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Referral for varicose vein assessment *(page 1 of 3)*

Varicose veins are bulging veins under the skin of the legs. This is due to absent or damaged valves in the main veins, which lets blood flow backwards. Varicose veins occur in 15 – 20 % of the British population and in most cases do not need treatment. To help you and your GP decide whether your veins require treatment, please read this information very carefully, and then discuss with your GP.

Based on the guidelines from the National Institute for Health and Clinical Excellence (NICE) the following categories of varicose veins are suitable for NHS treatment:

- varicose veins that have bled or are at risk of bleeding.
- if you have or have had a leg ulcer.
- if you have thickened brown skin on the lower leg, caused by varicose veins
- if you have had pain caused by the varicose veins, and this is fully relieved by wearing a tight elastic stocking (Class II, available from a chemist.)
- if your varicose veins have given you other troublesome symptoms, e.g. recurrent phlebitis.

Cosmetic treatment for varicose veins or thread veins is not available through the NHS.

Treatment options

1. Compression hosiery

What are they?

Tight elastic socks, stockings or tights that you can get from a chemist.

What do they do?

They compress the varicose veins and help the leg muscles return the blood in the veins to the heart. This helps prevent your varicose veins getting worse and can prevent discomfort.

Complications?

None, but they can be difficult to put on.

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2. Laser Treatment

Laser treatment for varicose veins, using local anaesthetic, is now available in selected cases. This is carried out in the Vascular Unit. Preparation is as for surgery. A laser fibre is passed and fired along the troublesome vein to the groin and the vein removed from circulation. You will be able to return home with a responsible adult soon after the procedure.

Usually you will be able to return to normal activities the following day, but avoid standing for long periods of time. You will be asked to wear compression hosiery or bandages on the treated leg for 1-2 weeks depending on the amount of bruising and discomfort. Please take paracetamol if necessary to reduce the discomfort.

Complications?

Include deep vein thrombosis (DVT or a blood clot), burns, bruising and skin numbness.

3. Surgery

Varicose vein surgery is usually done in the Day Surgery Unit.

Preparation

You will be asked a series of questions about your medical history, your family history and about your lifestyle. You will be given a physical examination, and we may ask for some blood tests.

Smokers are advised to stop smoking, at least a week prior to surgery and will not be allowed to smoke while in hospital.

What is involved in the operation?

You will be given a general anaesthetic for the operation. While you are asleep the surgeon will make a small incision in the groin or behind the knee and tie the troublesome vein at that point. You may also have small incisions along the visible length of the vein. This is where the surgeon has removed the bulging vein.

When you wake up your leg(s) will be covered by dressings and an elastic stocking, which you will have to wear for about 2 weeks.

After care in hospital

As soon as you have woken up properly you will be allowed home with a responsible adult. You will be given some pain killing tablets to take to help you feel comfortable if needed.

What to do when you return home

After varicose vein surgery you should exercise your leg muscles as much as possible: walking is the best form of exercise for your calf muscles and helps to pump blood back to the heart. Standing for long periods should be avoided – if you have to stand, try to move your weight from one foot to the other. You can also expect to have some bruising after the surgery. You will not be allowed to drive until you can perform an emergency stop without causing pain in your legs and feel in full control, usually after about 2 weeks.

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Complications?

Severe complications are considered rare (less than 1% or 1 in 100), but include damage to the deep arteries and veins and Deep Vein Thrombosis. Other more minor complications include loss of skin sensation, small scarring, swelling, infection and bleeding. Sometimes the bruising can be extensive but usually settles with time. These occur in 2 - 3% (or 1 in 30 - 50) of cases.

4. Injection sclero-therapy

Injection sclero-therapy has been found not to work for true varicose veins and is not available as an NHS treatment.

Complications?

Sclero-therapy can cause an allergic reaction to the substance, deep vein thrombosis and inflammation.

Preventing the return of a varicose vein

It is important to exercise regularly, especially walking.

There is a 20% (2 in 10) chance of your varicose veins coming back after 5 years.