New ways to treat varicose veins.

Surgical treatment used to be the only way to treat varicose veins. In the last few years minimally invasive treatments have largely replaced surgery. These can be performed under local anaesthetic followed by a swift return to normal activity. The British Vein Institute now offers modern methods of treatment to all patients.

Causes of Varicose Veins
In normal veins blood travels towards the heart with the direction of flow controlled by a complex system of delicate venous valves. In the leg the calf muscles help to return blood on its uphill journey back to the heart. In varicose veins the valves in the surface veins fail allowing blood to flow back towards the feet. The surface veins increase in size with the unusually fast downward flow and can be seen as a set of lumps and bumps along the leg.

Inherited factors are important in the development of varicose veins, although our western way of life with sedentary lifestyle and diet probably also contribute.

Management of varicose veins.
Not all varicose veins need to be treated. Some don't cause any problem or symptom and can be left untreated or managed with elastic stockings.

Duplex ultrasound scan
This is a painless test which is done by vascular surgeons to find out what is happening in the arteries and veins of the leg. In people with varicose veins it is important to find the source of the problem. The ultrasound scan helps the surgeon decide which treatments are best to use and which veins need attention.

Surgical treatment - Traditional method
We very rarely use surgical stripping of varicose veins, a method which has been superseded by less invasive methods.

New minimally invasive treatments.

These treatments are carried out in a consulting room or treatment room under local anaesthetic. More than one session is usually required to complete the treatment.

Radiofrequency and laser ablation.
Modern techniques for eliminating veins involves heating them from the inside using electrical or laser energy. The techniques include VNUS ClosureFAST and EVLT which employ a fine catheter which is inserted into the vein just below the knee with the help of ultrasound guidance. The catheter is threaded along the vein until it arrives in the groin. Local anaesthetic is then injected around the vein to ensure that the treatment is painless. Radio-frequency electrical energy or laser energy is then used to heat the tip of the catheter which is then slowly withdrawn. Heating seals the vein off permanently after which the body reabsorbs it. The treatment takes a few minutes to complete. At the end of the treatment the surgeon puts an elastic stocking on the leg and the patient can leave immediately.

Afterwards the leg may ache a little but in most people there is no pain and it possible to return to work immediately.

Best for: large size veins which are fairly straight. The treatment is intended for the main feeding vein and other varicose veins can be managed by foam sclerotherapy or phlebectomy (minor surgery to remove varicose veins).

Ultrasound guided foam sclerotherapy
Fine needles are inserted into the varicose veins (usually three or four needles) under local anaesthetic. Next a foam sclerosant is injected into the needles. Most patients don't feel this at all. The sclerosant destroys the non-stick lining of the vein and the blood then sticks to the vein wall, blocking it off permanently. The vein is then reabsorbed by the body's natural healing mechanisms. The treatment for all veins in one leg takes about 20 minutes to complete. After this the surgeon applies a bandage to the leg which must be worn for about 7 days afterwards.

This is the least invasive treatment and most patients can return to work immediately, wearing their bandage. When the bandage is removed most veins will have disappeared completely. They can often be felt as small lumps beneath the skin. Some bruising may appear over treated veins. Both of these features disappear as the veins are reabsorbed over a few weeks. In some cases, light brown bruising over the veins can take several months to disappear.

Best for: patients who have modest sized veins. Especially useful where previous surgical treatment has failed and RF or laser ablation is not possible. Very good for treating any veins left after previous surgery, laser and RF ablation of the main feeding veins.

Thread veins

Spider veins, thread veins, broken veins and dermal flares are different names for the same fine, dilated veins within the skin. They may vary in size and colour from delicate pink lines to long, deep purple branches or thick bunches that look like a bruise. You probably inherit the tendency to get them but hormonal changes are also important since they commonly occur during pregnancy or during the menopause.

Microsclerotherapy is the most effective way of managing spider veins on the legs. In this treatment a chemical is injected which causes the vein walls to stick together, expelling the blood, so that the vein is reabsorbed and disappears. This takes about 2-4 weeks following treatment. A very fine needle is used which most people find causes only minor discomfort. Several injections are needed depending upon the number of veins and a number of sessions of treatment may be needed to get the best outcome.

Where does the blood go?

Removing veins may seem to be bad for the legs, but this is not the case. Surface veins carry very little blood back from the legs, most travelling by deep veins beneath the muscles which we check for normal function before we start. Varicose veins have faulty valves which allow the blood to flow the wrong way, which can cause severe problems in a few people. Removing the faulty veins normalises the circulation and restores the legs to health.

Mr Coleridge Smith
Consultant Vascular Surgeon.

Our surgeons specialise in treating vein problems. They have published many papers on this subject and have pioneered several of the techniques currently used to manage vein problems in the UK. They have considerable experience of the new minimally invasive treatments for venous disease. Mr Coleridge Smith is regarded as a UK and World authority on vein problems and contributes to many international congresses.

Insurance companies and NICE

All new vein treatments have been considered and approved by NICE for use in the NHS. These have been widely used in many centres and are recognised as appropriate methods of management by experts in this field. The safety and efficacy of these methods has been established by extensive research. Our methods are recognised by medical insurance companies for the treatment of symptomatic varicose veins. Patients should contact their insurers to establish their eligibility for benefit under the terms of their insurance before treatment commences. Insurers have become reluctant to pay for any varicose veins treatment in recent years.

For further information and appointments please contact:

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Treatments for Venous Disease

Information for Patients