riverina
endovascular

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Radiofrequency Ablation of Veins – Things to consider before your operation.

Please read this document carefully. If you have any questions or comments, please contact the office and make arrangements to discuss them with Mr Airey.

Your recommended treatment is : Radiofrequency ablation of the following veins.

This recommendation had been made because these veins are refluxing and allowing blood to fall back towards your legs rather than being shunted up to the heart. This pooling of blood is called venous hypertension and causes swelling, aching, visible varicose veins and skin changes such as staining, venous eczema and ulcers. The aim of the treatment is to block the veins that are not working efficiently. This forces the blood into the veins that are working well so that it is returned to the heart more quickly.

You may also have secondary veins that are significant but too small for ablation. These can be treated either by phlebectomy - pulling out the veins through small incisions in the skin; or by foam sclerotherapy – injecting a solution into the veins to cause the wall to stick together and this blocking them off.

The procedure:

You will come into hospital on the day of your procedure. Please ensure that your stocking are brought with you to theatre.

Mr Airey will meet you in the anaesthetic bay before the procedure and map out the secondary veins that are to be treated. Please make sure you point out all the veins of concern at this time.

You will then go into theatre and be given an anaesthetic. Once you are asleep, a needle is placed into the vein to be treated and a special ablation catheter is threaded up inside the vein. A large volume of local anaesthetic is then injected around the vein to compress is against the catheter and to protect the surrounding tissues. The catheter then delivers heat energy to the vein, cauterising and occluding it. The catheter is them removed and the process is repeated for all major veins planned for treatment.

The secondary veins are then treated by either phlebotomy or sclerotherapy as discussed. Paper tapes (called Steristrips) are placed over any incisions. A compression dressing is then applied. The dressing consists of two layers compression bandages with your own stockings placed over the top.

After the procedure:

You will go to the recovery bay then back to the ward once you are awake. You are encouraged to get up and walk as soon as you feel comfortable but be aware the your blood pressure may take a little unsteady as first.

You may go home 4 hours after your return to the ward if you feel well and are not requiring strong pain killers. Approximately 80% of people go home on the day of surgery the rest the next morning.

After discharge:

You will be told when to take the bandages down. This is usually between 24 and 48 hours and depends on the type of surgery done. You may have steristrips covering small incisions. After shower, pat them dry with a towel. The steristrips should be removed after 3 days or sooner if they appear untidy or about to fall off. Put the stockings back on as soon as the leg is dry the bandages are left off. Unless you are specifically advised, there will be no sutures to remove.

- Wear the stockings day and night for the rest of the first week.
- Wear the stockings during the day for the second week.
- Walk 30-40 minutes per day.

They may be some pain and discomfort after the procedure. Paracetamol or and an anti-flammatory medication such as Brufen or Nurofen should be sufficient to settle this. If stronger medication are required, please contact the office.

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You may return to work whenever the discomfort settles. This is usually with 48 hours. You can drive after 24 hours, but you must ensure that you are not distracted by pain or discomfort. Avoid trips more than 4 hpurs for the first 4 days. You may return to gently exercise (consistent with wearing the stockings) after 4 days and strenuous exercise after 14 days.

You will need an ultrasound at about 2 weeks to check for deep clots, and a further ultrasound and follow up appointment with Mr Airey at six weeks.

Alternatives to Radiofrequently Ablation:

This treatment has been recommended as the least invasive, most durable solution for you however, there are alternatives including:

Compression stockings: These are a non-surgical treatment that can be as effective as surgery if they worn diligently. Some people find them difficult to put on and many people find them uncomfortable in the hot weather.

Surgery: (ligation and stripping) is the traditional method of treating veins. If is effective but less comfortable than ablations.

Possible complications of Radiofrequency Ablation:

Recurrence – there is a rate of recurrence after all vein treatments. If is not possible how quickly this will happen and may be within only a few years in some cases. About 50% of people are aware of recurrent veins within 20years.

Bruising and staining: These are relatively common and are usually related more to the treatment of secondary vein than to the ablation itself. The more secondary veins treated, the more likely bruising is. Staining is skin discolouration which resembles a bruise. Staining fades with time but can remain visible for several months. Hirudoid cream or gel is available from pharmacists and can speed the fading process.

Clotting: Occasionally clots form within the remaining fragments of veins. Although not dangerous, these clots can be tender and uncomfortable. It is sometimes possible evacuate the clot to give pain relief and reduce the amount of staining (bruising) that may occur.

Failure: The ablation may fail to close the vein. This is very rare but is described in the literature. Surgery is the best option in these cases.

Skin burns and ulceration: These are very rare but are described in the literature.

Nerve damage: the nerves that run close to the veins may be irritated or damaged by the heat of the ablation process. This can result in a numbness, pins and needles or even pain. In most cases this settles within a few weeks but occasionally can last much longer.

Matting: is a form of recurrence where the treated veins are replaced by a fine network of superficial veins. This can be a cosmetic concern to some patients.

If you have any questions or concerns about these issues, please contact the office and make arrangements to discuss them with Mr Airey.

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