

## Success Rate of Varicose Vein Surgery

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### Introduction

Each year, more than 42,000 patients in the English National Health Service (NHS) have elective varicose vein surgery. A satisfactory outcome is typically determined solely by a clinical examination performed during a later follow-up appointment; official patient opinions are rarely assessed. This is expected to change, though, as the NHS develops a competitive internal market that requires providers to prove the value of their services in order to get funding from purchasers. Any measure of effectiveness for operations like varicose vein surgery that are performed primarily to improve quality of life should include the patient's assessment of the result.

A self-completed questionnaire was used to survey patients before, one month, and six months operation. Clinical data regarding the patients was obtained from their medical records. The survey consisted of five modified versions of the SF-36 questionnaire, as well as inquiries specifically related to symptoms of varicose veins.

### Description

The responses to the SF-36 scale questions were utilized to determine the eight scores as percentages. A higher score on each scale indicates better health, while a lower score indicates poorer health. The seven questions pertaining to symptoms were formulated in a similar manner to the SF-36 questions. Using a 5-point scale ranging from "not at all" to "extremely," patients were asked to indicate the extent to which they had been bothered by various symptoms associated with their varicose veins over the past month. These symptoms included: i. pain or aching; ii. throbbing; iii. tiredness; iv. appearance; v. skin problems (itching or rashes); vi. swelling; and vii. ulcers. A score was calculated using the same method employed for the SF-36 scores. In addition to the questionnaire, patients were also asked supplementary questions regarding any other diseases or conditions they may have had. Furthermore, they were asked about their occupation prior to the operation and evaluated the success of the procedure at the 6-month mark.

One hundred and thirty-one patients (87%) returned the preoperative questionnaire, with no significant differences in age or gender between those who responded and those who did not. Thirty-five patients underwent a day case procedure, while the remaining stayed in the hospital for 1 to 3 days. Fifty-five

patients (42%) had their left leg operated on, 41 (31%) the right leg, and 34 (26%) both legs. The side was not specified in one case. Twenty-eight patients (21%) reported that it was not their first varicose vein operation. Out of 165 varicose vein operations, all involved vein avulsion, with most also undergoing another procedure such as long saphenous vein ligation (105), short saphenous vein ligation (15), or above knee strip.

Patients who underwent varicose vein surgery exhibited similar scores to the standard population on most dimensions. However, when it came to General Health Perception, varicose vein patients scored significantly higher, while their scores on Pain were significantly lower. The majority of patients fell into categories that were considered medically minor, with 29% reporting no pain at all and 32% experiencing no physical limitations. Only a small percentage (6%) of patients had ulcers. This finding contrasts with a study conducted by Garrett et al., where varicose vein patients scored significantly lower than the general population on various parameters.

After the surgery, the general health of these patients did improve, particularly in the areas of physical function, energy, and pain, with a change magnitude of approximately 0.4 standard deviations. It is worth noting that although the SF-36 health survey questionnaire has been deemed suitable for use in busy clinical settings, this is the first time it has been utilized for a surgical procedure in the U.K. In this regard, the questionnaire was found to be user-friendly, as patients had no difficulty completing it. However, there were challenges in maintaining compliance, despite reminders.

The patients enrolled in this research exhibited excellent health prior to the operation, with more than half of them achieving a perfect score of 100% on three dimensions of SF-36, making it impossible for them to show any improvement. Consequently, SF-36 demonstrated lower sensitivity to changes following treatment compared to what would have been observed in a less healthy patient population. While none of the participants scored the maximum preoperative score on symptom-specific questions, a significant improvement was noted postoperatively.

## Conclusion

Nevertheless, an essential characteristic of any generic health assessment questionnaire is its ability to provide comparable results across different health conditions. The overall good health status of individuals suffering from varicose veins may explain why their treatment is often considered a lower priority

when faced with more pressing medical needs. Nonetheless, the substantial enhancement in symptoms and general health that can be achieved through relatively straightforward surgical interventions for a large number of individuals suggests that, despite any opposing views, these procedures do hold a valid position in the realm of surgery.