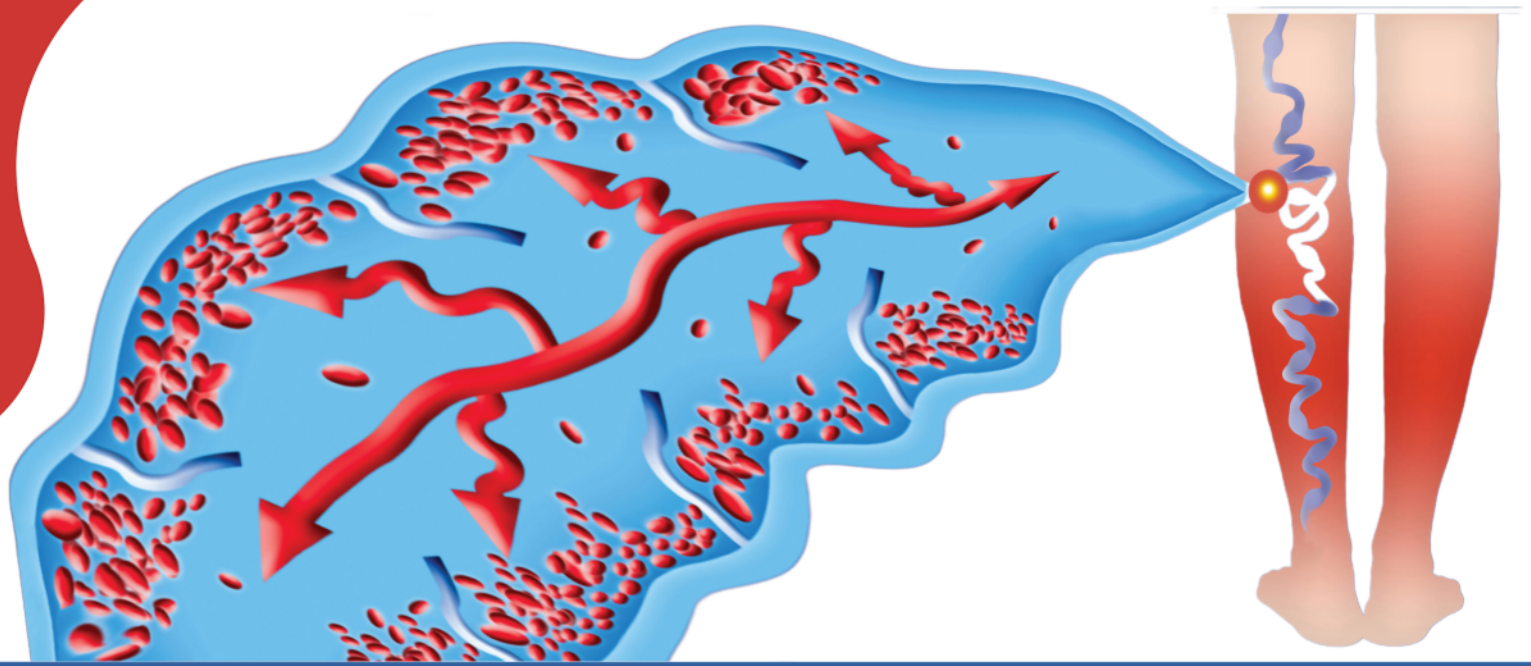




Radiofrequency Ablation (RFA) Therapy

(CLOSUREFAST™ TARGETED ENDOVENOUS THERAPY)

INFORMATION GUIDE FOR PATIENTS

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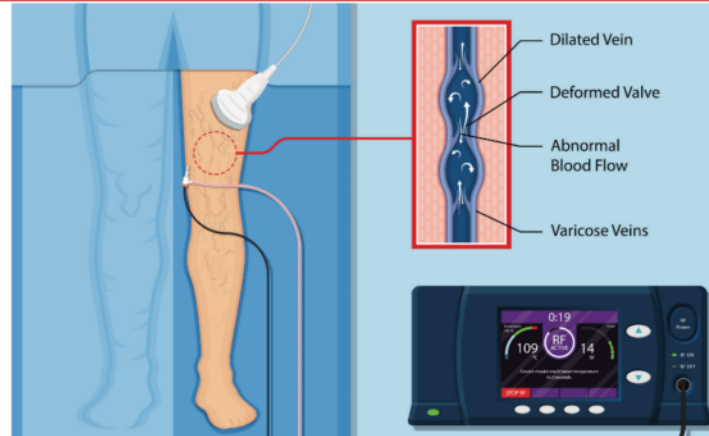
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Endovenous Radiofrequency Ablation (RFA) Therapy

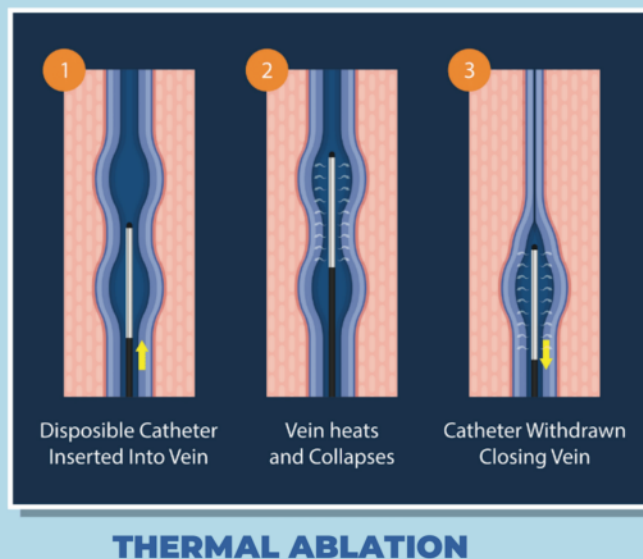


It is a minimally invasive procedure involving segmental ablation of the vein using radiofrequency energy to provide heat. The supplied heat will contract the collagen protein present in the vein walls, ultimately collapsing the vein. Once the defective vein seals off, the blood will redirect towards the healthier veins, leading to a better blood flow.

The fascinating feature of the ClosureFast procedure is the patient's quick recovery. You can return to most of your everyday activities after the procedure. It also helps in improving the appearance of veins on the skin.

The Closurefast™ procedure presents excellent long-term effectiveness, with less pain and bruising than endovenous laser.

The Benefits:



The most important feature of the ClosureFast procedure is its minimally invasive nature, Commonly performed under local anaesthesia, with no need for general anaesthesia or groin surgery.

As it is a less invasive procedure, it allows faster recovery. Moreover, you will experience only minor bruises.

In contrast to the ClosureFast procedure, vein stripping is a much more invasive approach. It involves an incision both in the groin and the calf. Then your surgeon will thread a tool with the vein to pull it out of the leg. While in Closure fast, the surgeon treats the veins and leaves them in place. Therefore, the chances of bruises are much less.

The procedure only takes 45-60 minutes, and you need to spend 2-3 hours in the hospital.

Patients show improvements in their symptoms within one to two weeks.

PRE-OPERATIVE INSTRUCTIONS



Please ensure that you provide the complete list of medications you are using to your surgeon. Moreover, you don't need to stop taking medications such as aspirin. The combined oral contraceptive pill or hormonal replacement therapy with oestrogen can raise your risk of blood clotting and slightly increases your risk of deep vein thrombosis (DVT) and pulmonary embolism (PE).

Surgeons don't permit the treatment of varicose veins during pregnancy. So please inform your doctor if you are pregnant.

RADIOFREQUENCY



(RFA) PROCEDURE

1-On the day of surgery, you need to shower before coming to the hospital but do not apply moisturiser on the leg. You do not have to fast before you come in. You can enjoy a light breakfast. Please bring a dressing gown and slippers with you on the day of the procedure. You will be admitted by the nursing staff and prepared for your surgery. Your surgeon marks the veins and discusses surgery and risk in detail. Please inform your surgeon if you have any concerns or enquiries before your operation. After that, you will walk into the procedure room. You may receive oral sedation before the procedure to help you relax. You may also get an anticoagulant (blood thinner) injection to decrease the risk of any clots.

▶ 2-Your surgeon will clean your leg with disinfectant and cover you with sterile drapes. Under ultrasound control, a fine needle will puncture the feeder's vein, and he will pass a wire into it. Then, he will use a fine tube called a sheath over the wire, and then the RFA catheter will be passed through the sheath. Your surgeon will confirm the position of the tip of the catheter using ultrasound. After confirming the position, the surgeon will inject an anaesthetic solution around the vein. Next, he will heat the vein for a few seconds using a catheter. After heating the vein, he will remove the catheter after heating the vein, leaving only a skin puncture that does not require any stitches.

▶ 3-Once this is complete, the surgeon may deal with the remaining dilated veins by removing tiny puncture incisions or injecting foam sclerosant. Then, he will put your leg into a thigh-length compression stocking in the procedure room. Finally, he will apply an extra dressing and bandage over the compression stocking. You walk back to the recovery room to rest post-procedure and should be ready to go home in about an hour. Again, you must have someone to bring you home on discharge from the hospital.



POST-OPERATIVE INSTRUCTIONS

▶ **1-**You should remove the bandage the next day at home but leave the stocking in place. The thigh length compression stocking will stay on for one week without removal. After the 1st week, take off your stocking, have a shower and remove dressings and any paper stitches that have been used.

▶ **2-**You then dry your leg and apply moisturiser to dry areas. Next, you need to wear a clean thigh length compression stocking, which is left on during the day and removed at night for one week.

▶ **3-**Following this, you may no longer need to wear the stocking unless advised by your surgeon.

▶ **4-**You will return to the outpatient clinic for review six weeks post-procedure.

▶ **5**–You might have some pain. Therefore, we recommend that you take a pain killer prescribed to you, for example, (Panadol) tablets (1gm every 6 hours), Ibuprofen (Nurofen) (200mgs) 2 tablets three times after meals. Do not take Nurofen on an empty stomach or if there are any contraindications.

▶ **6**–It would be best to take a 20 min walk 3–4 times a day for the first week postoperatively and then increase to your regular activity as you feel fit. When you are at home, put your legs up on a couple of pillows to reduce the swelling that inevitably happens after any surgery.

▶ **Work:** You need at least a week off work to recover completely after the treatment

Driving: Do not drive for two days post-procedure. You can go when you can do an emergency stop.

Flying: You are advised not to fly for six weeks post-procedure to decrease the risk of clots in the leg.

Potential Risks of Varicose Vein Treatment:

The treatment for varicose veins is minimally invasive, but no interventional procedure is 100% safe. Usually, there is very little to see in the leg after endovenous treatment. Still, you will often feel like having been "kicked" or bruised, generally between days 5–8.

Anti-inflammatory medicines such as Nurofen or Define are effective for relief. It is usual for you to have lumpy areas in the treated leg. These will settle in a few weeks. Occasionally you may have an ooze of clear fluid from an incision site. It is a lymph leak and will settle in due course.



- ▶ **Bleeding/bruising** at the injection or small incision site usually takes about 2-3 weeks to settle.
·Visible scarring, although it's a tiny incision, sometimes the scar can be visible.
- ▶ **Phlebitis** can also occur after the treatment of varicose veins. It involves the inflammation of the wall of the vein. Inflamed vessels appear red and swollen; moreover, they are painful to touch. Its management includes using anti-inflammatory medications.
·As some of the nerves are close to treating veins, **Nerve Injury** can result in small patches of numbness or 'pins and needles'. This frequently happens (15-20% of patients), and most patients are gone within 6-8 weeks. However, occasionally it may last longer, and it is rarely permanent.
- ▶ **Infection, Cellulitis (infection in the skin):** It would present as a red hot, tender area around the puncture site. You may feel unwell and have high temperatures. It would require antibiotics. It is very uncommon, affecting less than 1% of the patient.
- ▶ **Skin pigmentation/ulceration:** Brown skin staining may occur along the line of the treated vein in the weeks following the procedure. This usually settles with time and rarely can be permanent.
- ▶ **Recurrence:** please note that varicose veins are a lifelong problem and whilst we can remove the ones that are there, there is nothing to stop you from growing new ones. The recurrence rate varies. It's reported in the literature to be around 20% after five years from intervention.
- ▶ **Deep vein thrombosis:** Formation of a blood clot in the deep veins. Fortunately, it rarely occurs in less than 1% of the patients. This clot rarely might migrate to your lung, causing a pulmonary embolism, a life-threatening complication.

POST-OPERATIVE follow-up

Your doctor will schedule a follow-up at OPD after six weeks. Please get in touch with us to reschedule an early appointment if you have any concerns.

