

EURACARE

PATIENT INFORMATION FORM

RADIO-FREQUENCY ABLATION FOR THE TREATMENT OF VARICOSE VEINS

What is Radio-Frequency Ablation?

Radio-Frequency Ablation is a minimally invasive treatment for Varicose Veins which uses heat, generated by radio-frequency (microwave energy) to seal off the flow of blood to the varicose veins, diverting blood flow to the healthy veins nearby. This procedure can usually be performed under local anaesthetic and is done as a day case.

What does the Procedure Involve?

The procedure involves inserting a small catheter into the vein usually via a small incision in the leg or thigh. A small amount of local anaesthetic will be injected around the area to numb the skin. Once the catheter is inserted, a small probe will be passed down it to the top of the vein. Once the catheter is in place local anaesthetic is injected all around the vein to numb the area. The end of the catheter which transmits heat is then slowly pulled back along the length of the vein so that it heats and seals the vein. This causes the vein to collapse and the blood flow is redirected to the healthy veins nearby.

Following the Procedure.

After the catheter is removed from the treated vein a compression stocking will be applied to the leg. This may feel tight but should not feel so tight as to make your foot painful or discoloured. You will be required to keep the stocking in place for seven days. After this time the stocking should continue to be worn, but only in the daytime, for a further seven days; however you may remove it to shower or bathe after 24 hours. You will be encouraged to walk around very soon after the procedure and normal activity should be resumed within one to two days.

Benefits:

You should be able to leave hospital soon after the procedure. There is usually little or no pain with the procedure. There are virtually no scars as only one small incision is made and the stitch that is used is dissolvable. Most patients have immediate symptom relief and are able to return to normal activities within a day or two.

Possible Risks

1. Some bruising and tenderness may occur but this may be alleviated by taking simple painkillers.
2. Some instances of heat damage to the surrounding skin and nerves have been reported but this is rare and generally disappears after a short time.
3. The appearance of any thread veins can become more noticeable after any varicose vein treatment.
4. Thrombophlebitis (Inflammation of the vein) is not uncommon and may cause some pain and redness over the treated area, but this generally responds well to non-steroidal anti-inflammatory drugs such as Ibuprofen.
5. Blood clots can form in the deep veins in the leg (Deep Vein Thrombosis) and can also travel to the lungs (Pulmonary Embolism) however these side effects are rare.

Recurrent and Residual Varicose Veins.

Radio-Frequency Ablation for varicose veins is successful at closing the main vein in the majority of cases but occasionally small dilated branches that persist may require additional treatment with sclerotherapy (small injections).

General Information.

You may resume normal activities immediately, but try to avoid long periods of standing. Try to walk around as much as possible as this can reduce the risk of complications, such as Deep Vein Thrombosis. You may return to work as soon as you feel able to do so (usually within a couple of days). You may drive as soon as you feel able to do so. If you have had a general anaesthetic then you must wait for 48 hours before driving or returning to work.

Out Patient Follow Up.

You will be seen in the outpatient department usually 8 - 10 weeks after your procedure. The nurse will examine your leg and will arrange for you to have another ultrasound scan on your leg if necessary. If you are experiencing any problems in the meantime, then you can contact us on the number listed in this information leaflet.

Finally:

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives.



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