

How Is the Procedure Done? When ablation is done, a small catheter is placed in the large vein near the knee. A small catheter (small round tube about the size of pin tip) is moved along the inside of the vein until just below the groin. A small amount of salt water is placed along the outside of the catheter to protect the tissue around the vein. The catheter heats the inside of the vein, causing the vein to scar down and close off. Once the vein has been heated the catheter is removed.

After the procedure, a special elastic dressing will be wrapped around your leg from the ankle to the groin. The support hose will be placed on the leg.

How Long Will the Procedure Take?

The procedure should take about 60 minutes.

Are There Any Risks to the Procedure?

Like all things in life there are risks to the procedure. Risks include:

1. Numbness or tingling around the treated area. The numbness may last months.
2. Bruising and soreness along the treated area are to be expected for the first week after treatment.
3. A small infection at the site where the catheter entered the vein, or along the vein that was treated may need antibiotics.
4. Rarely, blood clots may develop in veins that were not treated.

What Are the Benefits of the Procedure?

The benefits of the procedure are:

1. Shorter recovery time than with surgery.
2. No scars.
3. Less cost.
4. Less time loss from work.
5. A noticeable decrease in the size of varicose veins in most patients.

What Do I Need To Do to Prepare for the Procedure?

Preparation for the procedure will include:

1. Ultrasound of the leg (done at the time of the first office visit).
2. Bring support stockings with you to the Imaging Center (a prescription for the stockings will be given to you at the time of the first visit). The stockings can be purchased at most drug stores or medical supply stores.
3. Eat nothing for four hours before the procedure. You can drink clear liquids (coffee without cream, tea, colas, water, apple juice, etc) until time for the procedure.

Where Do I Come for the Procedure?

Please report to UVA Imaging Center at Fontaine, 415 Ray C. Hunt Drive, Suite 1100, at the time of the scheduled procedure.

What Can I Do Immediately After the Procedure?

Immediately after the procedure, we will have you up and walking. We will ask you to walk each day for the week after the procedure but to avoid rigorous exercise for about 1 week.

Can I Drive the Day of the Procedure?

No, with some patients we may need to give a small amount of medicine to help you relax and lessen any pain that may occur at the time of the procedure. As a result of receiving the medicines, your sense of timing and judgment may be off therefore you cannot drive the day of the procedure. We ask that you bring a friend or family member with you to the hospital that day.

When Can I Return to Work?

As this procedure does not require an incision, persons who have the procedure done should be able to return to work by the next day.

What Is the Follow-up?

A follow-up visit to the doctor who performed the procedure will occur at 1 week, 6 weeks and 3 months after the procedure. An ultrasound will be done to look at the veins in the area treated. If needed, sclerotherapy will be scheduled after the laser therapy to treat any residual veins.

When Do I Need to Call After the Procedure?

You need to call if:

1. Pain not relieved by Tylenol or Advil.
2. A large bruise area develops (remember some bruising is expected).
3. Fever of greater than 101.
4. Bleeding from the catheter site near the knee.
5. Leg swelling or redness.

Please call 434-924-9401 between the hours of 8:00 Am and 5:00 PM and ask for Sandra Schwaner or Dr. Angle. If Sandra and Dr. Angle are away ask for the triage fellow. If it is at night or the weekend, please call 434-924-9400 and ask for the Angio fellow on call.

Does Insurance Pay for the Procedure?

Each insurance policy is different. Before the procedure, we will try to find out if your insurance will provide coverage. Because each insurance company is different, some may or may not tell us if they will provide coverage. If your insurance does not provide coverage or you do not have insurance and want to have the procedure done, please contact Patient Financial Services at 434-982-4330 to work out a payment schedule.

If I Have Further Questions, Whom Do I Ask to Speak With?

If you have further questions, please contact Dr. John F. Angle or Sandra Schwaner, Nurse Practitioner, at 434-924-9401.

UVA

Endovenous Ablation

Treatment Options for Varicose and Spider Veins



WHAT ARE VARICOSE VEINS?

Approximately 25-40% percent of all women and 10-25% of all men have problems with the veins in their lower legs. These problems include such things as varicose and spider veins. The result can be not only unsightly, but painful. Varicose veins often cause a “heavy” feeling to the legs, especially when walking or standing for a long time. Severe problems can result in leg swelling, and even sores on the legs.

For those who would like relief from the symptoms of unsightly and painful varicose veins, several options are available. Surgery has long been used to remove these veins; more recently interventional radiologists have offered endovenous therapies.

To better understand what varicose veins are, one must first know how normal veins function.

Veins are the vessels that carry the blood back to the heart. The blood flow returning to the heart is under low pressure, compared to the arteries, that are high pressure. A series of one-way valves prevent backward flow of this low pressure blood as it returns to the heart. If these one-way valves are not working correctly, blood can pool in the veins causing the veins to become enlarged.

The saphenous veins run under the skin and may have a rope like appearance when enlarged. These large, ropy but soft veins are called *varicose veins*.

Smaller veins just below the skin, which are often red, blue or purplish in color, are also abnormal. They are usually called *spider veins*.

Who develops spider veins and varicose vein?

While men can develop varicose veins, women have a greater likelihood to have spider veins or varicose veins. There is a tendency to inherit vein problems. Hormones, birth control pills and pregnancy may also play a role in varicose veins. Other factors such as the resistance that the heart has to pump against in order for to return to the heart may lead to the development of spider veins and varicose veins (weight, standing or sitting for long periods of time).

TREATMENT OPTIONS

Treatment options include:

- 1. Medical Management.** Wearing support hose, exercising regularly, and weight management (losing weight, or maintaining a normal body weight) are a few of the options that decrease the effects of spider veins and varicose veins.
 - 2. Support Hose or Compression Stockings** are special garments that are tighter at the ankle than at the thigh. These stockings help perform the job that the valves should perform, keeping the backward flow of blood to a minimum. Compression stockings do not stop the problems associated with varicose veins but often decrease their symptoms. Compression stockings can be obtained from various pharmacies and medical supply houses with a physician’s prescription.
 - 3. Surgical Ligation and Stripping** involves surgically making a small cut in the skin at the level of the groin and at the ankle. The vein is then removed over a special catheter. After the procedure, the patient may experience pain and discomfort for several weeks and be out of work for up to 4-6 weeks.
 - 4. Sclerotherapy** is basically the scarring of small vessels by injecting an irritating liquid into the vein with a tiny needle. This outpatient procedure can be done without medications, and has immediate results. It is best used in small varicose veins and spider veins.
-

- 5. Endovenous Laser Ablation** Endovenous therapy is a procedure that shrinks or scars the vein (greater saphenous vein) that runs along the inner thigh and calf. This vein is usually associated with varicose veins. The procedure is a minimally invasive procedure that does not require an overnight stay in the hospital. The time away from work is usually one day.

Who Are Candidates for Endovenous Ablation and/or Sclerotherapy?

To be a candidate for these therapies, a person must have an ultrasound exam that shows venous disease or insufficiency. In addition, the person must have at least some of the following symptoms: pain in the legs, heaviness, swelling, inability to walk or stand for long periods because of pain, sores on the legs, or darkening and thickening of the skin of the legs.

Who Are Not Candidates for Ablation and/or Sclerotherapy?

Persons who are not candidates for these procedures include:

1. Women who are pregnant.
 2. Persons with significant disease in the arteries to the legs.
 3. Persons with a history of a deep vein thrombosis.
 4. Persons on anticoagulant therapy (Coumadin or Heparin).
 5. Persons whose veins have other diseases such as blockages, narrowing or clot.
-