University Hospitals of Leicester
NHS Trust

Having radio frequency ablation (RFA) or sclerotherapy for varicose veins

UHL in the Community

Information for Patients

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Introduction

Your doctor has offered you radiofrequency ablation and/or sclerotherapy to treat your superficial venous reflux. Venous reflux occurs when the veins in your legs have difficulty moving blood back to the heart. This causes blood to pool or flow backwards (reflux). It leads to symptoms of varicose veins, aching legs, swelling, skin discoloration and leg ulcers.

What are the treatment choices?

- Radio frequency ablation: closes the faulty vein and leaves little scarring.
- Sclerotherapy: a chemical solution is injected into your swollen or enlarged veins on your legs or feet (varicose veins).
- Other treatment options would be to wear compression stockings (socks). They apply pressure to your legs. This helps circulation and reduces symptoms.

The exact treatment (radiofrequency ablation, sclerotherapy, or both) may be confirmed on the day of your procedure, depending on your condition and scan findings.

What happens during the procedure?

- You will be awake and lying down during the procedure.
- We will clean your skin with antiseptic. Some of your body will be covered with sterile sheets.
- The skin and deeper tissues over the vein will be numbed with a local anaesthetic. When the local anaesthetic is injected it will sting to start with, but this will soon wear off.
- We may use an ultrasound scan to guide the injections.

- We will put a thin tube (catheter) into the faulty vein. Once the catheter is in the correct place, we use radiofrequency energy to heat it. This heat makes the vein wall shrink and seal.
- We mix a chemical with air to make a foam.
- We inject this foam into your varicose veins using small needles.
- The foam spreads through the vein and damages it.
- Over time, your body absorbs the vein and it disappears.
- The procedure may be uncomfortable but it is not usually painful. There will be a nurse or member of staff looking after you.

How long will the procedure take?

Everyone is different. We cannot say how easy or difficult the procedure will be.

This procedure is done as a day case. You will not stay in hospital overnight. It usually takes about 30 minutes, but can take longer. Your length of stay will be about 2 to 3 hours.

You will need someone to take you home after the procedure and stay with you for 12 hours.

What happens after the procedure?

We will put a compression bandage onto your leg. This encourages the vein walls to stick together. It will feel tight, but should not make your foot discoloured or painful.

You will be asked to rest in bed for about 1 hour after the procedure.

We will carry out routine checks, such as taking your pulse and blood pressure to make sure there are no problems.

We will check the needle entry points on your skin to make sure there is no bleeding, before you are sent home.

What advice should I follow when I get home?

Do not drive for 48 hours. **You will need someone to drive you home.**

Do not drive until you can do an emergency stop without pain.

You are encouraged to be mobile soon after treatment and return to normal activities slowly. Being active will help to reduce the chance of a deep vein thrombosis (DVT).

Try to walk as normally as possible. Do not limp.

Do not do strenuous activities for the first few weeks after the procedure.

Most people are able to return to work after 7 to 10 days. If your work involves a lot of standing or manual work you may need longer.

Keep your feet raised above the level of your hips when you sit down.

Some cramping, bruising and swelling is normal. If you have any pain this can be eased by taking

your usual painkiller. You may find a non-steroidal, anti-inflammatory such as ibuprofen works best, if you know this is alright for you. If your usual painkiller does not work you should see your GP.

After 2 days the bandages can be removed. The elastic compression stocking should be worn all the time (day and night) for 2 weeks. You can take them off to bath/ shower. This is an important part of the treatment. It encourages circulation and compresses the treated vein, helping it to close.

If any of the wounds start to bleed during the first week, press firmly and keep your foot raised. Apply a simple plaster over the wound and wear your compression stocking.

You should not fly for 4 weeks after your procedure.

Are there any risks or complications for RFA/sclerotherapy for varicose veins?

Complications are possible with any procedure or operation. The most common risks and complications are given below. They can be different for each person. Your risks will be discussed with you before you sign the consent form.

Pain and bruising along the treated vein: this is common but usually disappears in a few weeks.

Infection: if the treated area becomes hot and red, or you feel unwell with a temperature, this may mean you have an infection. You should see your GP or contact the department on the phone number on your appointment letter for advice.

Hard lumps and swelling around the vein (thrombophlebitis): this can develop a few weeks after the procedure. It may go down over 3 to 6 months.

Brown pigmentation: can occur over the treated veins. It often fades over a few months but sometimes may not completely go away.

Visual disturbances, chest discomfort or headache can happen straight after the procedure. This is very rare. It has no long term effects.

Blood clot: may develop in the deep veins after the injection. This is known as deep vein thrombosis (DVT). It needs treatment. The risk of DVT is about 1 in 500 people who have this procedure. Get urgent medical help if you notice:

- increased swelling
- redness or heat
- pain or cramp in your calf when lifting your toes

Allergy to the sclerosant: some patients may have a reaction to the chemical solution during the procedure, with symptoms such as itchy skin or swelling. The doctor will treat this if needed.

Reaction to the contrast liquid: some patients may be allergic to the contrast liquid. You may have symptoms such as feeling or being sick (nausea or vomiting), or a rash. If you develop symptoms at home you should contact your GP or call 111.

Skin and nerve injury: this is rare.

Varicose veins appearing again: there is no guarantee that this treatment will improve all of your varicose veins or cure your symptoms. Varicose veins can develop again.

Follow-up procedure

You will be given contact details for the department in case you need to discuss any problems in the first few weeks after your treatment. To check your progress and to decide if you need any more treatment, you may get a follow-up phone call or be seen in clinic. More than one treatment session may be needed, especially if you have varicose veins on both legs or if you have a lot of varicose veins.

How to prepare for your procedure

Eat and drink as normal before your surgery

Take all of your medicines as prescribed, unless you have been told to stop them by the pre-assessment nurse. Tell the nurse if you take medicine that effects blood clotting such as aspirin, warfarin, apixaban, rivaroxaban or clopidogrel.

Have a bath or shower before you arrive to reduce the risk of infection.

Wear loose bottomed clothing for example, wide leg shorts or a skirt as the bandages you will have after will be bulky.

If you have any questions, write them down to remind you what to ask when you speak to your nurse or doctor.

Contact details

After the procedure you can speak to your GP for advice. You can also get advice from ward 23 at Glenfield hospital. 0116 258 3700

You can contact the NHS helpline on 111 for health advice and information.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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