

VARICOSE VEIN TREATMENTS

Varicose veins are easily treated by non-surgical methods. These simple vein procedures are performed by Dr Ian Little, a fellow of the Australasian College of Phlebology.

Endovenous laser ablation, Vnus Closure, VenaSeal or foam sclerotherapy are simple walk-in/walk-out office procedures. The safety and efficacy of these procedures to treat varicose veins are such that surgery for varicose veins is now nearly obsolete. The information here does not replace a full consultation, we are very happy to see you for a free initial assessment.

Just phone [0800 256 654](tel:0800256654) ask a question or for an appointment at clinic in your nearest area. We currently have clinics in Henderson- Auckland, Christchurch, Dunedin and Queenstown.

We offer free initial assessments; however there is a charge if you require a written report to be furnished for health insurance pre-approval of the treatment charges.

VARICOSE VEIN SCLEROTHERAPY

This is a technique that involves placing a medicine in the unwanted veins, it is used for treating various vein conditions such as; varicose veins, reticular veins, spider veins of the leg, and also some fine [facial veins](#). Varicose and spider veins are predominant in women and affect up to 40% of the population.



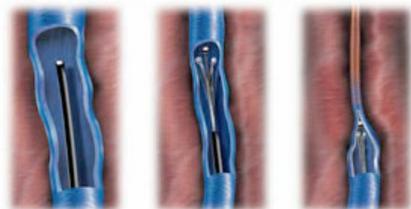
Not only are varicose veins unsightly; sufferers endure symptoms such as aching, heavy, tired legs, throbbing, tingling, burning and cramps. In the latter stages of the disease process skin changes can lead to a rash and even skin

ulcers. Treatment is effected by injecting a micro-foam into the vein, this medicine reacts with the inside of the vein and body reacts by shutting it down. The blood flow diverts back into the deeper, normal veins and improves the circulation. The procedure is virtually painless and therefore requires no anaesthetic. Treatments of varicose veins are followed by the wearing of compression hosiery for up to two weeks.

Sclerotherapy has been a speciality treatment in Europe since the 1960's and was always thought as the treatment of choice for the smaller spider or thread veins, which are so common on the face and legs. However nowadays, with the help of ultrasound guidance to visualise the larger problem veins and with advent of foam medicine, even the largest of varicose veins are treated safely this way.

Sclerotherapy is a 30 minute, virtually painless procedure with huge advantages over surgery, including no general anaesthetics, no stitches, no hospitalisation and no time off work. It is a walk-in, walk-out procedure with no time off work.

ENDOVENOUS ABLATION



Disposable catheter inserted into vein

Vein warmed and collapses

Catheter withdrawn, closing vein

Using ultrasound map to guide, the doctor will insert a catheter into the appropriate vein. Then you will be injected with an anaesthetic to numb the leg, this also empties blood out of the vein and protects surrounding tissue. Energy in the form of radiofrequency (Vnus closure®) or laser light (EVLT) creates a heat ideally of 85 degrees emitted from the catheter to heat the vein wall. This causes it to shrink and close, redirecting blood to healthier veins. This procedure takes around 1 hour.

This technique is only suitable for straight segments of the varicose vein and for veins measuring over 0.35 cm in diameter.



We are a Southern Cross Affiliated provider, we also do work with all the larger health insurance companies: NIB, Unimed, Accuro and Sovereign included. Medical criteria apply prior to funding from health insurers and no payment is given from health insurers purely for cosmetic improvement of your legs.



For your varicose veins treatment expenses, we can offer interest-free finance over 12 to 24 months to Q-card holders. Please ask our reception if this is an option you would like to explore.

VARICOSE VEIN TREATMENTS- A GUIDE

What are varicose veins?

Dilated blood vessels can appear on any surface of the body but are particularly common on the legs. Varicose veins are usually defined as the larger veins that really bulge above the skin surface. Bad varicose veins are often found in association with a reverse blood flow problem – a leaky valve inside the vein making the veins under the skin blow up from the back pressure of the deeper veins.

Why have I developed abnormal veins?

The true cause is hard to determine but the development of varicose veins has perhaps many different factors. The single most important thing is an inborn predisposition. Other factors may be long periods of standing, diet, obesity and smoking. Varicose veins seem to develop slowly and progressively as a degenerative disease of the wall of the vein. As the disease progresses the valves in the veins become faulty leading to increase in pressure to the surface vein which then enlarges. It is important during treatment that the faulty valves are identified for specific treatment. Around 25% of people will have varicose veins and more so as we age so in fact 50% of people over 50 years have some degree of varicose veins. Varicose veins occur in both men and women but more frequently in women. The female hormones may play a role in their development and certainly puberty and pregnancy seem to bring them on.

Can Vein Problems Be Prevented?

Wearing specialized venous support stockings may prevent some dilated blood vessels from developing in some people. This may be important during pregnancy. A good diet- rich in antioxidants, maintaining a normal weight, regular exercise, avoiding constipation, heavy lifting avoiding wearing high-heeled shoes may also be helpful.

What symptoms can I attribute to my varicose veins?

Symptoms include heaviness, aching, burning, stinging, throbbing, swelling and leg cramps and leg restlessness. The presence of an itchy skin rash on the leg, small blue veins on the feet, lower leg skin discoloration, pigmentation and scarring are often due to larger veins higher up in the leg, sometimes hidden from view. If untreated varicose veins they can predispose to leg ulcers and deep vein thrombosis

Do I need treatment?

Abnormal dilated varicose veins do carry blood but they are not very efficient and are often not necessary to the circulatory system, badly functioning varicose veins are better removed. The body will have already established alternative routes for the blood to travel back more efficiently to the heart; treatment actually improves the venous circulation. Many people wish to have their veins treated to alleviate their symptoms described above, but also they find them ugly, their self image is harmed and this limits their lifestyle choices in exposing their legs during sports activities or indeed fashion choices. Many clients report an increase in self esteem and an ability to wear shorts or go swimming having completed treatment – large changes which will benefit their lifestyle. Prevention of possible deep vein thrombosis and prevention and the treatment of leg ulcers are also worthy reasons for having treatment.

What is the best way I can treat my varicose vein?

Removal of the veins can be done by:

- Injections of foam sclerosant.
- Laser or Radiofrequency cautery treatment from inside the vein
- Venaseal- a new patented way of gluing large veins closed

Historically treatment was by surgical removal however the new techniques such as offered by Dr. Little have advantages such that surgery for varicose veins should now be obsolete.

Foam sclerotherapy involves the injection of a solution or foam into the unwanted abnormal vein. The foam is specifically manufactured for vein sclerotherapy. It is rapidly diluted after contact with the varicose vein wall and so does not cause any harm as it circulates through the body and is eventually washed out. The medicine irritates the lining of the veins causing it to swell and stick closed, the veins fade from view over periods of weeks.

Liquid sclerotherapy has been performed since the 1930's. It can be used for surface veins by direct injection or for deeper veins by injecting under guidance of an ultrasound picture.

Advances in ultrasonic imaging technology have significantly enhanced the accuracy and success in the treatment of the largest of varicose veins.

Prior to the procedure, an ultrasound scan of your legs is performed; this examination is called a mapping scan. This will familiarize the doctor with your specific vein problem and clarify any difficult areas if necessary. Following the procedure you are required to walk immediately and will wear a graduated venous compression stocking for 2 weeks. Don't worry they can be quite comfortable and can come in black color also. You must walk for at least 30 minutes on each day that the stocking is on. It is essential that you walk for 30 minutes immediately after the procedure and it is good idea to walk for 30 minutes several times per day for the first 3 days following treatment or whenever the leg aches, you must not drive your car after a treatment until you have completed your 30 min walk.

It is usual for there to be some tenderness, lumpiness, hardness and bruising/discoloration along the line of the treated vein, If there are specific hard lumps close to the skin surface it may be necessary to have these released by the nurse. This is usually done in the first 6 weeks. Any deeper lumps that still remain will dissolve over time.

Endovenous Laser Ablation is a newer method of treating major veins. It is highly successful for the larger straight veins, now thought to be the gold standard for treatment of larger vein trunks. This technique is also performed under ultrasound guidance; it does require some local anesthetic. By threading a tiny fibre with the aid of ultrasound image guidance into the unwanted vein and directing laser energy directly down the unwanted vein, it can be destroyed. Although it is more involved, this technique has advantages of efficiency with a single treatment when treating *long large straight veins*. It can be performed on its own but for best results it is often with sclerotherapy on the more tortuous veins lower in the legs. Laser treatments such as these have been developed by phlebologists and have gained popularity due to its simplicity and more effectiveness with one single treatment session.

Radiofrequency Endovenous Ablation is a very similar technique as the laser treatment, just delivering not a laser but radiofrequency energy to the veins wall by a small guide wire. It has reported similar success.

Will I need ongoing treatment?

The veins treated adequately by sclerotherapy will not recur. However, the underlying condition will persist and therefore new vessels often parallel to treated veins may appear with time.

The treatments are guaranteed to close the large veins and check scans and further treatments sessions are offered as part of the initial cost of treatment. But think of your treatment as a process of more than just one visit. Your first review appointment will usually be at 2-3 weeks to check your progress. A further review appointment, including a scan is best made after 3 months. If you have more than one deep vein that needs treatment, or very large veins, you are more likely to need a follow- up treatment by sclerotherapy. The laser endovenous ablation treatment is very successful with only one treatment even on the largest of veins. Subsequent treatment, if necessary, is usually preformed at the three months follow up visit. Once the doctor feels the treatment is complete then a further scan 6 months later is recommended to ensure completed treatment has been achieved. Your initial fees will include the cost of follow up scan and up to 3 treatments if required for closure of the large veins. However be warned that your innate tendency to develop varicose veins is not treated as this stays with you: new veins may open up eventually necessitating further treatment years later. A 5 yearly checkup is recommended to detect the development of new veins.

What can go wrong?

Like any procedure there are some risks so please beware of the risks. It is important that you expect some effects of the treatment, please read this and express any particular worries you have prior to any treatment, we can explain your own risks further:

*Bruises at injection sites. These will disappear in a few weeks and are probably related to the fragility of blood walls. Blood trapped in the treatment veins may result in the vein becoming more noticeable in the first few weeks following treatment. This is an early sign that the treatment has been successful.

*Aching in the leg for the first few days after treatment. It is usually relieved by walking. You may also take Panadol to relieve this aching.

*Phlebitis: This is inflammation of the treated veins, which may also be associated with tender lumps along the line of the treated veins. These lumps are normal and are due to the reaction of the sclerosant on the blood vessel wall and the trapping of old blood. When it occurs to a large or prolonged extent, it may be treated by draining the blood out by small needle punctures. Other treatments for this may include anti-inflammatory medications, heat packs, massage with and anti-inflammatory cream, compression stocking and regular walking. The lumps will always disappear with time.

*Pigmentation: This is the appearance of brown marks on the skin after treatment corresponding to where the veins were treated. It is considered to be a normal consequence of having varicose veins treated. Some studies showing an incidence as high as 16% at 6 months and 5% at 2 years. These pigmented areas are mainly composed of haemosiderin (a form of iron stored in the blood) and result when blood escapes from treated vein. Pigmentation is more likely to occur in patients who have larger veins treated or those patients who have had a lot of bruising. In most cases they disappear completely within a year.

*Matting: This is the development of networks of fine red blood vessels near the sites of the injection and is more likely on the thighs. Most resolve with injection treatment and a few persist. Matting is more common in patients with extensive surface veins, deep vein problems, patients who have a family history of surface veins and in obese patients who have poor muscle tone.

*Ulcers: Very occasionally there is the formation of small ulcers at treatment sites within 2 weeks of injection. These may occur because the solution has escaped into an abnormal connection between the small veins that are injected and the nearby arteries, or by inadvertent injection of directly into small arterioles. Ulcers are more common in patients who smoke cigarettes. They heal slowly and may leave small pale scar. If the ulcer becomes infected an antibiotic is prescribed.

*Allergic Reactions: Although on rare occasions (1 per 5,000 treatments) such reactions may be serious, they can be treated by immediate injections of adrenaline.

Less serious reactions are treated with antihistamines. Minor rashes require no specific treatment but you should inform your phlebologist if they occur.

*Deep Vein Thrombosis (clot in a deep vein) this can occur but is uncommon if compression and regular daily walking are adhered to. Symptoms would be pain, causing a limp on walking, tender swollen leg. Should a thrombus break off from the leg veins it can travel to the heart and lungs and cause sharp chest pain or make you breathless.

*Intra-Arterial Injection. This is an extremely uncommon complication, inadvertent blockage of an artery may result in muscle and skin damage.

*Paraesthesia. As many of the veins we treat are close to nerves in the lower limb, the nerves maybe damaged by the laser beam or simply irritated by the injection process or from the inflammation that ensues following a sclerosant injection. This usually takes the form of numbness and may last several months before finally resolving completely without any treatment required.

*Visual Disturbance (Visual Scotoma) can occur during or immediately after sclerotherapy and may be associated with headache. It settles with simple analgesia and is probably more common in people who suffer from migraine, or people with co-existing heart problems.

There are no known long term side effects of the sclerotherapy pharmacological agents, the products do not stay in your body, they all biodegradable with a half-life in your system of only a few hours.

How much does it cost?

We offer free assessments so that we can accurately quote you for your treatment. Sclerotherapy and endovenous ablation treatments of varicose veins is much more cost effective than the surgery performed in the past, costs will be quoted at the time of your initial assessment and consultation. Our cost usually covers for a complete course of treatments to cap your budget from any hidden extras to ensure the procedure has

been through. There are payment plans available for varicose vein treatments through Q-Card.

Thread vein treatments can come from \$485.00 per session.

Will my Insurance Company pay for varicose vein removal?

Please check your policy for details, many surgery-only policies will cover for these treatments. Prior approval should be sought from your health care provider before embarking on treatment, we can help you by preparing a report on your condition. Bear in mind that cosmetic enhancements are not provided from health insurers and for health improvement there has to be a vein problem that can demonstrate some degree of medical necessity for its removal. Discuss this with your family doctor or the phlebologist at time of the initial consultation. Dr Little is a recognized or an affiliated provider for all the major insurance companies.

The smaller thread veins are often of only cosmetic concern, there is little medical necessity to remove them and **treatment of thread veins is not covered by insurance companies**. Ask at the time of consultation about any ongoing costs to remove any remaining thread veins following varicose vein treatment.

Where do I go from here?

This information is provided for your perusal but not replace a full consultation with an experienced phlebologist. We recommend you make an appointment so everything can be explained to your satisfaction prior to any decision to have treatment.

Phone 0800 256 654 and ask for an assessment at a centre nearest you.

MICRO-SCLEROTHERAPY TREATMENT OF THREAD VEINS

Many people, because of their genetic makeup, will develop small thread veins in their legs. These are unsightly and in many cases can ache. Although the problem is inherited, things such as obesity, varicose veins, prolonged standing and pregnancy can worsen the problem. Thread veins on the inside of the legs may be an indication of hidden deeper varicose veins. All clients with veins on the inside of their legs should be assessed for possible varicose veins even though they are not easily visible. Insurance companies will see the health benefits of treating large varicose veins but will not fund micro-sclerotherapy of cosmetically embarrassing thread veins. If you are having your varicose vein treatment funded by your health insurer then beware that you will incur an extra charge for micro-sclerotherapy to achieve best cosmetic results.

Using a very fine needle, a sclerosant (mostly salt water) is injected into the veins which cause the vein walls to become sticky. Initially the treated areas will be darker and may appear bruised, then, as they heal over the next 2-3 months, they will disappear. In most cases 3 treatments are suggested depending on the severity of the problem. After the third treatment most patients feel they have achieved around an 80% improvement. "This treatment is 100% successful in getting at least an 80% improvement - as long as the patient is willing to attend for repeat treatments." Compression stockings are recommended following treatment for one week.

If you have larger or varicose veins in the surrounding area it is advisable to treat those first. This will increase the success rate of thread vein treatment.

DOES IT HURT?

Treatment is relatively painless; most people describe it as uncomfortable rather than painful.

HOW LONG DOES THE EFFECT LAST?

Most people required re-treatment every few years, some elect to have small areas done once every winter. Obviously pregnancy can make matters worse, as can certain jobs, etc.

HOW SAFE IS IT?

The treatment is extremely safe and no major medical problems have occurred in my experience. Patients are asked to consider rare complications recognised for sclerotherapy as listed on our consent form.

WHAT SIDE EFFECTS ARE THERE?

Occasionally (usually in olive skinned or suntanned people) dark patches of pigment occur over treated areas. Occasionally clients will notice smaller veins appearing around the treated area. This is more common in clients with hidden deeper veins, women taking hormone supplements and may occur in around one in five of these patients. It is often resolves spontaneously but can also be treated. On extremely rare occasions a small ulcer may develop over a treated vein which heals within 1-2 weeks but may leave a small scar.

Allow up to an hour for treatment session in our rooms, thereafter you are required to go for a walk. The treatment can be performed by one of Dr Little's nurses.

Cost

\$265 for very small areas

\$485 per session of micro-sclerotherapy

\$895 per session of Complex Sclerotherapy: to include long pulse NdYag Laser (Clacs) or for Ultrasound guided injections into feeding vessels in clients with underlying veins.

Number is ANZ 010 798-0482458-00 (Veins Clinic NZ Ltd)