



Treating varicose veins by radiofrequency ablation with avulsions under general anaesthetic as a day case procedure

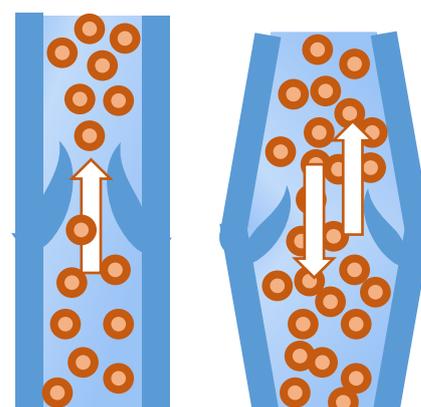
Your consultant specialising in veins and blood vessels wants us to treat your varicose veins with a procedure known as ‘radiofrequency ablation with avulsions’. This treatment shrinks and seals you damaged vein by applying heat to the wall of the vein using a tiny instrument called a catheter. Because it is minimally invasive, you should have a quick recovery.

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 and do not close properly, causing blood to hang in the veins under gravity.

This increases the pressure in the vein and causes raised, large red varicose veins, pain, swollen legs, heavy tired legs, changes to the skin on your legs and ulcers; these symptoms can get worse over time.

The reasons you may develop varicose veins include age, gender, family history, heavy lifting, pregnancy, especially more than one pregnancy, being overweight and long periods of standing.



Healthy valves keep blood moving in one direction

Diseased valves cause blood to move in both directions

What is radiofrequency ablation with avulsions?

Radiofrequency ablation is used on the bigger veins and **avulsion** is used to remove smaller veins. A combination of both will be used on your varicose veins.

Radiofrequency ablation uses heat produced by radio waves to shrink and seal the damaged vein. There is plenty of capacity your veins, so the blood that would have been carried through the vein just reroutes itself – so sealing them off improves your circulation rather than damaging it.

Avulsion (also known as phlebectomy), is a minimally invasive technique to remove the varicose vein through small skin incisions. Through these, a delicate surgical hook and forceps are used to gently tease the vein out and detach it. Long varicose veins may need multiple incisions and if there are other varicose veins to remove, you may have some further cuts in the calf.

You have a general anaesthetic, so you will be asleep throughout, and you will not normally need to have any stitches.

What are the benefits of this procedure?

Removing the affected veins aims to relieve the heaviness, aching, throbbing, itching and fatigue that varicose veins cause in the leg.

How do I prepare for the procedure?

Before you come in 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 some patients carry this naturally on their skin.

The procedure is done as a day case so no overnight stay needed!

You will need to arrange or someone to bring and take you from hospital; **you will not be allowed to drive afterwards**. You should not use public transport; being taken home by car will be quicker and more comfortable.

Where will I have this procedure?

In the operating theatre at the West Berkshire Community Hospital in Thatcham.

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 while you wait. Please 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 and 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. You will then be put to sleep by the anaesthetist.

The surgeon makes tiny incisions, just a few millimetres wide along the path of the vein using a small scalpel blade. The procedure takes about 30-60 minutes, but may be longer if more than one vein is treated.

What happens after the procedure?

Small, dry dressings will be applied over the incisions and your leg will be bandaged, which you will need to wear for 24 hours. You will be given a separate instruction leaflet on what to do with your dressings. Once these are removed, you can put on the long compression stocking provided. This helps the healing process and helps maintain proper blood flow. You will need to wear the compression stocking for a week 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.

Will it hurt?

You will get pain relief in theatre and may need to take painkillers, such as ibuprofen or paracetamol, when you are at home. 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, and always follow the dosage instructions. If you feel you need a stronger painkiller please contact your GP or 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 and lumpiness along the line of the vein; this is to be expected
- Phlebitis (inflammation of a vein near the skin surface), causing tenderness, lumpiness and red/purple discoloration
- Nerve damage numbness in the leg after local anaesthetic has worn off (less than 5 in 100 chance)
- Deep vein thrombosis (DVT blood clot in the leg) (less than 5 in 100 chance)
- Pulmonary embolism where a blood clot travels to the lung (less than 1 in 200 chance)
- Skin burn (rare)
- Infection (rare)
- Arteriovenous fistula – an abnormal connection between 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, which is continuous and 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 first few days refrain from strenuous exercise, such as running lifting or pushing heavy objects.

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 several times during the day, such as walking quickly upstairs or around your garden to help keep the blood circulating in your legs.

How effective is the treatment?

- Most people report a noticeable improvement in their symptoms within few weeks of the procedure.
- No treatment will completely remove every visible varicose vein and surgery leaves some small scars. New varicose veins can appear even after satisfactory treatment. However, it may be many years before they return.

Useful numbers

Vascular Clinical Nurse Specialists, Tiina Winson and Ioanna Valera, 0118 322 8627.
Surgery Clinical Admin Team (CAT3) (Royal Berkshire Hospital) 0118 322 6890 or email rb-tr.cat3@nhs.net.
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, January 2026.

Review due: January 2028.