# Ambulatory Varicosity avUlsion Later or Synchronised (AVULS)

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>			
26/04/2011		☐ Protocol			
Registration date	Overall study status Completed	Statistical analysis plan			
20/05/2011		[X] Results			
<b>Last Edited</b> 30/04/2015	Condition category Circulatory System	☐ Individual participant data			

#### Plain English summary of protocol

Not provided at time of registration

# Contact information

#### Type(s)

Scientific

#### Contact name

**Prof Alun Davies** 

#### Contact details

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# Additional identifiers

Protocol serial number P34317

# Study information

#### Scientific Title

Ambulatory Varicosity avUlsion Later or Synchronised (AVULS): a randomised trial

#### **Acronym**

**AVULS** 

#### **Study objectives**

Radiofrequency ablation with concomitant phlebectomy will result in an improvement in quality of life 6 months, reduce the need for further procedures and will be more cost effective than sequential phlebectomy or foam sclerotherapy

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

- 1. Brighton and Sussex Research Ethics Committee approved on 21/03/2011, REC Reference Number 11/H1107/3
- 2. Joint Research Office, Imperial College London and Imperial College Healthcare NHS Trust approved on 30/03/2011, Reference Number JROHH0210

#### Study design

Randomised trial

#### Primary study design

Interventional

#### Study type(s)

Treatment

#### Health condition(s) or problem(s) studied

Varicose Veins

#### **Interventions**

- 1. Simultaneous or delayed avulsion of superficial varicosities in the context of endovenous radiofrequency ablation of refluxing truncal veins
- 2. Avulsions will be delayed by 6 weeks post initial procedure if in delayed group
- 3. Followed up after 1 year

#### Intervention Type

Other

#### Phase

Not Applicable

#### Primary outcome(s)

Disease specific quality of life at 6 months using the Aberdeen Varicose Vein Questionnaire (AVVQ)

## Key secondary outcome(s))

- 1. The need for further procedures over the 6 month period
- 2. Generic quality of life assessed using the EQ-5D
- 3. Cost effectiveness of the treatment strategies
- 4. Anatomical success assessed with colour duplex at 6 months
- 5. Level of depression assessed using Center for Epidemiologic Studies Depression Scale (CES-D)
- 6. Return to work and normal activities
- 7. Clinical disease severity assessed using the Venous Clinical Severity Score (VCSS)

#### Completion date

31/03/2013

# **Eligibility**

#### Key inclusion criteria

- 1. Consecutive patients who present to the department of vascular surgery at Charing Cross Hospital, who are willing to participate in the study
- 2. They must have clinical venous disease affecting either the long saphenous or short saphenous veins
- 3. They must be over the age of 18 and able to give consent for the study

#### Participant type(s)

**Patient** 

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Lower age limit

18 years

#### Sex

All

#### Key exclusion criteria

- 1. Patients under the age of 18 years
- 2. Those that are unable to consent
- 3. Patients with deep venous disease
- 4. Those unfit for intervention

#### Date of first enrolment

01/04/2011

#### Date of final enrolment

31/03/2013

# Locations

#### Countries of recruitment

United Kingdom

England

#### Study participating centre

### **Charing Cross Hospital**

London United Kingdom W6 8RF

# Sponsor information

## Organisation

Imperial College London (UK)

#### **ROR**

https://ror.org/041kmwe10

# Funder(s)

#### Funder type

Charity

#### **Funder Name**

Graeme-Dixon Charitable Trust (UK) (ref: P34317)

# **Results and Publications**

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/04/2015		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes