



ST VINCENT'S
HOSPITAL
MELBOURNE

Radiofrequency ablation for varicose veins

Information for patients

Better and
fairer care.
Always.

Welcome to St Vincent's

Thank you for choosing St Vincent's Vascular Surgery Unit. This booklet aims to help you understand the procedures and aftercare following surgery for varicose veins.

Whilst every effort has been made to ensure the information contained in this leaflet is accurate, it is not a substitute for medical advice or assessment. If you have any questions, please contact the team looking after you – we're here to help.

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About varicose veins

What are varicose veins?

Varicose veins are veins under the skin which have become enlarged, swollen, and twisted.

There are two main systems of veins in the legs:

Superficial veins: These are under the skin and can form varicose veins.

Deep veins: These veins are squeezed by the leg muscles during activity and carry most of the blood back up the legs to the heart.

The veins in the legs' valves keep blood flowing towards the heart. If valves stop working properly, the vein is unable to keep the blood flowing in one direction. Blood may then flow back into the leg. This raises the pressure within the veins, and they become varicose veins.

When indicated, superficial varicose veins are treated.

What are the symptoms?

Varicose veins are common, and most people may not have symptoms.

If symptoms are present, the most common symptoms are aching, itching, discomfort, heaviness and ankle swelling.

A small number may develop complications such as:

- Skin changes – dark patches and eczema
- Leg ulcers
- Bleeding after minor trauma
- Thrombophlebitis (clotting and inflammation of the varicose veins).

How are varicose veins investigated?

The doctor will ask you questions and examine you to locate where the valves are leaking. Most varicose veins are due to faulty valves in the groin, inner thigh, or behind the knee. An ultrasound is used to identify the anatomy of your varicose veins. This also tests how well your deep veins work. Occasionally if the scan is not clear, an x-ray or CT scan of the veins, called a venogram, may be used.

Your surgeon will use all this information to offer the most suitable treatment for you.

Radiofrequency ablation

Radiofrequency ablation (RFA) is an effective minimally invasive treatment for varicose veins. Instead of tying and stripping the veins, radiofrequency energy is used to heat the wall of the faulty vein. The faulty vein then collapses and closes. Nearby blood flows back to the heart via healthy, deeper veins.

Generally, RFA is carried out under local anaesthetic and sedation where necessary. Depending on extent of your veins, spinal, or general anaesthetic are used. Your surgeon and anaesthetist will discuss the options with you.

The procedure and what to expect

When you come into hospital, you will meet your surgeon and the healthcare team looking after you. You will be measured and fitted with support stockings to wear after your surgery. Your surgeon will mark the position of your veins with a pen and confirm your consent.

In the operating theatre, under local anaesthetic, with ultrasound guidance the RFA probe is inserted into the vein. Local anaesthetic is injected around the length of the vein being treated. Ultrasound is used to guide the RFA probe in the correct position. The vein is treated by withdrawing the RFA probe in 7cm segments until the entire vein is adequately treated. You should not feel anything during the treatment but if you do, your surgeon will place more anaesthetic around the vein.

After treating the main faulty vein, you may also require injection of smaller varicose veins with sclerotherapy. Alternatively, if not suitable for injections, small cuts may be made, and the veins pulled out (avulsions/phlebectomies).

Steristrips (paper stitches) and small dressings are placed over the entry site and a compression bandage or stocking is applied, depending on whether avulsions have been performed. Most patients will also receive an injection in their tummy to lower the risk of deep vein thrombosis (DVT).

You're encouraged to walk daily and keep well hydrated. RFA allows patients to return to normal activities quickly. It is common for most patients to experience some mild discomfort, swelling and bruising. This largely settles within a few days. In some patients, bruising may take several weeks to fade.

Common side effects

Pain and discomfort

Mild to moderate pain may be experienced after the procedure. There may be tenderness around the treated vein or where local anaesthetic was injected. Pain is usually well controlled with paracetamol and ibuprofen.

Bruising

Mild bruising, discolouration or brown staining of the skin is common after RFA and injection sclerotherapy. In general, this improves after a few weeks and usually disappears within three to six months. Rarely, it may persist for up to a year or be permanent. Avoid sun exposure where possible to reduce discolouration.

Bleeding/oozing from avulsions

Occasionally a little blood will ooze/leak from the wounds during the first 12-24 hours. This usually settles on its own. If necessary, lie down, elevate the leg, and press firmly on the wound for 10 minutes.

If bleeding continues after doing this twice, contact your General Practitioner or St Vincent's Hospital.

Swelling

Leg and ankle swelling may occur after RFA. This resolves in a few days. In some cases may last a few weeks.

Keeping your leg elevated when resting and wearing your compression stockings will help reduce any swelling.

Pulling/cord sensation

A pulling or rope-like sensation along the area of the treated vein may be felt for up to two weeks after RFA. This results from your body's healing response to the treated vein.

Phlebitis

Blood trapped in the treated vein may cause inflammation and lumpiness beneath the skin. This can be uncomfortable but normally resolves after a few weeks. The lumpiness disappears over several months. The discomfort and inflammation can be managed with paracetamol and ibuprofen.

Residual veins

There may be a small number of veins left in your leg, however, these tend to shrink with time. In general, they do not cause any problems as the main faulty vein has been treated.

Rare side effects

Deep vein thrombosis/pulmonary embolus

This is a rare complication. In deep vein thrombosis a blood clot forms in the deep veins. This may travel to the lungs causing a pulmonary embolus. Symptoms include severe calf pain and swelling, shortness of breath, chest pain and/or coughing up blood. If you have any concerning symptoms, you should seek emergency medical attention. Most patients receive an injection in their tummy to lower the risk of DVT/PE. Rarely, patients may require a short course of mild blood- thinning tablets after surgery.

Your doctor will discuss with you if this applies to you.

Nerve injury

A small number of patients report temporary numbness or pins and needles. This usually improves over several weeks. Rarely, symptoms may persist and be associated with pain (neuralgia).

Skin burns

In rare cases heat from the RFA may damage the skin, resulting in a burn. If this occurs, it may take six to eight weeks to heal.

Recurrence

Varicose veins may return even with successful treatment. This happens when new connections form between veins.

Post procedural care

Dressings

Management of your bandage or stocking may vary according to your needs and which treatment you've received. This will be discussed with you at the time of surgery.

In general:

- Keep compression bandages and compression stockings (if applied in theatre) in place for 48 hours.
- After 48 hours, the bandage or stocking may be removed to shower. Please then apply the stocking and wear day and night for one week. Following this, wear the stocking during the day for two weeks.
- Dressings, including Steristrips, can be removed after five days if they have not already fallen off.

Showering

You may shower 48 hours after treatment. Hot baths, spas and saunas should be avoided for two weeks post procedure.

Driving

You will need someone to drive you home after your treatment. You may resume driving the following day if you are able to drive without discomfort. You should also be able to perform an emergency stop safely. If in doubt delay driving and check with your motor insurance company.

Activity

Most people can return to work in a few days. The timing will depend on your occupation and type of procedure performed. Please discuss with your surgeon who will recommend your return time.

Return to work

Most people can return to work in a few days. The timing will depend on your occupation and type of procedure performed. Please discuss with your surgeon who will recommend your return time.

Follow up

An ultrasound will be performed, and telephone follow up appointment will be arranged at five to seven days after RFA.

A follow-up appointment will be booked for six to eight weeks following your RFA treatment.

Checklist

Organise

- ☐ Someone to drive you home after the procedure
- ☐ Check with the waiting list booking team if you are required to withhold any medication

Pack

- ☐ Loose-fitting clothes to wear home
- ☐ List of medications and allergies you may have
- ☐ The compression stockings provided on admission to take home with you

Contacts

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St Vincent's on the Park – Rapid

Access Hub (07:00 – 19:30)

(03) 9075 2600
www.svhm.org.au

St Vincent's Hospital

(03) 9231 2211
www.svhm.org.au

St Vincent's Aboriginal Hospital

Liaison Officer Program

(03) 0231 3436
www.svhm.org.au

Further patient information

Australian and New Zealand Society for
Vascular Surgery
www.anzsvs.org.au

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