



## ANALYSIS OF THE LONG-TERM RESULTS OF VARIOUS TREATMENT METHODS FOR VARICULOSIS.

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**Relevance.** The relevance of the problem of varicose veins and venous insufficiency is determined by the high prevalence of the disease. The increasing incidence of the disease among young people leads to an increase in the volume of the problem [2, 4, 6].

If previously this disease developed in elderly people (over 50 years old), now 10-15 percent of schoolchildren aged 12-13 have the first signs of venous problems. The first signs of varicose veins are observed in approximately 60% of cases before the age of 30. The stage of disease development and the development of complications create difficulties in conservative treatment. In such cases, treatment presents financial difficulties, leading to prolonged treatment for patients and, most tragically, disability. For example, in the USA and Great Britain, the cost of treating patients with CKD and other complications is 3 billion dollars per year [1, 3, 5, 7, 8].

The aim of the study is to improve treatment outcomes by using the EVLO method in the complex treatment of patients with various forms of varicose veins.

**Materials and methods.** The research work is based on the results of a study of 267 patients with varicose veins of the lower extremities operated on at the private clinic "Angiomed" of the Davlatabad district of the Namangan region for the period from 2020 to 2023.

All patients were divided into 3 groups. The first group consisted of 104 (38.9%) patients who underwent traditional phlebectomy, the second group consisted of 107 (40.1%) patients who underwent EVLO+ miniphlebectomy simultaneously, and the third (main) group consisted of 56 (20.9%) patients who underwent EVLO and after 3 months, some patients showed complete improvement, and the rest were patients who underwent sclerotherapy or miniphlebectomy.

Types of surgical interventions are very important for the results of treatment or surgical interventions. Of the 104 patients in the first group, 20 (19.3%) underwent phlebectomy according to the Beacock method, 60 (57.7%) underwent phlebectomy according to the Beacock-Narat method, and 24 (23.1%) underwent surgical intervention using the method of ligation (cross-ectomy) + Narat phlebectomy. Out of 107 patients in the second group, 60 (56.1%) underwent EVLO+Miniflebactomy+Sclerotherapy, and 47 (43.9%) underwent EVLO+Miniflebactomy. Out of 56 patients in the third group, 17 (30.1%) underwent EVLO - miniphlebectomy after three months, in 18 cases



(32.2%) EVLO + sclerotherapy after 3 months, and in 20 (35.7%) EVLO was performed alone.

All patients underwent standard laboratory research methods - general blood, urine, biochemical blood analysis, coagulogram, blood type and Rh factor analysis. Clinical examination of patients was carried out according to the generally accepted method.

104 patients of the first group underwent preoperative conservative therapy for 1-3 days after hospitalization. NSAIDs were used to prevent infectious and thromboembolic complications (compression, low-molecular-weight heparin in small doses). Then, phlebectomy was performed using traditional methods.

After hospitalization, 107 patients of the second group underwent an objective examination and a complete anamnesis was collected. All laboratory tests and Doppler ultrasound were performed. After the patient was diagnosed, concomitant diseases, the presence of an allergic reaction in the anamnesis, the condition of varicose veins and complications were determined, indications and contraindications for surgical treatment were established. The treatment method was chosen. All patients underwent standard examinations according to the established procedure, examination by the necessary specialists, and preoperative conservative procedures, followed by simultaneous EVLO + miniphlebectomy of the large subcutaneous vein.

In the third (main) group, 56 (20.9%) patients underwent EVLO and delayed sclerotherapy or miniphlebectomy after 3 months. Surgical treatment was carried out only in a planned order, all patients underwent preoperative conservative therapy for 12-15 days. Conservative measures include foot compression and mobilization, NSAIDs and CMG in small doses, and antibiotic therapy to prevent infectious complications.

Analysis of the assessment of long-term treatment outcomes of patients was carried out within a period of 4 weeks to 5 years in terms of clinical effectiveness and safety.

The following were included in the complex of examinations of patients in the long-term postoperative period: 1. Questionnaire for determining the patient's quality of life according to the CIVIQ (The Chronic Venous Insufficiency quality of life Questionnaire). 2. Instrumental examinations.

### ***Conducting a questionnaire survey on CIVIQ***

The study of quality of life (QL) in combination with a traditional medical conclusion allows for the creation of a complete picture of the disease. HS assessment methods are very simple, cost-effective, and accessible to everyone. In this case, questionnaires, which are recommended both in clinical examinations and in medical practice, are used as a common tool.

CIVIQ-20 is the most widely used HS assessment questionnaire for describing long-term treatment outcomes, and this assessment method is recognized by most Russian and foreign phlebologists. The questionnaire



consists of 20 questions, for each of which five answer options are offered depending on the severity of the symptom: "1" - from "weak" to "5" - "high."

The results of the quality of life assessment according to CIVIQ-20 are determined in the form of a generalized index (GIS - Global Index Score). For the questionnaire, S - the sum of points is calculated; m - the sum of the minimum theoretical points in the minimum score for each question; M - the sum of the highest theoretical points with the highest score for each question. The generalized index =  $(S - m) / (M - m) \times 100$  is calculated.

When conducting a survey in the long-term period of treatment, 181 (67.8%) patients out of 267 patients participated. Of these, 71 (68.3%) patients from the first group, 74 (69.2%) patients from the second group, and 36 (64.3%) patients from the third group participated in the survey.

When questioning the studied patients according to CIVIQ-20, the average numerical results obtained were 3.8 points in the first group, 2.9 points in the second group, and only 1.3 points in the third group.

The questions included in the questionnaire were divided into 4 categories: pain factor, physical factor, psychological factor, social factor.

The sum of the average figures obtained for all four categories was as follows, according to which the sum of the average figures by categories in patients of the first group was 3.85, in the second group - 2.92, and in patients of the third group - only 1.52.

### ***Instrumental test results***

It should be noted that, according to the conclusion of a number of expert commissions on the analysis of the acceptability of modern systematic assessment of surgical results, to date, no universally accepted system has been created. This also applies to systems for assessing postoperative complications.

For a comprehensive assessment of the long-term results of surgical treatment of patients with CVC, we followed the quality criteria for the accurate and comprehensive formation of a report on surgical results.

Among the examined patients, 87 (83.6%) patients in the first group, 92 (85.9%) patients in the second group, and 49 (87.5%) patients in the third group were examined within 3 months. Within 6 months, 83 (79.8%) patients were examined in the first group, 86 (80.1%) patients in the second group, and 41 (73.2%) patients in the third group.

Among the patients, up to 1 year, 67 (64.4%) patients were examined in the first group, 71 (66.4%) patients in the second group, and 36 (64.3%) patients in the third group. Also, 54 (51.9%) patients in the first group, 71 (66.4%) patients in the second group, and 29 (51.8%) patients in the third group were examined for more than 3 years.

The results of instrumental examination in the long-term postoperative period showed that in patients of the first group, after surgery, there is a high level of vascularization, recurrence occurs in 20-30% of cases, and due to the absence of Doppler control during the operation, the stump remains longer, and



in cases with a double or additional large subcutaneous vein (ACV), the percentage of varicose veins recurring due to its non-elimination is high.

In the second group, during ultrasound examination, sclerosis of the large subcutaneous vein after EVLO, perforated veins and other veins with widened serpentine traces, after miniphlebectomy, we can see a slight hematoma, hardened veins, in 2-3% of cases reconalization is observed, that is, a recurrence can be observed.

In patients of the third group, after the first stage, it can be seen that the large subcutaneous vein is sclerosely absorbed, and in 60% of cases, the veins requiring stage 2 miniflebctomy are completely absorbed, the function of the perforated veins is restored, in 20% of cases, miniflebctomy is planned, and in the remaining 20% of cases, sclerotherapy is limited. As a result, it can be seen that such complications as hematoma, wound infection in patients with concomitant diseases have been completely eliminated.

**Conclusion.** Data on treatment outcomes in the period from 6 months to one year after surgery correlated with the frequency of clinical recurrence of varicose veins: in 16 (15.4%) patients of the first group, in 7 (6.5%) patients of the second group, and in patients of the third group, recurrence of varicose veins was not observed. Of the 54 patients in the first group, in more than 3 years, femoral reflux was detected in 3 (5.5%) cases, tibial reflux in 4 (7.4%) cases, and recurrence of varicose veins in 2 (3.7%) cases. Of the 62 patients in the second group, in more than 3 years, femoral reflux was detected in 3 (4.8%) cases, tibial reflux in 2 (3.2%) cases, and recurrence of CVD in 1 (1.6%) case. Whereas, of the 29 patients in the third group, femoral reflux was detected in 1 (3.4%) case over a period of more than 3 years. It should be noted that among patients of the third group, tibial reflux and recurrence of CVD were not detected for more than 3 years.

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