You have varicose veins which can be treated using radiofrequency ablation or ‘VNUS Closure®’. This information sheet tells you about the procedure. Please read it carefully and ask your surgeon if you have any further questions or concerns.

**What is VNUS Closure procedure?**
VNUS is a minimally invasive treatment for varicose veins. It has been approved by the National Institute for Clinical Excellence (NICE, www.nice.org.uk), which assesses the safety and effectiveness of all new treatments. The size and shape of the varicose veins will determine whether we are able to treat you using VNUS. The VNUS catheter is attached to a generator is used to obliterate (close) the faulty vein using locally directed heat, redirecting blood through nearby healthy veins as a result. You will be able to go home on the day of treatment. The procedure is often performed under local anaesthetic however if you have extensive veins or are having two legs treated at once then sedation or a general anaesthetic may be required.

**What will happen during the treatment**
An ultrasound scan will be used to mark the veins that require treatment. An injection will freeze the skin and a small flexible wire will be passed into the vein. A fine tube is passed over this wire and then the VNUS probe is threaded though the tube. The position of the probe will be checked and further local anaesthetic will be injected around the vein again guided by ultrasound. The generator then creates heat energy to seal the vein up from the inside in just a few minutes. You should not feel anything during the treatment. Once the vein has been sealed, the probe is removed. At this point any varicose veins that have been marked by the surgeon prior to the procedure may be removed through small incisions (phlebectomies) in order to achieve the best cosmetic result. These small incisions are closed with glue or steristrips which can be removed at 5 days. Finally a bandage applied to the leg. This bandage should be kept on for 1-3 days, and then a support stocking should be worn for a further 2-3 weeks.

**What will happen after the treatment?**
After VNUS you will be able to walk almost immediately and then go home. You should not drive, and if you are travelling for more than an hour from the hospital you should sit on the back seat with your leg(s) up. Stop every hour and walk around for 5 minutes. You will be given a supply of painkillers to take home, although most patients do not require anything stronger than paracetamol. Normal activity, including work, can be resumed as soon as you like, although contact sports, heavy exercise and swimming should be avoided for 1-2 weeks. When the bandage is taken off, you may see some bruising or hardness under the skin. This
is quite normal and will gradually settle. You should wear the stocking during the day for up to 3 weeks, but may remove it at bedtime or for bathing. A follow-up appointment will be organised to see you and scan your veins 6 weeks after your treatment, by which time most of the bruising and hardness will have settled.

**What advantage does VNUS have over conventional surgery?**
VNUS can be performed under a local anaesthetic. Normal activity can be resumed straight away, and you should be able to return to work within a few days. VNUS removes the need for a groin incision in the skin, so leaves fewer scars and less potential for complications such as wound infection and pain following surgery. VNUS closure has been shown to cause much less pain and bruising than conventional surgery or endovenous laser therapy. The risk of varicose vein recurrence is also considerably lower than after conventional surgery at approximately 2% at 5 years.

**What are the potential complications?**
There is a small chance the vein may not be completely obliterated by the VNUS probe (this occurs in about 3% of patients). Some patients have bruising or tenderness that lasts for longer than 3 days, this bruising is more common if you have had varicose veins removed at the same time as the VNUS closure procedure. It is not uncommon for some discomfort to develop around the obliterated vein between 5 and 10 days after the procedure due to inflammation. If this occurs you may require some anti-inflammatory tablets such as ibuprofen. About 1-5% of patients experience some numbness in the leg after VNUS, but this is almost always temporary. There is a very small risk of skin burns from the VNUS catheter. As with any surgical procedure there is a small risk of blood clots forming in the main leg veins (DVT) although this is less common after VNUS than conventional surgery.

**Airline Travel**
Although the risk of blood clots is minimal with these keyhole techniques we do not advise patients to undertake air travel within 4 weeks of the procedure.

*The practice of medicine and surgery is not an exact science and reputable practitioners cannot properly guarantee results either expressed or implied. These procedures are highly advanced and discussion about them (including risks and benefits) should be with your specialist.*