

**Mr Andrew Gordon MS FRCS
The Bridge Clinic
Oldfield Lodge
Bridge Road
Maidenhead
Berks
SL6 8DG**

Telephone: 01628 780200 Fax: 01628 780500

Varicose Veins

Advances in technology mean that almost all varicose veins can be treated by minimally invasive techniques that usually do not require general anaesthesia and can be carried out as a Day Case, with rapid recovery and early return to work.

This is achieved by using the combined techniques of radio-frequency ablation (VNUS) and either foam sclerotherapy or avulsions (pulling out) of the veins.

VNUS is a technique, in which the long or short saphenous vein (the underlying cause of most varicose veins) may be closed using radio-frequency energy via a thin wire passed up inside the vein, guided by ultrasound and often under a local anaesthetic only.

Treatment of tributary veins, comprising the majority of the visible varices, may now be most effectively carried out using foam sclerotherapy. This is a technique in which a chemical sclerosant can be delivered directly into the affected veins and the progress of sclerosant through the network of varicose veins is observed using an ultrasound scanner. This enables large numbers of tributary veins to be treated very quickly. Sometimes it is better to avulse the veins instead of using foam. It is therefore now possible to manage almost all varicose veins by a combination of these techniques, using a 2 mm incision. It is almost never necessary to "strip" the veins out nowadays.

Following treatment, it is usual for the veins to swell up, producing hard lumpy areas underneath the skin. This takes many weeks to settle down and can be associated with significant pain, which may go on over a number of weeks. There may also be swelling of the ankle, because of the inflammation that is produced by the treatment and the leg may feel heavy and slightly stiff, but all of these symptoms settle over the course of a few weeks. Sometimes there is an area of numbness above the ankle. This is likely to improve with time, but may take many months to resolve.

Return to normal activities is usually very rapid. Most patients would expect to be able to return to full activities at about 48hrs post-operatively.