

flow chart is for patients with WCP <2 and negative result of DD testing, whereas the right side is for patients with positive result of DD testing or WCP ≥2. As we mentioned and presented in other published reports,²⁻⁴ this simple tool provides a safe and effective workup method with the potential to save a health care system tremendous health care dollars. Re-enforcement of the combined use of DD and WCP can save both time and dollars spent on unnecessary VDUs, and thus we suggest that a DD flow chart be considered for every institution. This type of workup protocol could also be integrated as a quality improvement metric and conducted under vascular surgery supervision.

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Superficial saphenous vein systems treatments in octogenarians



We read with interest the article by Aurshina et al¹ published in *JVS-VL*. Chronic venous insufficiency of the lower extremity is an advancing and a higher degree of loss of work productivity disease in all age groups. Radiofrequency ablation is a reliable and safety treatment

technique for elderly patients with varicose veins of lower extremities.² In 2016, the overall expectation of life at birth was 78.7 years in United States.³ Should we treat octogenarian patients with chronic venous insufficiency? Is it really cost effective and does it improve quality of life?

In this study, the authors reported that Clinical, Etiologic, Anatomic and Pathophysiologic clinical class at presentation was significantly higher in octogenarians, with a larger proportion of patients with C6 disease compared with the other age groups, but there are no data about these patients ulcers condition in the long-term follow-up period.

The authors did not exclude the patients who had deep venous thrombosis history and also these patients underwent operation without detailed evaluation of run-off venous segments (profunda femoralis and iliac veins). If there is a proximal venous outflow obstruction as a result of deep venous thrombosis that limits the drainage of leg veins, this may be an exclusion criteria for superficial venous insufficiency interventions.⁴ We congratulate Aurshina et al for their valuable and safe treatment methods of incompetent varicose veins. We would like to hear authors' opinions on these matters.

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Reply



We thank Dr Aydin and his colleagues for their thoughtful comments in response to our article on the safety and efficacy of venous ablation in octogenarians.¹ As pointed