

The surgeon will then check the position of the catheter in your vein using ultrasound and when they are happy with its position, treatment will begin. The machine will make a high pitched noise as the catheter is pulled out through the vein and plastic sheath - treatment may last for up to 90 seconds, during which you will not feel anything.

Following treatment, the catheter and plastic sheath will be removed and a plaster will be placed over the entry wound. The sterile sock will be rolled up your leg and it will need to be kept in place until such time that the surgeon tells you it can be removed. The purpose of the sock is to apply compression to the legs, which helps to squeeze the veins and return blood to the heart.

You may have some additional treatment of the lumpy veins if your surgeon thinks it necessary.

after treatment

If you have had a local anaesthetic you will be able to walk out of the procedure room - following a discussion with the staff you will be able to leave and resume normal daily activities reasonably quickly. Following a general anaesthetic recovery from the operation will take a little longer.

what are the risks and complications?

Any medical treatment can result in complications due to a reaction to the medicines used (nausea or skin reactions) or the effect of any ongoing disease processes (eg heart, lung or kidney disease) and this risk can be increased using a general anaesthetic. Make sure you understand the likely risks in your particular case. Your surgeon or nurse will discuss this with you if you need them to.

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having *RFITT*
treatment for
varicose veins



This leaflet has been prepared after talking to patients who have undergone varicose vein treatment. The procedure described here may be adapted to meet your individual medical needs, so it is important to follow your surgeon's advice.

The doctors and nurses you meet in hospital will also explain the procedure, but if you have any further questions, please do not hesitate to ask them as not every hospital does things in exactly the same way.

Additionally, if the treatment is being paid for by an insurance company, it is best to check in advance the types of treatment they are prepared to cover.

what are varicose veins?

Varicose veins are swollen, twisted and unsightly veins (usually on the legs) that look lumpy and bluish through the skin. They happen when the valves in the veins become weak or break, allowing blood to collect in the veins just under the skin, instead of being returned to the heart.

If left untreated, the poor circulation associated with varicose veins can lead to skin problems, such as a disease in the form of dermatitis and ulcers, and may bleed if a prominent vein is injured.

Varicose veins do not tend to get better without treatment, and usually get worse with time. An effective treatment is to have them ablated with a high frequency current, commonly known as Radio Frequency Induced Thermoablation or RFITT for short.

The procedure is routinely done as an outpatient procedure using just a local anaesthetic; however, depending on the hospital it may also be carried out under a general anaesthetic.

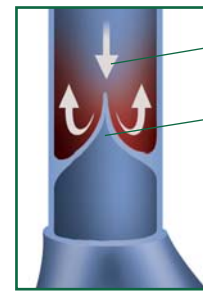
preparing for treatment

You will be asked to undress and put on a hospital gown. If the treatment is being performed under a local anaesthetic, you will more than likely walk to the procedure room rather than being taken in on a bed.

about the treatment

Endovenous coagulation, or RFITT, is the gentle, effective and safe alternative to surgical stripping. It is a minimally invasive procedure (keyhole), which utilises radio frequency energy to gently heat the lining of the affected vein causing it to seal.

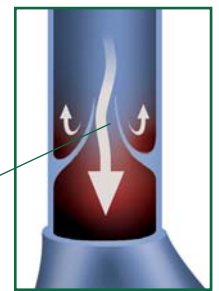
normal vein



blood flow

closed valve

varicose vein



open valve

the procedure

To start with, the leg will be washed down with an antiseptic solution to make it sterile and a sterile sock will be placed over the foot of the leg to be treated. Anaesthetic is injected into the leg to numb it and your head will be raised higher than your legs – this helps to dilate the veins in your legs making it easier for the surgeon to treat them. A needle is then inserted just below the knee of the affected leg and visualised under ultrasound to ensure it is positioned within the vein to be treated. A thin piece of wire called a guidewire is passed through the needle into the vein under ultrasound guidance. The needle is then removed, leaving the guidewire in place.

A plastic sheath is passed over the guidewire – a small incision in the skin may need to be made to make it easier for the sheath to be positioned correctly. A long thin plastic tube called a catheter will be passed through the sheath and into the vein. Your head will then be lowered, which helps to make the veins in your leg constrict. A further injection of a clear liquid may then be placed at various intervals in your leg along the line of the vein. This serves to apply pressure to the vein causing it to shrink and includes an additional anaesthetic.