



Compression stocking therapy only	Usually appropriate		N/A	N/A	7	n/a	0	0	0	0	0	0	0	0	0
Endoluminal laser therapy	Usually appropriate		N/A	N/A	8	n/a	0	0	0	0	0	0	0	0	0
Surgical vein stripping	May be appropriate		N/A	N/A	5	n/a	0	0	0	0	0	0	0	0	0
Injection sclerotherapy	May be appropriate		N/A	N/A	4	n/a	0	0	0	0	0	0	0	0	0
No therapy	Usually not appropriate		N/A	N/A	2	n/a	0	0	0	0	0	0	0	0	0

**Variant 3: Left great saphenous venous insufficiency with associated lower leg skin ulceration.**

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Endoluminal laser therapy	Usually appropriate		N/A	N/A	8	n/a	0	0	0	0	0	0	0	0	0
Endoluminal radiofrequency therapy	Usually appropriate		N/A	N/A	8	n/a	0	0	0	0	0	0	0	0	0
Surgical vein stripping	May be appropriate		N/A	N/A	5	n/a	0	0	0	0	0	0	0	0	0
Injection sclerotherapy	May be appropriate		N/A	N/A	4	n/a	0	0	0	0	0	0	0	0	0
Compression stocking therapy only	Usually not appropriate		N/A	N/A	1	n/a	0	0	0	0	0	0	0	0	0
No therapy	Usually not appropriate		N/A	N/A	1	n/a	0	0	0	0	0	0	0	0	0

**Variant 4: Symptomatic bilateral great saphenous venous insufficiency and large visible varicose veins during pregnancy.**



Endoluminal laser therapy	Usually not appropriate		N/A	N/A	1	n/a	0	0	0	0	0	0	0	0	0
Endoluminal radiofrequency therapy	Usually not appropriate		N/A	N/A	1	n/a	0	0	0	0	0	0	0	0	0
Injection sclerotherapy	Usually not appropriate		N/A	N/A	1	n/a	0	0	0	0	0	0	0	0	0
No therapy	Usually not appropriate		N/A	N/A	1	n/a	0	0	0	0	0	0	0	0	0

**Variant 6: Symptomatic bilateral great saphenous venous insufficiency with remote history of deep venous thrombosis with no residual thrombus present.**

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Compression stocking therapy only	Usually appropriate		N/A	N/A	8	n/a	0	0	0	0	0	0	0	0	0
Endoluminal laser therapy	Usually appropriate		N/A	N/A	7	n/a	0	0	0	0	0	0	0	0	0
Endoluminal radiofrequency therapy	Usually appropriate		N/A	N/A	7	n/a	0	0	0	0	0	0	0	0	0
Surgical vein stripping	May be appropriate		N/A	N/A	5	n/a	0	0	0	0	0	0	0	0	0
Injection sclerotherapy	May be appropriate		N/A	N/A	4	n/a	0	0	0	0	0	0	0	0	0
No therapy	Usually not appropriate		N/A	N/A	2	n/a	0	0	0	0	0	0	0	0	0

**Variant 7: Right great saphenous venous insufficiency status post vein stripping 1 year ago with persistent lower-extremity swelling. Reflux is noted in the below-knee greater saphenous vein measuring up to 5 mm.**



## **Appendix Key**

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category:** The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE:** Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality:** The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

**RRL:** Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

**Rating:** The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Median:** The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Final tabulations:** A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at [www.acr.org/ac](http://www.acr.org/ac).