



PROUD MEMBER OF

Midstate  RADIOLOGY
ASSOCIATES LLC

22 Pine Street, Suite 210, **Bristol**, CT 06010 • 863 North Main Street Ext., **Wallingford**, CT 06492

Phone: 860-229-VEIN (8346) • Fax: 860-826-1391 • www.ctveindocs.com

Frequently Asked Questions: Vein Ablation for Treatment of Varicose Veins

Q- What is done on the first office visit?

A- We take a detailed history and perform a physical exam of your legs. We perform ultrasound of your leg veins, a painless test. The ultrasound is done both lying down to image the deep veins and standing up to evaluate the superficial veins. We are looking for a vein with faulty valves. When you stand this vein allows blood to rush back towards your feet. This is venous insufficiency or venous reflux. This backwards flowing vein is the vein we treat with ablation. It is easily identified on ultrasound. We will discuss the results of our examinations and create a plan to treat your particular problem. Before you leave you will know what your options are for treatment.

Q- Where is the vein ablation procedure performed?

A- Both the initial evaluation and treatment procedures are done in our office.

Q- When is the ablation treatment performed?

A- We will arrange a convenient treatment date for the ablation procedure. Follow-up visits will occur at one week, one month and three months after your procedure when we reevaluate your veins with ultrasound.

Q- Are you treating the varicose veins directly?

A- It is important to treat the underlying venous source of the varicose veins. Once either ablation or sclerotherapy are performed, the superficial varicose veins can easily be removed via a procedure called a phlebectomy.

Q- Don't I need these veins for my leg to work properly?

A- No. There are many large, normal veins in the deep venous system that take over for the vein that is sealed. We evaluate the deep venous system on your first office visit to be sure it is functioning properly.

Q- What will my leg look like after the ablation procedure?

A- There is a small nick in your skin about 1/16 inch long. This is covered with a gauze pad or bandaid. In a few days some bruising may appear along the area we treated.



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Q- Is the ablation procedure painful?

A- Our patients start numbing their legs at home by applying a numbing cream to the treatment areas. A sedative will be prescribed to take before the procedure to help you remain relaxed. We encourage our patients to take Motrin on the morning of the procedure. Your leg will be numbed further in the office area with lidocaine, a local anesthetic. There is no need for general anesthesia or intravenous sedation. The only discomfort you feel during the procedure is from the very tiny needles used to inject lidocaine, a local anesthetic, in the skin and around the veins we are treating.

Q- Should I take my usual medications before the procedure?

A- Yes. However, for the 7 days before your procedure do not take aspirin, Vitamin E pills, fish oil, flax seed, and all herbals or home remedies, unless otherwise advised by your Vein Center physician. If you are on other anticoagulant or antiplatelet medications, such as Plavix or Coumadin, you will be given specific instructions on the use of these medications before your procedure.

Q- Is there any pain after the procedure?

A- You may feel tightness or tenderness in the area where the vein was sealed, starting from 3 to 7 days after the procedure. This is easily managed with anti-inflammatory medication, such as Motrin.

Q- Is there a recovery period after the procedure?

A- No. You may leave our office a few minutes after the procedure is finished.

Q- What restrictions are there after having the ablation procedure?

A- Avoid pounding or strenuous exercise, heavy lifting or straining for 7 days following your treatment. No swimming or tub baths for one week after the procedure. We encourage walking 5 minutes at least every 2 hours while awake. The more you walk the better. Avoid air travel or long car trips for **two weeks** after the procedure. If travel is unavoidable, please call our office.

Q- What is the purpose of wearing the compression stocking after the procedure?

A- Wearing the stocking helps keep the treated vein from re-opening.

Q- How long do I have to wear the stockings after the procedure?

A- After having an ablation procedure, the stocking is worn for 24 hours. After having phlebectomy (varicose vein removal), the stocking is worn for 5 days.

Q- When can I go back to work?

A- Although some patients go back to work the same day, most take the procedure day off and go back the next day. Remember no lifting heavy objects, strenuous exercise or straining for 7 days post-procedure. Also, you need to walk for 5 minutes every 2 hours while awake for the first week.

Q-Will insurance pay for the ablation?

A-



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B- Most medical insurance policies cover vein procedures if you have symptoms. Our office obtains prior authorization from your insurance company for before your procedure is performed. Your deductible or copay as contracted between you and your insurance will apply. Insurance companies do not cover treatment of veins for cosmetic purposes.

Q – How is the phlebectomy of varicose veins procedure done?

A – First the skin over the varicose veins is marked. The leg is cleaned and the skin over the varicose veins is numbed. A tiny puncture is made in the skin. A special tool is used to gently lift and extract the varicose veins. During this time, the patient should feel no pain but simply gentle tugging. Steri-strips, small adhesive bandages, are placed over the small skin punctures. The leg is wrapped with gauze and an ACE bandage. The compression stocking is applied.

Q- What can I expect after my procedure?

A- You may be sore and bruised in the treated areas after the procedure. Hard lumps may appear in the leg and be slightly red or tender. Apply a heating pad to these areas 3 times a day for 20 - 30 minutes. Be careful to avoid burning the skin. Take Advil, ibuprofen, Motrin or Aleve regularly until it feels better. Call our office if you have any questions or if these areas appear to get worse. **If you have fever, chills, weakness, fainting, chest pain or difficulty breathing, or severe leg pain, swelling, or redness**, you must immediately call our office or go to the emergency room.

Q- How is ablation of leg veins different than surgery?

A- The ablation procedure does not remove the refluxing vein from the leg. It simply seals the vein in place. The body then absorbs the vein. It is therefore much less traumatic to the leg tissues. No general or spinal anesthesia is required. Recovery time is significantly less than with surgery. There are no significant scars with the ablation procedure.

Q- How successful is ablation?

A- The success rate is 95–98% over the first three years. Surgical vein stripping success rate is only 60% at three years.

Q- Can I get varicose veins again even if I am treated successfully?

A- The recurrence rate after our procedures is 5% at three years. There are several veins in the legs that can cause varicose vein. We treat the all veins that are abnormal now. Other normal leg veins may have valves that fail and start refluxing in the future.