

New age of varicose veins treatment

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As discussed in the last article, one of the common misconceptions preventing patients with Chronic Venous Disease from having treatment is the fear that the surgery will be painful, making them unable to work and function normally.

Several patients are also afraid of scars and common recurrence of the disease.

In the last 20 years a lot has happened in phlebology, making surgical treatment much less common. Stripping of saphenous veins and phlebectomy were associated with scars, post operative pain, bruising and a long recovery. A general anaesthetic and theatre conditions additionally increased the risk of the procedure and the cost. Stripping was also associated with about a 20% recurrence rate.

Fortunately, thanks to the new techniques, surgery is going steadily to the archives of phlebology.

Endovenous laser thermoablation (EVLA)

In the 1990s, endovenous laser was introduced to close saphenous veins “from the inside”.

In consultation rooms, under local anaesthetic, the vein is cannulated under the ultrasound guide. Then the laser fibre is inserted to the vein, with the tip positioned 2 cm from the junction with the deep vein. Then, diluted (tumescent) anaesthetic is injected around the vein, pushing any blood from the vein and protecting the surrounding tissue from burn. After the laser is turned on, the fibre is pulled out with a constant speed closing the vein. At The Vein Centre we use the newest achievements of the laser technology: NeoV 1470nm diode laser generator and radial (coronal) laser fibre, which delivers the beam perpendicularly to the vein wall. It results in no discomfort during the treatment and recovery.

Another method of thermal vein ablation is Radiofrequency Ablation (RA), when the special electrode is introduced to the vein with the large 7Fr cannula. The procedure itself, as well as the outcome, is similar to EVLA.

Endovenous thermoablation soon became a “gold standard” in the treatment of varicose veins, due to its effectiveness (close to 100%), fast recovery (the patient can drive home straight after the procedure), minimal post-operative discomfort, low risk and lower cost compared to surgery. The whole procedure is done under local anaesthetic only. It is now the treatment of choice, according to guidances worldwide.

Venaseal (glue) vein ablation

Cyanoacrylic glue has been known to the medical world for many years (closing wounds in ED, occlusion of intracranial aneurysms etc) however in phlebology it was introduced about 5 years ago. The saphenous vein is glued from inside,, after introduction of small catheter. The closure of the vein is instant and painless. Also, there is no need for compression stockings if the procedure is not followed by sclerotherapy. As the glue is a “cold” method we are not afraid of damaging nerves, thus any straight segment of the vein can be treated. The patient also doesn't need any tumescent anaesthetic during the procedure.

The outcome of glue occlusion is similar to laser ablation (reaching 100%) and recovery is very fast. The main risk of the procedure is a possible allergic reaction to the glue, however, there have been no reported cases of anaphylaxis requiring hospitalisation. Many insurance companies have already accepted glue as the method of treatment.



Venaseal glue kit

Sclerotherapy (ultrasound guided or direct)

The common technique accompanying the previously described main venous trunks ablations. The sclerosing agent (Sclerovein or Fibrovein) is injected directly or under ultrasound guidance to the incompetent vein, closing it by sclerosis. It can be used for any vein regardless of shape and size. The sclerosing agent can be injected as a plain solution or mixed with air, forming dense foam. The process of sclerosis takes 3 to 6 months and can be repeated. The main advantage of the method is simplicity and low cost. The occlusion rate for saphenous veins is inferior to laser ablation.

Compression stockings are necessary after UGS, to improve the closure and decrease the risk of DVT to a minimum.



Tip of the radial laser fibre

Mechano-chemical ablation (MOCA)

This method tried to improve the closure rate of sclerotherapy of saphenous veins. Special rotating catheter was introduced to the saphenous vein and the vein intima was mechanically “bruised”. Then, a sclerosing agent was injected to close the vein. The closure rate was about 93%, which is inferior to the laser or glue. The method has been abandoned in most phlebology clinics, including The Vein Centre.

Conservative management including compression

Varicose veins and their complications have a progressive character and, although compression stockings alone can give some relief, they will not stop this progress. Proper compression grade stockings are, however, a part of the treatment, especially after sclerotherapy or laser ablation. Compression stockings also reduce the risk of DVT and decrease the swelling of legs when traveling.

VeinGogh (for facial spider veins)

The specially designed electro-surgical device delivers micropulses to the target spider vein via micro-probe (0.075mm) The procedure does not need topical or local anaesthetic and gives almost instant results. It can be repeated as required. At The Vein Centre, we have been using this technique for about 5 years, with very good cosmetic results, mainly for spider veins on the nose or cheeks.

Revlite (NdYag 532nm) skin laser

Effective for very small visible capillaries in the skin causing “blush” - either after sclerotherapy or for several skin conditions like rosacea. This laser is also effective in venous lakes on the lip or Cherry Angiomas (Campbell De Morgan spots).

Summary

The treatment of varicose veins has made a huge step forward in the last 20 years. It is done in procedure rooms under local anaesthetic only, with immediate return to normal activities. There is no age limit for the treatment and advice that “nothing can be done” should not be given anymore. The treatment method is individually tailored, according to the patient's condition and expectations after clinical and ultrasound assessment.

The Vein Centre has a long tradition of training doctors in phlebology. We are more than happy to host our colleagues, who are interested in seeing new treatment methods in a clinical environment.

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