

	EVLT®	Radiofrequency (RF)
Primary Mechanism	Laser	Electricity
Success Rate (Comparative Studies)	94-100% ^{1,2,8,11}	86-92% ^{1,2,8,11}
Complications		
Deep Vein Thrombosis (DVT) or Saphenous Thrombus Extension	0.3% ^{4,5}	2.1% ^{4,6}
Pulmonary Embolism (PE)	None Reported ⁷	17 Cases ⁷
Side Effects		
Bruising/Swelling	Mild to Moderate (<35%) ^{3,8,10}	Mild to Moderate (<35%) ^{8,9,10}
Pain/Tenderness	Mild to Moderate (<25%) ^{8,10}	Mild to Moderate (<25%) ^{8,9,10}
Numbness	0.08% ^{3,11}	11% ^{9,11,12,13}
Post-Op Experience	<ul style="list-style-type: none"> • Compression stockings prescribed • Walking immediately encouraged • Will feel a delayed tightness (or “pulling” sensation) 4-7 days after laser treatment which is normal and expected following a successful treatment³ 	<ul style="list-style-type: none"> • Compression stockings prescribed • Walking immediately encouraged
# Procedures (2006) ¹⁴	103,000 (laser)	78,000
Patient Satisfaction (would recommend to a friend)	99.8% ³	98% ¹⁵

1. Black CM, et al Failure Rates of Endovenous Radiofrequency Ablation Compared Endovenous Laser Ablation J Vasc Interv Radiol 2005;16(2 Suppl 2):S52
2. Isaacs M, Gardner M, Comparison of Duplex Guided Sclerotherapy, Closure and EVLT in a Single Practice. 17th Annual Congress, American College of Phlebology. Aug 2003
3. Min, Khilnani, Zimmet. Endovenous Laser Treatment of Saphenous Vein Reflux: Long-Term Results. J Vasc Interv Radiol; 2003;14:991-996
4. Mozes G, Gloviczki P, et al Extension of saphenous thrombus into the femoral vein: A potential complication of new endovenous ablation techniques J Vasc Surg 2005;41:130-5
5. No DVT reported (MAUDE, see footnote 7); 0.3% represents non-occlusive thrombus extension
6. Some DVT reported (MAUDE); 2.1% represents combination of DVT and non-occlusive thrombus extension
7. FDA reported events on Manufacturer & User Facility Device Experience (MAUDE) database (up to September 2007) since product inception. Up to date results available at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMAUDE/search.cfm>
8. Puggioni A, Kalra M, Carmo M, Mozes G, Gloviczki P Endovenous Laser Therapy and Radiofrequency Ablation of the Great Saphenous Vein: Analysis of Early Efficacy and Complications J Vasc Surg 2005;42:488-93
9. Lurie, F, et al. Prospective randomized study of endovenous radiofrequency obliteration (Closure procedure) versus ligation and stripping in a selected patient population (EVOLVE Study), J Vasc Surg 2003; 38(2):207-14.
10. Zimmet SE. Pain, Bruising and Short-Term Efficacy after Endovenous Treatment of the Greater Saphenous Vein: The Effect of Operative Technique and Postoperative Care. 16th Annual Congress American College of Phlebology. Nov 2002
11. Almeida JJ, Raines J Radiofrequency Ablation and Laser Ablation in the Treatment of Varicose Veins. Ann Vasc Surg 2006; 20:547-552
12. Rautio et al. Endovenous obliteration versus conventional stripping operation in the treatment of primary varicose veins: A randomized controlled trial with comparison of the costs. J Vasc Surg 2002;35:958-65
13. Merchant RF, DePalma RG, Kabnick LS. Endovascular obliteration of saphenous reflux: a multicenter study. J Vasc Surg. 2002 Jun;35(6):1190-6
14. Millenium Research Group, US Markets for Varicose Vein Treatment Devices 2006. GSV procedures only. Laser volume reflects all lasers.
15. Weiss RA, et al. Controlled Radiofrequency Endovenous Occlusion Using a Unique Radiofrequency Catheter Under Duplex Guidance to Eliminate Saphenous Varicose Vein Reflux: A 2-Year Follow-up, Dermatologic Surgery, Jan 2002; 28:1: 38-42