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Patient Information Sheet

Radiofrequency Ablation (VNUS Closure)

You have varicose veins that can be treated using radiofrequency ablation or “VNUS closure”.

What is the VNUS closure procedure?

VNUS is a minimally invasive treatment for varicose veins. It has been approved by the National Institute for Health Care and Excellence (www.nice.org.uk) which assesses the safety and effectiveness of all new treatments.

The size and shape of the varicose vein will determine whether we will be able to treat you using VNUS. The VNUS catheter is attached to a generator which is used to obliterate (close) the faulty vein using locally directed heat, redirecting blood through nearby healthy veins as a result. You will be able to go home on the day of the treatment as the procedure is often performed under local anaesthetic.

What will happen during the treatment?

You will be taken into the operating theatre and will be greeted by the team. Your name, procedure and the presence of allergies will be

checked. An ultrasound scan will be used to mark the vein that requires treatment. AN injection of local anaesthetic will numb the skin and a small flexible wire will be passed into the vein . A fine tube is passed over this wire ad then the VNUS probe is threaded through the tube. The position of the probe is checked using the ultrasound machine and further local anaesthesia will be injected around the vein again using the ultrasound machine to guide the injections.

The generator then creates heat energy to seal the vein up from inside. This takes just a few minutes. You should not feel anything during the treatment. Once the vein has been sealed the probe is removed.

After the treatment has finished, you will receive and injection in your tummy to thin the blood a little and a bandage will be applied to the leg. This bandage should be kept on for 48 hrs but if you get any pain / numbness or pins and needles in your foot then take off the bandage and put on the stocking which you will be sent home with. IF you have no problems with the bandages you should keep them on for 48 hrs and then replace this with a stocking for one week (wearing it day and night but able to take off to bath / shower).

You will be able to go home on the same day as the treatment. You should not drive yourself home and if you are travelling for more than an hour form the hospital you should sit in the back of the car with your leg up. When you get home it is important that you do some walking.

When the bandage is taken off you may see some bruising or hardness under the skin. This is quite normal and will gradually settle.

What advantages does VNUS have over conventional surgery?

- VNUS can be performed often under local anaesthetic but if you do require some further adjuncts to your treatment this may necessitate a general anaesthetic. The benefit of this is that you should be able to return to work in a couple of days.
- VNUS removes the need for a groin incision, leaves fewer scars and less potential for complications such as wound infection and pain following surgery.
- VNUS closure has been shown to cause less pain and bruising than conventional or laser surgery

What are the potential complications?

- There is a small chance that the vein will not be completely obliterated by the VNUS probe (occurs in 2-3% patients).
- Some patients have bruising and tenderness that lasts longer than the first few days. The bruising is more common if you have also had varicose veins removed at the same time as the VNUS procedure.
- It is not uncommon for some discomfort to develop around the obliterated vein between 5 and 10 days after the procedure due to inflammation. If this occurs, you may require anti-inflammatory tablets such as ibuprofen (unless there are contraindications).
- About 2-5% of patients experience some numbness in the leg after VNUS but this is most often temporary.
- There is a small risk of skin burns from the VNUS catheter of <1%.
- As with any surgical procedure there is a small risk (1:1000) of blood clots forming in the main leg veins (deep vein thrombosis – DVT), although this is less common than after conventional surgery.

The procedure itself will not always get rid of any bulging vein in the calf, these will either be removed at the time of the VNUS (and this may require a general anaesthetic) or be removed at a later date.

Finally, although the risk of DVT is minimal with these minimally invasive techniques, we do not advise patients to undertake air travel within four to six weeks of the procedure.