

Endovenous ablation treatment of varicose veins under local anaesthetic

Introduction

The vascular consultant (doctor specialising in veins and blood vessels) has recommended that we treat your varicose veins with a procedure known as endovenous ablation. This is a specialised treatment which uses a tiny catheter (instrument) to deliver heat to the wall of the vein that is damaged, to shrink and seal it. This is a minimally invasive procedure done under local anaesthetic, meaning you should have a much quicker recovery time.

What are varicose veins?

Healthy leg veins have valves that open and shut to allow blood to flow upwards back to the heart. Varicose veins develop when these valves fail. This means that the valves do not close properly causing blood to hang in the veins under gravity.

This increases the pressure in the vein and causes:

- Varicose veins (raised large veins).
- Pain.
- Swollen legs.
- Heavy tired legs.
- Changes to the skin on your legs.
- Ulcers.

These symptoms can get worse over time.

There are many reasons why you may develop varicose veins these include:

- Age.
- Gender.
- Family history.
- Heavy lifting.
- Pregnancy, especially more than one pregnancy.
- Being overweight.
- Long periods of standing.

How can ablation help?

Endovenous (in vein) ablation uses heat to shrink and seal the damaged vein. This heat is generated using electrical current produced by radio waves.

The blood that would have been carried through the vein then reroutes itself. There is plenty of capacity in the system; this means that sealing them off improves the venous circulation rather than damaging it.

To carry out this type of treatment the doctor will only need to make a small cut on your leg to get to the vein. You will not normally need to have any stitches – the leg is either simply bandaged or you will be given a stocking to wear. You may have some bruising around the area where your vein has been treated.

You will be able to go home on the same day as the procedure and should be able to return to your normal activities within a few days. Most people report a noticeable improvement in their symptoms within a few weeks of the procedure.

How do I prepare for the procedure?

Before you come into hospital for your procedure you will have a pre-operative assessment, and you will be advised of any medications that you may need to stop. You will also have a swab taken to check for MRSA, as a percentage of patients carry this naturally on their skin.

You will need to arrange a family member or friend to bring and take you from hospital; you will not be allowed to drive afterwards. If you do not have anyone to take you home your procedure will have to be cancelled, as local anaesthetic is used during the procedure and will make driving unsafe, and will result in your motor insurance becoming null and void if you are involved in an accident. You should not use public transport; you should be taken home by car. This will be more comfortable for you and also quicker.

Where will I have this procedure?

This procedure will be done at West Berkshire Community Hospital in the operating theatre and will be done under local anaesthetic (you are awake but the area is numbed).

What do I need to bring?

When you come to hospital please wear flat, sensible footwear, and loose comfortable clothing for your safety and comfort. You may keep your underwear on for the procedure but will need to remove your lower garments; you will be given a gown to protect your dignity.

You may bring a book or other activity to keep you occupied whilst waiting to have your procedure performed. Do not bring valuables.

What will happen in the hospital?

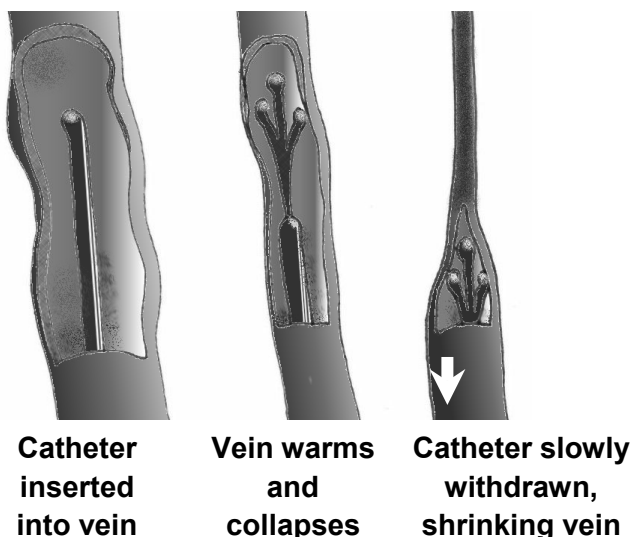
You will be seen by the surgeon who will explain the procedure to you. You will be asked to sign a consent form for treatment. If there is anything that you do not understand or would like to know more about, please ask before signing the consent form.

You will be asked to change into a hospital gown to allow us to be able to get access to your legs to prevent your own clothes from getting soiled. Your surgeon may mark the veins to be treated with pen.

You will be called to theatre, and asked to lie on a trolley in the operating room. Your leg (or legs if both are being treated) will be painted with an antiseptic solution and will be covered with drapes to keep the area clean.

The surgeon will use an ultrasound probe to find the vein and will inject some local anaesthetic into your skin near to the vein being treated. If there is more than one vein to be treated they will do one at a time. The surgeon will insert a needle into the vein which will be replaced with a catheter through a very small cut.

The surgeon will inject local anaesthetic around the vein, using a very fine needle. This anaesthetises the vein. He will do this along the entire length of the vein to be treated. When the whole leg has been numbed the surgeon will switch on the endovenous ablation machine. As the catheter is withdrawn the vein will shrink along its length and close up. You will hear a noise as the machine is working.



You may feel some pressure while having the treatment but should not feel pain. If you do feel any discomfort tell the surgeon so he can give you some more local anaesthetic to numb the area.

What happens after the procedure?

A small, dry dressing will be applied over the small cut. We will also fit you with an elasticated compression stocking; this will either be a long leg or below knee stocking depending on which veins you have had treated.

You will need to wear this for three days and nights. It is important that you wear it continuously without taking it off, as it will help reduce swelling and help your leg to heal. You will not be able to have a bath or shower but may be able to have a wash with a flannel. You must make sure you do not get the stocking wet.

You will walk back to the day unit and will be able to go home when you are able. The procedure takes about an hour but may be longer if more than one vein is treated.

Your doctor will normally recommend that you start to move around after the procedure to keep the blood flowing. We recommend that you avoid standing for long periods of time or do strenuous exercise or heavy lifting for 2 weeks.

Will it hurt?

The local anaesthetic will wear off in 4-6 hours. If you have any mild pain you can take either ibuprofen or paracetamol. Avoid taking aspirin but do not stop taking your low dose aspirin if you are normally on this.

It is good ideas to have painkillers available at home always follow the dosage on the packaging.

If you feel you need a stronger painkiller please contact your GP. Alternatively, you could speak to the pharmacist at your local chemist for advice.

Do not use hot or cold compresses, including microwave wheat bags or hot water bottles, as this can scald or burn your skin.

What are the risks of having this procedure?

As with all medical procedures there are some risks involved. For this procedure there may be a risk of the following:

- Bruising along the line of the vein.
- Phlebitis when the vein becomes inflamed, causing tenderness, lumpiness and red/purple discoloration.
- Nerve damage numbness in the leg after local anaesthetic has worn off (less than 5% or 5 in 100 chance).
- Deep vein thrombosis (DVT blood clot in the leg) (less than 5% or 5 in 100 chance).
- Pulmonary embolism where a blood clot travels to the lung (less than 0.5% or 1 in 200 chance).
- Skin burn (rare).
- Infection (rare).
- Arteriovenous fistula – an abnormal connection between an artery and vein (rare).

If you have any of these symptoms below speak to your GP immediately

- Fever (raised temperature).
- Breathlessness.
- Hot and inflamed red leg.
- Excessive bleeding this is continuous and that causes your dressings to become very wet, or bleeding that does not settle down with resting your leg elevated (raised up).
- Haematoma – a collection of blood under the skin or severe bruising.
- Burns to your skin.

Getting back to normal

The day after the procedure you can usually get back to normal activities including work and driving.

For the next 2 weeks:

- Avoid sitting or standing for long periods.
- Try and elevate the legs on a stool when you sit down.
- Make sure that you take a brisk walk for 5 minutes every hour during the day. This may be walking upstairs quickly or around your garden fast to help keep the blood circulating in your legs.
- For a few days refrain from strenuous exercise such as running lifting or pushing heavy objects, such as a supermarket trolley.
- Keep mobile.

Follow-up

You will be sent an appointment for a follow-up about 6 weeks after the procedure.

Please contact the Clinical Admin Team (CAT 3) if you haven't received an appointment letter by this time.

You can return to work the following day if you feel up to it. This will largely depend on whether your job is a strenuous one but you will most likely be able to return to work after two or three days at most.

Useful numbers

Royal Berkshire Hospital

Vascular Clinical Nurse Specialists, Tiina Winson and Nora Lengyel, 0118 322 8627.

Surgery Clinical Admin Team (CAT3), Royal Berkshire Hospital 0118 322 6890.

Pre-op Assessment Unit 0118 322 6812

Useful website addresses

<http://www.nice.org.uk/guidance/ipg8/informationforpublic>

<http://www.nhs.uk/Conditions/Varicose-veins/Pages/Treatment.aspx>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Vascular Surgery, June 2022

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