



Radio-Frequency Ablation for Varicose Veins

You just had your varicose veins treated with Radio-frequency Ablation (RFA). This following information and instructions are intended to help you get the best outcome from your treatment.

What is Radio-Frequency Ablation (RFA)?

RFA, is a minimally invasive treatment that uses radiofrequency energy to cauterize (burn) and close abnormally enlarged veins in the legs, a condition called varicose veins.

How does RFA Work?

The treatment works by heating the inside of the vein with an electrically charged catheter. This irritates the vein and causes it to go into spasm, shrinking it down causing it to block off.

A catheter (small thin plastic tube) was inserted into the vein and positioned within the varicose vein with the guidance of an ultrasound machine to ensure it was in the correct place. A fine wire with the heating element at the end was then passed through the tube and into the vein up to groin level.

Local anaesthetic was then placed around the length of the vein to be treated; this involved several pinpricks to deliver the local anaesthetic. This was important to keep the vein away from the skin and to insulate the rest of the leg against the heat generated by the catheter. The catheter was then heated up and withdrawn slowly down the leg whilst the heat was being delivered.

Phlebectomy

If you needed to have any other veins removed at the same time (Phlebectomy) this was done after the catheter was removed. These are taken out by putting small stab incisions (<1cm cuts) in the leg and pulling the offending vein out with a hook.

Paper tapes will have been applied to the small cuts to help with healing and reduce bleeding. If you have had a phlebectomy as well as RFA you may have added bandages applied. This is helpful with the bruising and swelling.

What should I do straight after treatment?

Immediately after the stocking and / or bandages have been applied you will need to take a **brisk 10 - 15 minute walk** before going home. Please do not drive yourself home after the procedure. You will need to arrange for someone to collect you or take a bus or taxi home.

Information for Patients

At home - After the treatment

It is important to take regular walking exercise after your treatment.

When you are at home you can carry on life as normal but ensure that for **every hour you are awake you take a 5-10 minute walk**, this will help reduce the risk of a deep vein thrombosis (DVT). There is no restriction to the amount of walking you can do however we do advise you to avoid energetic exercises such as jogging, tennis, aerobics, and contact sports etc. for 4 weeks after treatment.

For the first week after your treatment, we recommend that you avoid standing still for long periods of time. If you have a job that involves a lot of standing, kneeling, or squatting you may want to occasionally walk on the spot or rotate your ankles to encourage your calf muscles to work. This movement will help your circulation and reduce the risk of a DVT. Where possible try to avoid commitments that force you to stand still for lengthy periods for the first few days after treatment. When sitting try to keep your legs elevated ideally slightly higher than your hip, this will help reduce any swelling in your leg.

Following treatment

Your bandages and stocking must remain in place for **2 days**. Keep your stocking always pulled up and smooth. Any creases in the stocking for long periods of time can potentially cause damage to your skin. After this time, you can shower, **with the bandages and stocking on**. After showering, sit on your bed or sofa with your leg elevated, remove the wet stocking, cut off the bandages, remove any padding or paper tapes gently and pat dry your leg with a towel. Immediately reapply your clean and dry stocking before getting up.

A stocking should now be worn day and night for a further **1 week**. You may shower during this time **but always with the stocking in place**. On the **second week**, the stocking should be worn during waking hours, and you may remove it at bedtime. You may shower every day after the bandages and padding are removed. If you have a bath, do not spend too long in the water, and make sure the water is not too hot. Hot water increases the blood flow to your skin and may reduce the effectiveness of the treatment. After showering, sit on your bed with your leg elevated before removing the wet stocking. Pat dry your leg thoroughly and reapply your clean dry stocking before mobilising. You can wash the old stocking following the washing instructions enclosed in the stocking box provided.

In total following your treatment you should have worn your stocking for 2 weeks, after this time you may now stop wearing your stocking. Although patients are allowed to discard their stockings after 2 weeks, there is some evidence to suggest that long-term compression improves the results of treatment and reduces the risk of developing new varicose veins. You might want to consider purchasing some lighter weight compression hosiery for long-term use.

You will notice some lumpiness and pigmentation (brown skin staining like a bruise) where your veins have been treated. This is caused by the inflammation and scarring process, and will resolve over time, continuing to use the stockings beyond week 2 will help this process.

What other information should I be aware of following RFA?

Driving:

You should not drive until **you feel able to do an emergency stop without any hesitation**. You may find driving with the bandages and stocking uncomfortable and feel safer waiting until the bandages have been removed. Contact your insurance provider if you have any concerns about

Information for Patients

your insurance cover (insurance companies have differing policies regarding driving after surgical and other medical procedures and, if in doubt, you are advised to check with them).

Travelling:

There is a small increased risk of a DVT with flying, especially long-haul flights following Radiofrequency Ablation treatment. Try to avoid flying for 4-6 weeks after treatment.

Avoid travelling in confined circumstances for long periods of time. If going on a long journey in the first week or so after your treatment try to break it into short sections and have a good brisk walk for 5 minutes every hour or so.

What are the risks associated with RFA treatment?

For most patients RFA is very safe, however like any other treatment it is not without potential complications. Most people have very little discomfort following the treatment, but a small number of patients can experience pain and discomfort from the treated veins.

Occasionally a treated vein becomes inflamed and tender this is called thrombophlebitis and shows that the treatment is working. This usually settles over the following weeks with compression and anti-inflammatory painkillers such as ibuprofen gel or tablets which can be obtained from your GP or local pharmacy. Ibuprofen gel is good to help reduce any redness or swelling when applied directly over the affected site. Remember to always follow the patient information instructions and directions for use enclosed in your medication package.

As with surgery there is a small risk of developing a deep vein thrombosis (DVT), although this is low at 0.5% (1 in 200) it does occasionally occur. The compression stockings you have been provided with will also help to reduce your risk. If a DVT has formed, you will probably require treatment. Your healthcare team will advise you in this.

If a DVT were to develop after RFA, there is potential risk of having a pulmonary embolus (PE). This is when a piece of the clot breaks off and travels to the lung causing a PE. This can be serious even potentially fatal in very rare instances. If you experience sharp chest pain, shortness of breath or coughing up blood you should **dial 999 immediately**.

This procedure leaves few scars because catheter placement requires skin openings of only a few millimeters, not large incisions. However, any procedure where the skin is penetrated carries a risk of infection. The chance of infection requiring antibiotic treatment appears to be less than one in 1,000.

Any procedure that involves placement of a catheter inside a blood vessel carries certain risks. These risks include damage to the blood vessel, bruising or bleeding at the puncture site, and infection.

Some instances of thermal (heat) damage to nerves have been reported. This is rare and generally goes away in a short time.

Contact Details

If you have any concerns or questions following the treatment, please contact the

Vascular Helpline number on:

0121 424 2879 for Heartlands, Solihull, and Goodhope

0121 371 4908 for Queen Elizabeth Hospital

Information for Patients

If you think you are experiencing chest pain, shortness of breath, difficulty breathing then you should dial for an ambulance (999) immediately.

Further information can be found on the following websites.

[Varicose veins - Treatment - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Radiofrequency ablation of varicose veins | Guidance | NICE](#)

[Varicose Veins - Vascular Society](#)

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email interpreting.service@uhb.nhs.uk.