



Introduction

Endovenous treatment for varicose veins includes radiofrequency ablation (RFA) and ultrasound guided foam sclerotherapy (UGFS). They are complementary treatments carried out at the same appointment to get a great result when treating varicose veins. RFA is a minimally invasive procedure suitable for treating trunk varicose veins – the thick, lumpy veins visible below the surface of the skin. UGFS is suitable for treating trunk varicose veins and also reticular veins which are less lumpy and lie in the deeper layers of the skin.

This leaflet explains the treatment aims for RFA and UGFS and what the treatments involve. It also provides guidance on recommendations and what to expect after both treatments and an outline of possible side-effects.

If you would like general information and advice on varicose veins, see leaflet:

- Varicose veins and their treatment.

RFA and UGFS: treatment aims

RFA and UGFS work together to treat trunk varicose veins to relieve major symptoms (such as heaviness and pain in the leg and skin irritation) and to improve the appearance of varicose veins, while leaving minimal scarring, bruising and swelling. They provide a less invasive alternative to surgery, offering effective treatment on a walk-in, walk-out basis.

What does the treatment involve?

The procedure is performed under local anaesthetic and usually takes less than an hour.

Your RFA treatment

RFA involves the use of radiofrequency energy to heat the wall of the vein so that it collapses. The vein will then close and seal up.

Using ultrasound for precision guidance, a thin plastic tube is inserted into the vein being treated. A fine wire with the heating element at its tip is passed through the tube. Treatment results in the vein collapsing and changing from a tube-like to a string-like structure. Eventually your body absorbs this dead tissue.

Your UGFS treatment

The remaining veins that are not suitable for RFA are then treated with UGFS.

The foam sclerosant is made by mixing the sclerosing liquid with air. This treatment foam is injected into the veins via very small plastic tubes. This causes the veins to block up. Your body will then absorb the veins so that they eventually disappear.

The ultrasound scanner is used as a guide to ensure that these tubes are placed accurately and safely in the veins to be treated.

Once all the veins have been treated the plastic tubes are removed.

After RFA and UGFS treatment: recommendations and what to expect

At the end of treatment, the treated leg is dressed with compression pads and a bandage over the area treated with foam sclerotherapy, and a full-length compression stocking is applied. You will be given a spare compression stocking.

You will be given specific, full, written post-treatment instructions, including contact details in case you need to talk to us. You can return home soon after treatment but you should arrange to be driven home.

Depending on the size and extent of veins treated, you may need to keep the bandage and compression stocking on for 2 days. Then the pads and bandage can be removed but the stocking should be worn day and night for 1 week and then during the day only for 1 week. Regular walking is important. Aim to walk for 5–10 minutes every hour you are awake.



Endovenous treatment for varicose veins

Returning to normal activities

These are guidelines on some everyday activities. You can discuss any specific issues with your specialist.

Back to work Depending on how active your job is, you should be able to return to work straightaway after treatment. We will advise you for your specific case at consultation.

Driving Driving should be avoided on the day of your procedure. After that you can drive as soon as you are able to make an emergency stop. When the left leg (clutch leg) has been treated, it's safe to return to driving the day after treatment. When the right leg (emergency stop leg) has been treated, we recommend that you do not drive while the bandage is in place as this will hamper your ability to do an emergency stop.

Walking and running Walking is one of the best exercises. It encourages the blood circulation in your legs and promotes the healing process. Avoid vigorous exercise such as jogging or aerobics until after your review (follow-up appointment).

Swimming and cycling Low-impact exercise such as swimming and cycling is good for vein health. Swimming is fine once the bandages have been removed as long as you wear your stocking. The same applies to cycling but avoid strenuous cycling until after your follow-up appointment.

Flying Avoid flying for 6 weeks after treatment, particularly if you are planning to fly long haul (over 8 hours).

Follow-up appointment

We will arrange to see you in clinic approximately 4 weeks after treatment.



Treatment side-effects

We hope you will not have any problems after treatment, but if you do, then get in touch; we are here to help you.

Pain Most of our patients experience very little pain. If there is discomfort, this can be relieved by normal over-the-counter medication such as paracetamol or ibuprofen.

Bruising Usually there is very little bruising; any small bruising disappears within a few weeks.

Pigmentation A small proportion of patients may develop brown streaks over the area where the varicose veins existed. This pigmentation gradually fades over 6 to 12 months.

Lumps Some lumps or lumpiness may be felt beneath the skin over areas where the veins were removed, particularly where the varicose veins were large. They will gradually disappear over the next 6 to 12 months. Sometimes the lumpiness can be reduced by withdrawing a small volume of trapped blood from the treated vein a few weeks after treatment.

Thrombophlebitis Where the varicose veins have been lumpy, some patients may develop a painful red lump over the position of one or more of those veins. This is called superficial thrombophlebitis. It can be treated with anti-inflammatory medication such as ibuprofen, and will settle down after 1 or 2 weeks. Again, this can be treated by withdrawing a small volume of trapped blood from the treated vein a few weeks after treatment.

Thrombosis The risk of developing a deep vein thrombosis is small – 1 in 500 or 0.2%. Very rarely a piece of thrombus may travel to the lungs causing a pulmonary embolus.

Rare side-effects These include: mild allergy; very small bleeding onto the stocking during the first 24 hours post-operation; numbness in skin area where vein(s) treated; headache (can be treated with paracetamol); stroke – extremely rare, all made a full recovery; ulcers; transient visual disturbance; coughing; chest tightness.



For more information

These accompanying leaflets provide general information and advice about varicose veins and details on other treatments available.

- **Varicose veins and their treatment**
- **Foam sclerotherapy for varicose veins**
- **Microsclerotherapy for thread veins**

For additional information and guidance see NICE: National Institute for Health and Care Excellence www.nice.org.uk

Contact us

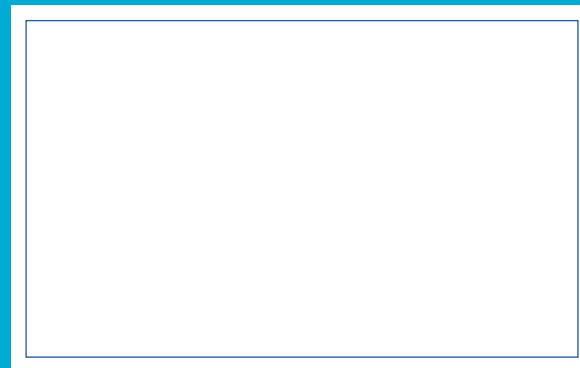
Premier Veins

To arrange an appointment please contact our reception team:

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Keyhole varicose vein treatments

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