

## Vascular – Varicose Vein Surgery

### Introduction

**Varicose veins do not always need treatment. If your varicose veins are not causing you discomfort, you may not need to have treatment.**

Treatment of varicose veins is usually only necessary to:

- ease symptoms – if your varicose veins are causing you pain or discomfort
- treat complications – such as [leg ulcers](#), swelling or skin discolouration

Some people also get treatment for cosmetic reasons – but this kind of treatment is rarely available on the NHS, so you'll usually have to pay for it to be done privately

If treatment is necessary, your doctor may first recommend self care at home.

This may involve:

- using compression stockings (your blood circulation will first be checked to see if these are suitable for you)
- exercising regularly
- avoiding standing up for long periods
- elevating the affected area when resting

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you can support yourself while waiting to attend the hospital.

### Guidance for Patients

#### Further treatment

If your varicose veins need further treatment or they're causing complications, the type of treatment will depend on your general health and the size, position and severity of your veins.

A vascular specialist (a doctor who specialises in veins) will be able to advise you about the most suitable form of treatment for you.

#### Endothermal ablation

One of the first treatments offered will usually be endothermal ablation.

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The contents of this information have been reviewed and approved by the Royal Wolverhampton NHS Trust

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This involves using energy either from high-frequency radio waves (radiofrequency ablation) or lasers (endovenous laser treatment) to seal the affected veins.

### **Radiofrequency ablation**

Radiofrequency ablation involves heating the wall of your varicose vein using radiofrequency energy.

The vein is accessed through a small cut made just above or below the knee.

A narrow tube called a catheter is guided into the vein using an ultrasound scan. A probe is inserted into the catheter that sends out radiofrequency energy.

This heats the vein until its walls collapse, closing it and sealing it shut. Once the vein has been sealed shut, your blood will naturally be redirected to one of your healthy veins.

Radiofrequency ablation may be carried out under local anaesthetic (you are awake) or general anaesthetic where you're asleep.

The procedure may cause some short-term side effects, such as pins and needles (paraesthesia).

You may need to wear compression stockings for up to a week after having radiofrequency ablation.

### **Endovenous laser treatment**

As with radiofrequency ablation, endovenous laser treatment involves having a catheter inserted into your vein and using an ultrasound scan to guide it into the correct position.

A tiny laser is passed through the catheter and positioned at the top of your varicose vein.

The laser delivers short bursts of energy that heat up the vein and seal it closed. The laser is slowly pulled along the vein using the ultrasound scan to guide it, allowing the entire length of the vein to be closed.

Endovenous laser treatment is carried out under either local or general anaesthetic.

After the procedure you may feel some tightness in your legs, and the affected areas may be bruised and painful. Nerve injury is also possible, but it's usually only temporary.

### **Ultrasound-guided foam sclerotherapy**

If endothermal ablation treatment is unsuitable for you, you'll usually be offered a treatment called sclerotherapy instead.

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This treatment involves injecting special foam into your veins. The foam scars the veins, which seals them closed.

This type of treatment may not be suitable if you've previously had deep vein thrombosis.

The injection is guided to the vein using an ultrasound scan. It's possible to treat more than one vein in the same session.

Foam sclerotherapy is usually carried out under local anaesthetic, where a painkilling medication will be used to numb the area being treated.

After sclerotherapy, your varicose veins should begin to fade after a few weeks as stronger veins take over the role of the damaged vein, which is no longer filled with blood.

You may require treatment more than once before the vein fades, and there's a chance the vein may reappear.

Although sclerotherapy has proven to be effective, it's not yet known how effective foam sclerotherapy is in the long term.

Sclerotherapy can also cause side effects, including:

- blood clots in other leg veins
- headaches
- changes to skin colour – for example, brown patches over the treated areas
- fainting
- temporary vision problems

You should be able to walk and return to work immediately after having sclerotherapy. You'll need to wear compression stockings or bandages for up to a week.

In rare cases, sclerotherapy has been known to have serious potential complications, such as strokes or transient ischaemic attacks.

### Surgery

If endothermal ablation treatments and sclerotherapy are unsuitable for you, you'll usually be offered a surgical procedure called ligation and stripping to remove the affected veins.

Varicose vein surgery is usually carried out under general anaesthetic, which means you will be asleep during the procedure.

You can usually go home the same day, but an overnight stay in hospital is sometimes necessary, particularly if you're having surgery on both legs.

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If you're referred for surgery, you may want to ask your surgeon some questions, such as:

- who will do my operation?
- how long will I have to wait for treatment?
- will I have to stay in hospital overnight?
- how many treatment sessions will I need?

Read more about questions to ask a doctor.

### Ligation and stripping

A technique called ligation and stripping involves tying off the vein in the affected leg and then removing it.

2 small incisions are made. The first is made near your groin at the top of the varicose vein and is approximately 5cm in diameter.

The second, smaller cut is made further down your leg, usually around your knee. The top of the vein (near your groin) is tied up and sealed.

A thin, flexible wire is passed through the bottom of the vein and then carefully pulled out and removed through the lower cut in your leg.

The blood flow in your legs will not be affected by the surgery. This is because the veins deep within your legs will take over the role of the damaged veins.

Ligation and stripping can cause pain, bruising and bleeding. More serious complications are rare, but could include nerve damage or deep vein thrombosis, where a blood clot forms in one of the deep veins of the body.

After the procedure, you may need up to 3 weeks to recover before returning to work, although this depends on your general health and the type of work you do.

You may need to wear compression stockings for up to a week after surgery.

### What should I do if my health is deteriorating?

#### Urgent Health Advice

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit [www.nhs.uk](http://www.nhs.uk). The NHS 111 service is available 24 hours a day, seven days a week.

#### Life Threatening Emergencies

For something life threatening –severe bleeding, breathing difficulties or chest pains –please dial 999.

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### **GP surgeries are still open**

GP practice staff are also helping patients to manage their conditions at home while they wait for hospital appointments. GP surgeries are still open and are working differently to how they did before the COVID-19 pandemic and GP practices continue to make best use of telephone, online and video consultations. Face-to-face appointments are still being given to those who need it. When you phone or use an online form to contact your GP surgery to make an appointment, you will be asked some questions which are designed to help staff guide you to the most appropriate clinical person to help you with your condition. This could be a nurse, clinical pharmacist, physician's associate, GP or paramedic.

### **Contact Us**

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