflux. The length of occlusion of the vein (only measured at 3 week-echography assessment) was a secondary criterion. Side effects were assessed.

**Results:** 74 patients were included in each group. The mean volume of foam injected was 4.4 ml for the 3% group and 4.6 ml for the 1% group. After 3 weeks, reflux was abolished in 96% (71 patients) of the 3% group and 88% (68 patients) of the 1% group (NS). The mean occlusion length of the vein was 38 cm for the 3% group and 34 for the 1% group (NS). After 2-years, reflux was absent in 69% of the 3% group and 68% of the 1% group (NS). 14 patients were lost to follow-up at 2 years.

**Conclusion:** This study demonstrates equivalent efficacy for 1% POL and 3% POL foam in sclerotherapy of the GSV where the trunk is less than 8 mm in diameter. These data obtained two years of follow-up confirm our previously reported 6 month-follow-up data published in 2005.