

## Patient information

### Endovenous Surgery for Varicose Veins

#### Vascular Department

#### **Your Consultant /Doctor has advised you to have Endovenous Surgery for varicose veins**

Although common, not all varicose veins are problematic. The normally low pressure in leg veins can become very high in varicose veins causing complications such as phlebitis (blood clot in a superficial vein), eczema, bleeding, swelling and skin damage including leg ulcers. The greater the uncontrolled pressure the greater the risk of complications.

Pain can be a problem for some people but this is not related to the number of veins seen. Varicose veins are related to family history and being overweight. Your occupation and being on your feet all day are not a cause – but they may make varicose veins more uncomfortable. Pregnancy can be a factor, especially multiple pregnancies.

#### **What is Endovenous Surgery for varicose veins?**

Endovenous means: 'inside the vein'. A catheter placed inside the vein uses thermal (heat) energy to close a skin vein causing visible varicose veins. Endovenous laser ablation (EVLA) and radiofrequency (VNUS) techniques are equally effective.

Some patients require more than one endovenous treatment if they have multiple superficial veins – this will usually need separate visits.

LiVES surgeons undertake day case endovenous surgery at Aintree University Hospital and Ormskirk District General Hospital.

#### **What are the benefits of having Endovenous Surgery?**

Endovenous surgery has taken the place of conventional stripping surgery for the most patients.

The procedure is normally a day-case / walk in-walk out procedure undertaken in a treatment room under local anaesthetic.

The procedure is less painful and causes fewer complications than open varicose vein surgery. Recovery and return to work are also much quicker.

The operation success rate is over 90% - a small number of patients require a second treatment for the same vein. Varicose veins may recur with time.



## **What are the risks?**

Common risks (greater than 1 in 10) include bruising around the treated vein but this will settle with time. You may also have some bleeding into the support stocking from the catheter entry site immediately after the procedure.

Endovenous surgery does not always result in the disappearance of every visible vein. Residual varicose veins can be treated with foam sclerotherapy or surgery.

Occasional risks (between 1 in 10 and 1 in 100) include phlebitis (blood clot in a superficial vein) for 1 in 20 patients. This is more common in larger diameter veins. Phlebitis may delay your return to normal activity.

Less common, rare risks (less than 1 in 100) include persistent nerve pain (neuralgia) or persistent numbness of a patch of skin of the leg. There is a smaller risk of deep vein thrombosis (1 in 500) and an even smaller risk of pulmonary embolism (1 in 1000).

Extremely rarely (fewer than 1 in 1000) a superficial skin burn can occur.

## **Are there any alternatives available?**

Some patients will require conventional varicose vein surgery if the laser/VNUS procedure is not technically possible.

Other patients may require a general anaesthetic (GA) if there is an extensive number and size of varicose veins that require varicose vein avulsions (keyhole removal of visible varicose veins) at the same time as endovenous surgery.

Other treatments for varicose veins include injections called sclerotherapy. Foam sclerotherapy injects sclerosant foam into the vein to 'glue' the vein walls together. The vein is then reabsorbed into the body over a period of time.

Some patients are just unsuitable for any surgery and will be offered medical support stockings from their general practitioner.

## **What happens if I decide not to have treatment?**

If you have already had a complication from varicose veins then it is likely that further complications can occur. The risks of complications can be decreased with medical support stockings but they are not as effective as surgery.

## **What sort of anaesthetic will be given to me?**

The majority of patients have the procedure under local anaesthetic (LA). Some patients will have a general anaesthetic (GA) especially if combined with varicose vein avulsions. Local anaesthetic is drug-induced numbness: it will be provided by your surgeon during the operation. Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.



Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor.

General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet “**You and Your Anaesthetic**” (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your surgeon in the vascular clinic.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

### **Getting ready for your operation**

- Patients undergoing local anaesthesia will not need any preoperative tests.
- If you are having a general anaesthetic you will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- LA patients can eat and drink normally. GA patients will need to stop eating and drinking six hours before your surgery.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

## The day of your operation

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Patient on warfarin should normally stop their anticoagulation three days prior to surgery. Please discuss with your surgeon.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown. Please keep your underwear on unless advised otherwise.
- A bracelet with your personal details will be attached to your wrist.
- Your dentures, glasses or hearing aid can stay with you on your journey to the treatment room or day theatre.

## What should I expect after my operation?

- After your operation you will return to the ward area and be able to go home within an hour.
- GA patients will take longer to recover. The nursing staff will advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away
- A nurse will check your wound. GA patients will have pulse and blood pressure checks.
- LA patients should have very little discomfort.
- **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**

## Going Home

You will normally be allowed home the day of your operation.

## Discharge Information

### Stockings

You will be fitted with a class 2 full-length medical support stocking. You should wear this day and night for two weeks. If you have only had an endovenous procedure you can remove the stocking at 48 hours in order to remove the dressings yourself and bathe.



Replace the stocking after bathing but not the dressings. After this you can bathe and replace the stocking daily for the remainder of the two weeks. Two stockings are supplied.

If you have had varicose vein avulsions you should keep the stocking on for seven days. The community clinic nurse, practice nurse at your GP surgery or district nurse will check the wounds and remove the dressings. You can remove the stocking for bathing in the second week. Leg ulcer patients will have all their dressing changes done by their leg ulcer nurse.

### **Pain relief and medication**

You will have a three day prescription of either Naproxen or Paracetamol to take home. Please tell the doctor if you normally take painkilling tablets or if you have any allergies.

### **Your wound**

Endovenous surgery uses keyhole surgery that does not require any sutures. The wounds are usually covered with steristrips and/or small dressings. You can expect some bruising that will take several weeks to settle down.

### **Getting back to normal**

You will normally be allowed to walk immediately. At home you should try to have a bit of rest with your feet up for the first week and then see how you are. A few patients with very large veins will be instructed to rest their legs a lot to avoid phlebitis. You should avoid heavy exercise for two weeks.

### **Driving**

You will be safe to drive when you can move your leg freely to allow an emergency stop. This will normally be at about one week but if in doubt, check with your doctor.

### **Returning to work**

Depending on your job, you will be able to resume in one to two weeks. If in doubt, please ask your doctor.

### **Further Appointments**

A follow up appointment in the vascular clinic of your local hospital will be arranged for six weeks after the operation.

### **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.



## **Further information**

### **LiVES Contact Numbers**

**During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.**

**Vascular Ward  
Ward 3  
Aintree University Hospital  
Tel: 0151 529 2028/2262**

#### **Vascular Nurses:**

**Aintree via switchboard  
Tel: 0151 525 5980 Bleep 5609/5594 or extensions 4691/4692**

**Royal Liverpool Hospital via switchboard  
Tel: 0151 706 2000 Bleep 4212 or extension 4675  
Text phone number: 18001 0151 706 2000 Bleep 4212**

**Southport via switchboard  
Tel: 01704 705124**

**Whiston Hospital  
0151 290 4508/ 430 4199**

#### **Secretaries:**

**Aintree University Hospital  
Tel: 0151 706 3691/ 3523/3524/3481/3457/11813  
0151 529 4950/4953**

**Southport/Ormskirk Tel: 01704 704665**

**Whiston Hospital  
St. Helens and Knowsley NHS Trust  
Tel: 0151 430 1499**

**NHS 111  
Tel: 111**



**Circulation Foundation:**  
**[www.circulationfoundation.org.uk/vascularisease/](http://www.circulationfoundation.org.uk/vascularisease/)**

**Smoking cessation:**

<b>Liverpool</b>	<b>Tel: 0800 061 4212/ 0151 374 2535</b>
<b>Sefton</b>	<b>Tel: 0300 100 1000</b>
<b>West Lancashire</b>	<b>Tel: 0800 328 6297</b>

**Liverpool Vascular and Endovascular Service**  
**Aintree University Hospital**  
**Lower Lane**  
**Liverpool**  
**L9 7AL**  
**Tel: 0151 525 5980**  
**[vascsecs@liverpoolft.nhs.uk](mailto:vascsecs@liverpoolft.nhs.uk)**

**Participating Hospitals in LiVES are:**

- **Liverpool University Hospitals NHS Foundation Trust**
- **Southport District General Hospital**
- **Ormskirk District General Hospital**
- **Whiston and St Helens Hospitals**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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