

Early versus deferred endovenous ablation of superficial venous reflux in patients with venous ulceration: the EVRA RCT

Manjit S Gohel,^{1,2} Francine Heatley,² Xinxue Liu,³ Andrew Bradbury,⁴ Richard Bulbulia,^{5,6,7} Nicky Cullum,⁸ David M Epstein,⁹ Isaac Nyamekye,¹⁰ Keith R Poskitt,⁵ Sophie Renton,¹¹ Jane Warwick^{3,12} and Alun H Davies^{2*} on behalf of the EVRA trial investigators

¹Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK

²Department of Surgery and Cancer, Imperial College London, London, UK

³Imperial Clinical Trials Unit, Imperial College London, London, UK

⁴College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK

⁵Gloucestershire Hospitals NHS Foundation Trust, Gloucester, UK

⁶Medical Research Council Population Health Research Unit, Nuffield Department of Population Health, University of Oxford, Oxford, UK

⁷Clinical Trial Service Unit and Epidemiological Studies Unit, Nuffield Department of Population Health, University of Oxford, Oxford, UK

⁸School of Health Sciences, University of Manchester, Manchester, UK

⁹Department of Applied Economics, University of Granada, Granada, Spain

¹⁰Worcestershire Acute Hospitals NHS Trust, Worcester, UK

¹¹North West London Hospitals NHS Trust, London, UK

¹²Warwick Clinical Trials Unit, Warwick Medical School, University of Warwick, Coventry, UK

*Corresponding author a.h.davies@imperial.ac.uk

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Plain English summary

The EVRA RCT

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Plain English summary

Venous leg ulcers are open wounds occurring on the legs of patients with venous disease. They are common, painful and distressing and reduce patient quality of life. Leg ulcers often result from valves in the leg veins not working properly. The valves normally force blood back up towards the heart; however, blood can flow backwards (reflux) when valves do not work properly, and this can cause swelling and ulceration. Compression therapy (wrapping bandages around the legs) has been shown to help ulcers heal, but it does not treat the underlying reflux problem with the veins. Newer, less invasive, techniques (known as endovenous ablation) have taken over from surgery to correct venous reflux and are more acceptable to patients as they can be performed quickly under local anaesthetic.

The aim of the trial was to find out if treating patients with leg ulcers by early endovenous ablation (within 2 weeks) and standard compression therapy can increase ulcer healing compared with standard compression therapy and delayed endovenous ablation once the ulcer has healed.

In total, 450 people agreed to take part in this study and were treated in 20 hospitals across England. Participants were randomly allocated to either early or delayed endovenous ablation and followed up for 12 months.

The trial found that treating the veins early resulted in quicker ulcer healing than delaying treatment until the ulcer had healed. The trial also showed that participants had more time without an ulcer if the treatment was performed early rather than after ulcer healing. No safety issues with early intervention were identified.

There is some evidence that quality of life was better in the early treatment group and that people in this group had less body pain. Treating ulcers early appears likely to be more cost-effective (i.e. a better use of NHS resources) than delayed treatment.

Future work will focus on collecting longer-term follow-up data to find out if early endovenous ablation also reduces the chances of the ulcer coming back.

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