EXETER VEIN AND HERNIA

Clarivein

What is Clarivein?

Clarivein involves passing a fine catheter up the main trunk of a varicose vein. Unlike laser and radio frequency ablation, there is no need to inject local anaesthetic along the whole length of the thigh.

Once the catheter is in place, it is gradually withdrawn under ultrasound guidance. As the catheter withdraws the rotating tip scars the vein painlessly whilst Mr Birchley simultaneously injects liquid sclerosant to scar up the vein. Hence it is termed “Mechanicochemical ablation”.

Clarivein can easily be combined with foam sclerotherapy to treat the main trunk and the visible varicose veins.

What should I expect?

Clarivein is often used in conjunction with foam sclerotherapy.

Mr Birchley will ask you to lie on a tilting table and the table will be angled so your legs are down. He will then scan the leg to be treated and insert one or more fine needles into the veins. The needles will then be flushed with saline whilst Mr Birchley uses the scanner to check they are in the correct position.

A further tube will then be passed into the main trunk of the veins to allow insertion of the Clarivein catheter. This will be done using the ultrasound machine so that the position can be checked at the top of the vein.

Once a satisfactory position is confirmed, the table will be tilted so your legs are up and your head down. This empties the veins for the catheter and – if required - foam injections.

You will then have your treated leg bandaged from toes to knee or toes to upper thigh, depending on the territory treated.

After this you can dress and walk out, resuming your full normal activities including driving.

What anaesthetic is required for Clarivein?

Simple local anaesthesia or none.

What are the advantages of Clarivein?

Clarivein is effective in closing the main trunks of varicose veins in about 95% of cases. It is a simple, almost painless procedure that takes around half an hour.

What are the disadvantages of Clarivein?

Not all varicose veins are suitable for this treatment.

In patients with extensive varicose veins, Clarivein may be used to treat the main trunk followed by foam sclerotherapy for the visible varicose veins. This may be done at a single sitting, or over two appointments.

What are the risks of Clarivein?

These are much the same as for foam sclerotherapy and may be considered as technical disadvantages and possible complications:

Technical disadvantages include:

- The vein will likely become thickened, lumpy and tender between one and three weeks following treatment
- For extensive varicose veins, more than one treatment may be required to treat all veins

Possible complications include:

- Pain and tenderness requiring pain relief (paracetamol / anti-inflammatory)
- Skin staining (a variable brown staining of the skin in 10-15% of patients) which usually fades over 12-24 months.

- Deep Vein Thrombosis (DVT). The risk is extremely small because the sclerosant used is diluted as it passes into the deep veins and the top end of the catheter is scanned to check the correct position before treatment begins.

What aftercare is required?

Your leg will be bandaged with an elastic dressing between the foot and knee or upper thigh, depending on the vein treated. The dressing can be removed after 5 days. You should then continue with the treatment you were using previously (moisturisation, compression etc.)

Follow-up is with clinical examination and duplex scanning.

How does Clarivein compare to other catheter techniques (laser and radiofrequency)?

All three types of catheter treatment have been shown to be effective on closing the main trunks feeding visible varicose veins. However:

- Clarivein is less painful during the procedure
- Laser and RFA require multiple injections along the course of the vein to be treated, or general anaesthaesia. Clarivein requires neither local or general anaesthaesia (save occasionally at the entry point)
- Laser and RFA carry the risk of thermal injury to the nerves accompanying the treated vein (saphenous and sural nerves). There is no risk to the nerves with Clarivein as no heat is involved.

EXETER VEIN AND HERNIA

Foam Sclerotherapy

What is Foam Sclerotherapy?

This treatment involves the injection of a mixture of a sclerosant (chemical irritant) and air into the varicose veins at one or more sites using fine needles.

The injections irritate the vein and cause it to close off. Harmless blood clot forms in the veins which is dissolved by the body over a period of several weeks. As the inflammation settles, the vein disappears.

What should I expect?

The procedure is almost painless and the equivalent of having a blood test.

Mr Birchley will ask you to lie on a tilting table and the table will be angled so your legs are down. He will then scan the leg to be treated and insert one or more fine needles into the veins. The needles will then be flushed with saline whilst Mr Birchley uses the scanner to check they are in the correct position.

Once a satisfactory position is confirmed, the table will be tilted so your legs are up and your head down. This empties the veins for the foam injection (which is painless and takes around three minutes).

You will then have your treated leg bandaged from toes to knee or toes to upper thigh, depending on the territory treated.

After this you can dress and walk out, resuming your full normal activities including driving.

What anaesthetic is required for foam sclerotherapy?

No anaesthetic is required.

What are the advantages of foam sclerotherapy?

Foam sclerotherapy is a simple outpatient procedure performed in a treatment room. It is comparable to a blood test. Almost any varicose veins can be treated, and the technique is extremely useful for tortuous recurrent varicose veins.
There is no risk of nerve injury.

What are the disadvantages of foam sclerotherapy?

The use of foam sclerotherapy relies on the bodies' own processes to dissolve the varicose veins. Therefore, the final cosmetic result may take several months to achieve.

What are the risks of foam sclerotherapy?

These may be considered as **technical** risks and possible **complications**:

Technical disadvantages include:

- Around 15% of veins will require more than one treatment.
- The vein will likely become thickened, lumpy and tender between one and three weeks following treatment.
- There is a safe limit of 12mls foam per treatment. For extensive varicose veins, more than one treatment may be required to treat all veins.
- If the foam is accidentally injected outside the vein to be treated, pain and ulceration can occur. To avoid this, Mr Birchley always confirms placement of the needle with a saline injection prior to injecting foam.

Possible complications include:

- Pain and tenderness requiring pain relief (paracetamol / anti-inflammatory).
- Skin staining (a variable brown staining of the skin in 10-15% of patients). This usually fades over 12-24 months.
- Deep Vein Thrombosis (DVT). The risk is extremely small because the foam is diluted as it passes into the deep veins.
- Headache; visual disturbance. Extremely rare.
- Allergic reaction to the sclerosant. Extremely rare.

What aftercare is required?

Your leg will be bandaged with an elastic dressing between the foot and knee or upper thigh, depending on the vein treated. The dressing can be removed after 5 days. You should then continue with the treatment you were using previously (moisturisation, compression etc.)

Follow-up is with clinical examination and duplex scanning.