END RESULTS IN OPERATIVE TREATMENT FOR VARICOSE VEINS.

By J. C. Cherry.

"Here is a distressing case which may meet you at every turn of your practice; your reputation will depend more on understanding a case of this nature than on your knowledge of one of more rare occurrence."—Sir Benjamin Brodie. Lectures on Pathology and Surgery. "Varicose Ulceration." 1846.

Varicose veins as a cause of partial disability are probably commoner than is realized. A British Ministry of Health publication shows that of admissions to E.M.S. hospitals in 1942 diseases of veins reached nearly 10 per cent. This figure is exceeded by only one other group of patients. A later publication for 1942/43 states that the disability period for men admitted from the services suffering from varicose veins for that year averaged fourteen days.

The work of Edward Edwards is perhaps the most important contribution to our present knowledge of this condition. His observations (1934) are frequently referred to by subsequent writers. The modern operation of sapheno-femoral ligation is in large measure due to his work, although he himself gives the credit to Homans, and claims only that his findings confirm the contention of Homans that the proper site for ligation is at the sapheno-femoral junction. In an interesting historical account he reminds us that the history of saphenous ligation is literally one of upward progression. In the first century A.D. incisions were made along the varices at intervals of four fingers’ breadth and the veins in the depth of the wound touched with the cautery. Centuries later, Ambroise Paré (1579) described his technique for ligature of the saphenous vein just below the knee. Edwards then states that for two centuries Paré’s operation was seemingly discarded, until in 1800 Home published his work on the treatment of varicose ulcers and suggested ligation above the knee. In 1890 Trendelburg published his investigations on the reverse flow of blood in varicose veins of the lower extremity and his test for demonstrating its presence. He advocated ligation in the middle third of the thigh. Edwards remarks on Trendelburg’s failure to appreciate the need for high ligation, as Trendelburg was apparently aware of the part the tributaries of the saphenous vein could play in taking over the flow to the varices below. Perthes and Moore (1896) drew attention to Trendelburg’s failure and established the “high Trendelburg” operation. This operation, while dealing with the lateral and medial femoral cutaneous veins, still left other branches as possible channels for the re-establishment of the superficial venous circulation.

In spite of his extensive writing on the subject of varicose veins, Edwards does not seem to have given a detailed description of his technique of sapheno-femoral ligation. It was left to McPheeters (1945) to deal exhaustively with the tests which should be carried out before operation and with the actual operative technique.

During the years 1944 and 1945 one hundred and seven patients were admitted to hospital under my care and underwent operation for the cure
of varicose veins. Eighty-nine of these patients have been traced and
the results here set down. I have relied on replies to a questionnaire in
only four cases. In seven others the patient's doctor has examined the
patient and filled up the questionnaire. The remaining seventy-eight
cases have been individually examined either by myself or by my house
surgeon. Our pursuit of these patients has been relentless, and as many
as three or sometimes four letters have been dispatched to the one patient
asking him to call for review. When these letters have failed to elicit co-operation, we have followed the patient to his own home and examined
him. Only thus has it been possible to follow up so large a proportion
—89 out of 107 patients.
These are only early end-results. One would like to confine investigation
to patients operated on three, four, or even five years previously.
This would give a more accurate picture, but each passing year adds con-
siderably to the difficulty of tracing and contacting patients. Further,
the findings of this small series would suggest that when failure follows
treatment it shows itself comparatively early, generally within six or
eight months following operation. One would hope, consequently, that
patients who remain symptom-free for twelve to eighteen months have a
good prospect of many years' freedom from trouble.

| Table 1. | Varicose Vein Cases Treated by Operation, 1944-45. |
|-----------------|---------------------------|-----------------|
| Number undergoing operation | ... | ... | ... | ... | ... | 107 |
| Number traced and examined | ... | ... | ... | ... | ... | 89 |
| Untraced | ... | ... | ... | ... | ... | 18 |
| Males | ... | ... | ... | ... | ... | 51 |
| Females | ... | ... | ... | ... | ... | 38 |
| Average stay in hospital | ... | ... | ... | ... | ... | 12 days |

| Table 2. | Varicose Vein Cases Treated by Operation. |
|-----------------|---------------------------|-----------------|
| Patients under the age of 40 years | ... | ... | ... | ... | ... | 47 |
| Patients over the age of 40 years | ... | ... | ... | ... | ... | 42 |
| Operation on both legs | ... | ... | ... | ... | ... | 55 |
| Operation on one leg Right | 11 | ... | ... | ... | ... | 34 |
| Left | 29 | ... | ... | ... | ... | ... |

Tables 1 and 2 set down particulars of these cases. It will be seen that
51 of these patients were males and 38 females. Of these, 34 had opera-
tions on one leg, while 55 had both legs treated by operation. Forty-
seven patients were under 40 years of age and 42 over this age. Of the
over-forties, the largest age group was the 40-50 period. Only 5 patients
in all were over 60 years of age, and only 3 over 70 years of age. The
average stay in hospital was 12 days for all cases. The ulcer cases
averaged 14 days, while non-ulcer cases averaged 10 days.

Type of Operative Procedure:
No fixed plan was followed: each case was considered separately and
treated by what was hoped would prove to be an adequate operation.