



Radiofrequency Ablation of Varicose Veins

Radiofrequency ablation is a minimally-invasive procedure used in the treatment of varicose veins and is an alternative to the traditional stripping operation. Results suggest that it is as good as a surgical operation for the treatment of varicose veins and it is recommended by the National Institute of Clinical Excellence (NICE) as the first line treatment for varicose veins.

It has a number of advantages over the standard operation. These include:

- It is performed using local anaesthetic
- The procedure can normally be performed as an outpatient/day case, and takes approximately 45 minutes
- You are able to return to work either the same or following day
- It avoids most of the incisions (scars) resultant from a surgical operation
- There is typically very little discomfort or pain after the procedure

What does Radiofrequency Ablation of varicose veins treatment involve?

1. The procedure begins with an ultrasound scan to mark the vein to be treated.
2. An injection of local anaesthetic is given to freeze the skin at just above, or below, the knee.
3. A small needle is inserted into the vein (the long saphenous vein).
4. The ablation catheter is passed over the wire into the vein.
5. The position of the catheter is checked using the ultrasound scan. More local anaesthetic agent is injected into the thigh.
7. The catheter is activated and works by closing up the vein from the inside. The procedure of actually sealing the vein should not be painful.
8. When the vein has been sealed, the ablation catheter is removed from the leg and a light support stocking is applied. This should be worn for 2 weeks following the procedure.

What happens after the treatment?

As soon as the procedure has been completed you can leave the department and return to normal physical activity including work.

It is not advisable to drive for 24 hours after the procedure.

During the first few days any discomfort in the leg can be treated with simple painkillers such as Paracetamol.

You will be reviewed 3 months after the procedure, by which time most of the varicose veins in your leg will have shrunk. If there are any left these may be managed with injection treatment. You should not fly at all for 2 weeks and not long haul for 6 weeks as there is an increased risk of deep venous thrombosis.

Complications

A small proportion of patients may develop phlebitis or inflammation of the vein. This can occur with any form of intervention and can be quite painful. If this occurs you can be treated with tablets known as non-steroidal anti-inflammatory drugs, eg ibuprofen, by your GP.

-Other complications that may occur are scarring of the puncture sites, staining of the skin along treated vein, burns, paraesthesia, bruising and the development of spider veins. Very rarely deep venous thrombosis may occur (clots in the deep veins 0.57%) which may travel to the lungs (pulmonary embolism 0.17%).