

Chat GPT response: Here are several reasons why most surgeons continue to use destructive techniques (thermal ablation, stripping, etc.) to treat varicose veins, even though the saphenous vein could be vital for future arterial bypass and conservative methods like CHIVA exist:

1. Historical Legacy and Initial Training

- Long-Standing Standards: For decades, the standard approach to treating varicose veins has been stripping surgery or thermal ablation. Generations of surgeons have learned and perfected these techniques, which have become deeply entrenched in medical practice.
- Training Programs: Vascular and general surgery curricula often emphasize these classical methods (stripping, laser, or radiofrequency ablation). The CHIVA method, being more recent and requiring specialized training in hemodynamics and ultrasound, is less commonly taught.

2. Ease of Use and Rapid Results

- Shorter Learning Curve: Destructive techniques are considered more standardized and do not demand the same level of ultrasound expertise as CHIVA.
- Immediate Effectiveness: Ablating an incompetent, refluxing vein quickly removes visible varicosities and provides prompt symptom relief.

3. Lack of Awareness of Long-Term Benefits

- Future Bypass Potential: Surgeons are not always fully aware of the importance of preserving the saphenous vein as a graft for future arterial bypasses.
- Informed Consent: In some cases, the risk of "loss of opportunity" for a future bypass is not thoroughly explained to the patient due to insufficient information or established practices.

4. Economic and Industrial Factors

- Medical Device Industry: Treatments such as laser and radiofrequency ablation are backed by an industry that markets profitable devices, with strong promotional campaigns.
- Reimbursement Policies: Health systems may favor or reimburse these standard procedures over conservative methods due to the higher costs of consumables, which makes them more financially attractive.

5. Complexity and Specificity of the CHIVA Method

- Technical Demands: The CHIVA method requires a deep understanding of Doppler ultrasound and venous hemodynamics, as well as a precise analysis of blood flow patterns.
 - Steep Learning Curve: It takes time and expertise to master CHIVA and correctly interpret the results.
 - Limited Diffusion: Despite favorable scientific outcomes, CHIVA is not widely taught in some regions, which limits its adoption.
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6. Guidelines and Recommendations

- Established Protocols: International guidelines have long prioritized stripping and, more recently, thermal ablation based on short- to medium-term studies and the ease of standardizing these techniques.
- Slow Updates: Official recommendations can be slow to integrate conservative methods, even when supporting evidence exists.

7. Medical Culture Focused on Simplicity

- Simplicity of "Removing the Vein": In a system where immediate effectiveness is highly valued, the notion of simply removing the problematic vein seems more straightforward.
- Less Emphasis on Long-Term Considerations: There is often less focus on the potential future need for the saphenous vein in arterial bypass surgery.

Conclusion

Although the CHIVA method offers significant long-term advantages—particularly by preserving the saphenous vein for potential arterial bypass—its adoption remains limited due to historical practices, economic incentives, and gaps in specialized training. Transitioning towards more conservative approaches requires increased awareness, updated clinical guidelines, and targeted training for both surgeons and patients.