



What are varicose veins?

Veins carry blood back to the heart. Blood is pushed along by movement of the body/muscle activity and prevented from sliding back by valves. These valves may fail due to a range of factors, causing blood to pool and veins to turn into lumpy knots. When these veins become swollen and congested, they are referred to as varicose veins.

Who is it for?

Varicose veins are often painful and can be unsightly, but are usually not life-threatening. While some people do not have any symptoms, it is common to experience pain, a sense of heaviness, itchiness or swelling. If left untreated, they may get worse over time and can lead to more serious conditions, including inflammation and leg ulcers.

How is it done?

Options for treatment include compression garments, surgical removal, or sclerosing/ablative techniques such as radiofrequency ablation, laser ablation or endovenous glue.

Ablation is usually done under sedation in an operating room with specialised medical imaging equipment. Your interventional radiologist will use an ultrasound to guide a fine needle into the vein in the leg through which a wire is passed. A catheter is then passed over this wire. Depending on the type of treatment, the catheter may close the vein by using heat (laser or radiofrequency ablation) or glue.

Sometimes you will need to schedule a follow up procedure for treatment of any smaller veins.

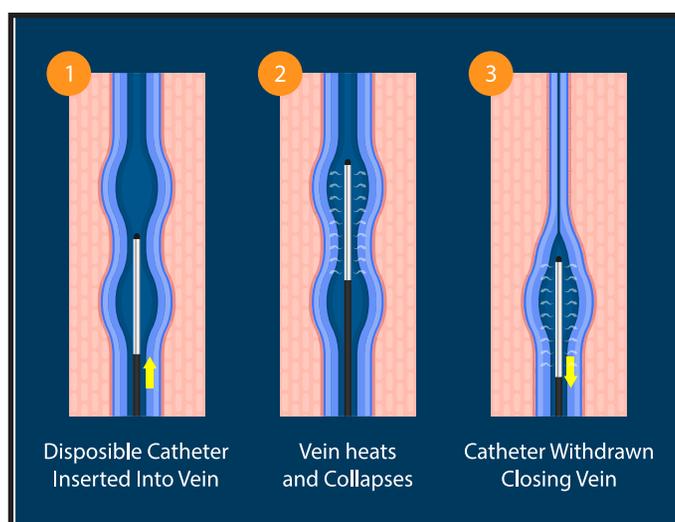
What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risk associated with this procedure include:

- bruising/bleeding
- unintentional blockage of deep veins
- thrombophlebitis
- numbness

Follow up

You will have a follow ultrasound arranged for you to ensure that the ablation has been successful and sustained, and you will see your interventional radiologist in clinic to discuss these results.



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