

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

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If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

Endovenous Ablation varicose veins

Vascular Surgery
Pilgrim Hospital

www.ulh.nhs.uk

Aim of the leaflet

This leaflet aims to provide information to patients with varicose veins who require endovenous ablation surgery.

What are varicose veins?

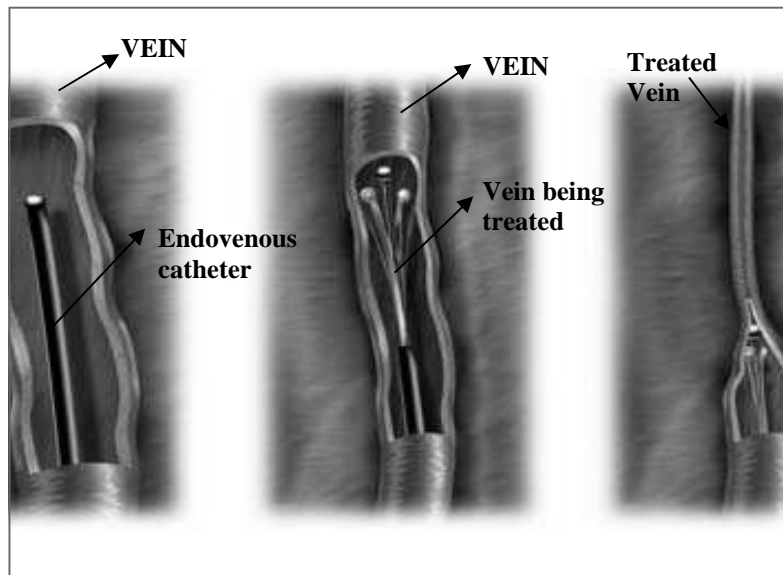
Varicose veins are veins in your leg, which have become swollen, unsightly and have begun to cause you pain or discomfort.

What is endovenous ablation surgery?

This is where your surgeon uses ultrasound to guide the insertion of a catheter into the diseased vein through a small opening in your skin. The catheter delivers heat to the vein wall, thus shrinking and sealing the vein closed. Once the diseased vein is closed, blood is re-routed to other healthy veins.

We continue to try and improve our service and if you want to make a contribution to help us, we would be very happy to receive it. Please make any cheques payable to the 'Vascular Education and Research Fund, Pilgrim Hospital' and send them to:

The Vascular Surgery Department
Pilgrim Hospital
Sibsey Road
Boston
Lincolnshire
PE21 9QS



- You develop numbness, pins and needles or your toes become blue in colour.

Are there any long lasting effects?

It is unusual to have any long term effects once you have had your veins ablated. However, it is possible for your varicose veins to recur.

Do I need surgery or is there any other treatment available?

Compression stockings may ease the aching and symptoms, but will not get rid of the varicose veins, only surgery will do this.

What are the benefits of endovenous ablation over traditional varicose vein surgery?

Endovenous ablation will destroy the swollen diseased veins, but is a much less invasive procedure. There is usually less bruising and pain, minimal scarring and most patients are able to return to normal every day activities far quicker than with traditional surgery.

Are there any risks involved?

Complications are unusual, but are rapidly recognised and dealt with by nursing staff.

- Bleeding from wound site.
- Wound infection is a rare problem and settles down with antibiotics in a week or two.
- Deep Vein Thrombosis (DVT) may occur in your leg but risks are reduced if you follow instructions and advice.
- It is possible for varicose veins to develop again after surgery.
- Aches and twinges may be felt in the wound for up to six months.

- Occasionally numbness in the skin, where a skin nerve has been damaged. In certain patients (whose short saphenous vein is being treated), there is a risk of damaging the nerve which supplies the sensation and movement of the foot. This usually improves in up to one year but can be permanent in a few patients.
- Slight skin burn similar to sunburn is not unusual along the line of the ablated vein.

Getting ready for your operation

You will be asked to attend a pre-assessment clinic where your medical history will be noted and your operation explained. Any necessary tests e.g. blood tests may be carried out and your leg will be measured for a compression hosiery to wear after your surgery. The medication you are currently taking will be discussed and advice given as necessary.

What sort of anaesthetic will I have?

The operation is normally carried out under a local anaesthetic. This means you will be awake for your surgery but will have received anaesthetic locally to the vein areas so that you will not feel the surgery and be pain free throughout the procedure. You can therefore eat and drink as normal both before and after your operation.

What should I expect after the operation?

- You will have compression stockings from your foot to your thigh.
- You may have stitches in your wound. The doctor or nurse will advise you if they need to be removed or if the stitches will dissolve on their own.

Some pain or discomfort is inevitable but simple painkillers (like paracetamol or ibuprofen, if no known contraindications) will control this.

How long will I stay in hospital?

All the patients will go home the same day as surgery.

How long will it take for me to recover?

- You should be able to return to your normal activities within 1 to 2 days.
- When sitting down, sit with your feet up higher than your bottom.
- You need to walk normally following your operation and as much as possible. Do not stand for any prolonged length of time.
- Before you go home the nursing staff will give you information regarding the care of any dressings you may have and of your stockings.

Will I be able to drive?

Driving should be avoided for the first two weeks and advice should be sought from your insurance company. You should be able to drive if you can perform an emergency stop without discomfort.

You may need to contact your GP if:

- You develop a large amount of bleeding from your wound.
- You develop severe pain or swelling in your leg which isn't relieved by your painkillers.