



The Aberdeen
Clinic

PATIENT INFORMATION

Sclerotherapy

Traditional Sclerotherapy

A very small needle is used to inject a solution (called a 'sclerosant') into the vein. The sclerosant irritates the lining of the vein, causing it to close. In some cases, patients may need more than one treatment to eliminate all unwanted veins.

Foam Sclerotherapy

Foam sclerotherapy is used for longer, larger veins. The sclerosant solution is mixed with air or CO2 to create a foam. Foams have a greater surface area than liquids, so a lower concentration covers more of the damaged vein while adhering to the vein wall more effectively, causing faster shrinkage of the vein.

Ultrasound is used as a guide when treating larger veins with foam sclerotherapy. It allows the surgeon to find the exact location of the diseased vein to inject the sclerosant solution.

In the past, a saline solution was most commonly used for traditional sclerotherapy and foam sclerotherapy. Today, more effective solutions are available, and the newer agents do not sting or burn and have fewer side effects. Patients can resume most normal activities right away.

For optimal results, patients should wear compression stockings for up to 14 days after the procedures. Patients are also advised to avoid the sun, swimming pools, and tanning beds for about 3 weeks. Avoid sunbathing initially after the treatment, for 4 weeks after micro sclerotherapy and for 4 months after foam sclerotherapy.

FAQ

Does the Aberdeen Clinic adhere to the best practice guidelines?

The Aberdeen Clinic's BEST practice promise ensures that all our patients receive the very best treatment available.

NICE (The national institute for Health and Care Excellence) published guidelines for the management of varicose veins in 2013 and thereafter a management pathway. All of the services we provide at The Aberdeen Clinic comply with these recommendations.

Some of the key NICE recommendations are as follows:

Truncal veins should be treated by endovenous thermal ablation (i.e. radiofrequency ablation as used by The Aberdeen Clinic) or Foam Sclerotherapy if this is not possible. Surgery should only be undertaken if both of these treatments fail.

Treatment and care should take into account individual needs and preferences and patients should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. We offer individualised treatment plans for each patient and treatment option is discussed and information leaflets on differing treatments are provided to every patient.

The management of varicose veins should be undertaken by a team of healthcare professionals who have the skills to undertake a full clinical and duplex ultrasound assessment and provide a full range of treatment. The Aberdeen Clinic provides a specialist team of nurses, vascular technologists and surgeons with experience in the assessment and treatment of all aspects of venous disease.

Why not laser treatment?

Laser Treatment (Endovenous Laser Therapy, EVLT) is similar to radiofrequency in that it closes the vein using heat (endothermal ablation). With RF ablation the RF machine will adjust the power it delivers to the inside of the vein to maintain a set temperature, whilst the laser machine will deliver a set power to the vein, irrespective of the temperature this will generate. As such, RF ablation has been shown to cause significantly less pain, bruising and complications when compared to laser therapy. The average patient typically resumes normal activities within a few days.

Do I need to be referred by a GP?

No, you can self-refer to the clinic at any time or even just walk in off the street. If you happen to walk in off the street, you will be seen by one of the trained clinic nurses who will take a brief history and examination. Following which they will give you all the information regarding the treatments we offer. Should you then wish to proceed, the clinic nurse will book you in for a consultation with one of the vascular surgeons.

What will happen at my first consultation?

You will see one of the consultant vascular surgeons for an initial consultation. The surgeon will take your full medical history and he will then examine your legs. Following this you will undergo an ultrasound scan by a trained vascular sonographer with extensive experience in venous and arterial imaging to assess your deep venous system and of course your varicose veins. Upon completion of the ultrasound, you will see the consultant vascular surgeon to discuss the results of the ultrasound and to plan an individual treatment strategy for you. The initial consultation, the initial ultrasound scan and a single follow up appointment (including follow up ultrasound scan) are all included in the price of the initial consultation.

Will you inform my GP of any treatment or venous assessment results?

We will only inform your GP should you wish, but we do recommend that your own doctor is informed about any treatments, as he or she will be seeing you for other conditions. As such we would usually send copies of all correspondence to your GP; unless you requested otherwise.

What is the cost to have my veins treated?

The team will advise on a treatment plan based on your personal circumstances. There are no hidden costs and we will not charge for 'treatment packages' – you will only pay for what you need. All costs will be discussed with you before any treatment begins and our specialist office-based approach to treatment ensures that costs are kept down compared to other institutions.

Will I need much time off work following treatment?

Immediately following the procedure and once your compression stocking is applied, you will be required to go for a brisk 15 min walk and then twice daily for two weeks.

Avoid hard physical activity (aerobics and weight lifting) for the first 48 hours.

Following foam sclerotherapy, you are able to return to work almost immediately.

Following radio frequency ablation most patients resume activities within a few days.

Can I fly before and after treatment?

If you are flying or having major surgery planned for within 6 weeks of your treatment, it is very important that you notify your doctor before the procedure. We recommend no flying 4 weeks prior to treatment and for 4 weeks after treatment.

Is it safe to take the oral contraceptive pill if I am having treatment for my veins?

If you are taking an oestrogen based contraceptive pill, we would advise stopping this 4-6 week prior to treatment to reduce the risk of deep vein thrombosis (DVT).

Can I drive following treatment?

Yes, as long as you are on no sedative painkillers.

Once you have had a brisk 15-minute walk, you are able to drive immediately following foam sclerotherapy. Following radiofrequency ablation, we advise that you arrange for someone to pick you up. You should be able to return to driving within 48 hours of treatment.

We recommend taking regular breaks to have a brisk walks for a car journey in excess of 1 hour.