



Endovenous ablation treatment of varicose veins under general anaesthetic

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 general 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 including:

- 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 or by laser.

The blood that would have been carried through the vein then reroutes itself. There is plenty of

Compassionate

Aspirational

Resourceful

Excellent

capacity in the system; this means that sealing them off improves the venous circulation rather than damaging it.



**Catheter
inserted
into vein**

**Vein
warms
and
collapses**

**Catheter
slowly
withdrawn,
shrinking vein**

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 – you may have some further cuts in the calf if there are other varicose veins to remove.

The leg is simply bandaged. 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 week or two. 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**. 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 the West Berkshire Community Hospital in the operating theatre and will be done under general anaesthetic.

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 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 also see the anaesthetist who will ask you some questions for your general anaesthetic.

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 anaesthetic room and you will be put to sleep by the anaesthetist.

What happens after the procedure?

A small, dry dressing will be applied over the small cut. You may also have the leg bandaged, which you will need to wear for three days.

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?

You will get pain relief in theatre and may need to take painkillers when you are at home, such as ibuprofen or paracetamol. Avoid taking aspirin but do not stop taking your low dose aspirin if you are normally on this.

It is a good idea to have painkillers available at home, always follow the dosage instructions. 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).

Compassionate

Aspirational

Resourceful

Excellent

- 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 to 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.

Useful numbers

Royal Berkshire Hospital

Vascular Clinical Nurse Specialists, Tiina Winson and Ioana Valera, 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, November 2024.

Review due: November 2026

Compassionate

Aspirational

Resourceful

Excellent