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Patient Guide

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Information on varicose veins and treatments.

A guide for patients.

An introduction to our company and our philosophy of care.

Rostra UK Ltd is a company that provides efficient, effective and accessible solutions to the NHS in order to manage patients from original referral to diagnosis, point of treatment and ultimately discharge.

We work closely in partnership with the NHS and provide a key service and core treatment option. All procedures undertaken within Rostra UK Ltd have received recommended status for provision within the NHS.

At Rostra UK Ltd our reputation is built on our ability to provide the service you want and need, resulting in excellent medical treatment you can rely on and personal care you'll appreciate. Our patients can be confident that their rights will be recognised and respected by all staff involved in their care regardless of their age, disability, race, religion, gender or sexual orientation.

This service will be offered by professionally qualified practitioners who are trained and experienced in all aspects of the care being offered. They will be competent, responsible and maintain up to date knowledge of advances to treatments and care pathways. All Rostra UK Ltd Consultants will be established NHS Vascular Specialists and will be registered with the General Medical Council.

From the moment you arrive at Rostra, our thoughtful, understanding, supportive staff will be devoted to your well-being. We promise to explain medical matters in straightforward language, without using technical terms or jargon. And, in conjunction with your consultant, we'll give you all the facts and advice you need to help you prepare for any proposed treatment. We'll make sure you have everything you require and be ready to discuss any decisions affecting your treatment. There will always be friendly faces on hand to answer your questions and make sure you're at ease with what's happening.

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The total cost of your treatment will be met by the NHS. You will not be expected to contribute to the cost of any aspect of your treatment.

Rostra UK Ltd Patient Charter

As a patient; Rostra UK Ltd will make every effort to ensure that you receive the excellent standard of care that you deserve.

All Rostra UK Ltd staff will be available to discuss any aspect of your treatment with you and will be able to answer any questions you may have or alternatively refer your questions to the appropriate person.

We will:

Greet you courteously and treat you with respect at all times. Rostra UK Ltd has a policy of non-discrimination.

Allocate a member of the care team, who will co-ordinate your care and act as a primary contact point for you and your friend or relative.

Provide information about Rostra UK Ltd services in a language that is easy to understand.

Care for you in a safe and comfortable environment, with excellent clinical standards.

Provide clear explanation about your condition and any treatment, investigation or procedure proposed, including any risks and alternatives, before agreeing on the course of action to be taken.

Respect your confidentiality.

Give you access to your medical records subject to any limitations in the law, and keep your computerised medical records under the terms of the Data Protection Act.

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Provide you with same day advice if you have an emergency medical problem related to your visit to Rostra UK Ltd.

Provide you with all the necessary advice, information and medical supplies to enable your immediate return to your home.

Contact you once you're at home (if you so wish), to confirm that you are making a satisfactory recovery and to provide you with any further advice.

In return, we expect you will:

Treat the staff with courtesy and respect at all times.

Attend appointments on time.

Tell us if you change your name, address or telephone number.

Not abuse the emergency contact system.

Give at least 24 hours notice if you are cancelling an appointment.

Make every effort to attend your appointment to make the best use of medical and nursing time.

Tell us all the details of your past illnesses, medication, hospital admissions and any other relevant information.

Read the information booklet or our website as they contain important information.

Be able to seek a second opinion if you so wish.

Let us know if you feel there are things you want to see improved or changed.

If you are unhappy with any of the services provided, our Operations Director is available to listen to your comments or issues. Please let reception know if you wish to speak to her and she will call you as soon as possible. If you do not wish to discuss your complaint, then a copy of our Complaints Procedure is available from reception. A copy of the complaints statement is included in the patient information pack.

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How do Varicose Veins occur?

The veins are the means by which blood is returned from the legs to the heart. Muscles in the foot, calf and thigh act as pumps to push blood from the foot to the heart. When muscles relax, blood is prevented from running back to the feet and from the deep to the superficial veins, by valves in the veins that close like gates.

Varicose veins occur when these valves, or gates, no longer work properly, allowing blood to back up in the veins. The varicose veins you see in your legs are due to blood damming up in superficial veins and their branches.

The symptoms associated with varicose veins fall into three categories:

Physical symptoms:

- Tiredness
- Heaviness in the leg
- Pain

Visual symptoms:

- The tortuous blue varicosities seen running down the leg
- Swelling in the lower leg

Long-term consequences:

- Eczema
- Brown pigmentation
- Ulceration
- Bleeding

IMPORTANT NOTES: All patients will not suffer all the symptoms listed above. Similar symptoms may have other causes than varicose veins.

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Varicose Veins – The Facts

What Causes Varicose Veins?

Why these veins fail is not completely understood. It may be due to a weakness in the valve itself or in the vein wall. There are a number of factors that may lead to varicose veins:

Heredity - This is the most important factor, so if your parents and grandparents have the problem you have an increased likelihood of developing varicose veins.

Gender - Women have a higher incidence of varicose veins due in part to the female hormones affecting the vein walls.

Pregnancy - This causes a rise in blood pressure and volume and also adds to the hormonal effect mentioned above.

Age - As we age so our tissues lose elasticity and this is true of vein walls causing the valve system to work less well.

There are additional factors that do not cause varicose veins, but may speed up their development or make them worse:

Obesity - Increases in weight often go hand in hand with increased blood pressure. This may add to vein problems.

Prolonged Standing - The volume and pressure of blood in the lower limbs is affected by gravity, so the longer you stand the greater the effect.

Physical Trauma - Sometimes trauma to the lower limbs can damage the underlying blood vessels and add to the problem of varicose veins.

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How can I help myself?

The main way for you to help yourself is to reduce the high pressure of the blood in the veins. This will help prevent your veins getting worse and help to relieve your symptoms. There is nothing you can do to permanently remove the veins.

Exercise regularly - moving your legs causes the muscles in your thigh and calf to contract, which helps the blood move along the vein and up your leg. Walking is a good exercise to help the veins.

Do not sit or stand for long periods of time - this puts extra pressure on your veins, as the muscles are not helping to move the blood up your leg. If you cannot avoid this, then you need to regularly move your leg or tense your calf muscles.

Wear compression hosiery - hosiery that supports your legs will provide some external pressure to the veins and encourage the blood to travel up your leg. These may be helpful if you are unable to avoid standing for long periods of time. Medical compression hosiery is also available.

Raise your feet when possible - raising your feet uses gravity to drain the blood out of the veins in your leg, and relieves the pressure in the vein. At night you can raise your feet on a pillow to relieve your symptoms.

Lose weight - excess weight increases the work that your heart has to do which in turn puts pressure on the arteries and veins.

Look after your skin - always look after the skin on your legs. Wash and dry it thoroughly and if your skin becomes dry and itchy, moisturise with a water-based cream like E45. Only moisturise after washing and drying the skin.

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Tests used by Rostra UK Ltd.

Every patient will be seen and examined by the Rostra UK Ltd clinical team. This team is led by one of our Consultant Vascular Specialist and also comprises advanced practice nurses, vascular technologists and support staff. Your key practitioner will be responsible for your stay with Rostra UK Ltd and will explain everything that happens. They will also be able to answer any questions you may have.

Hand Held Doppler Examination: this is a small instrument used in the clinic to listen to the direction of blood flow in the main superficial veins in the leg and so determine if the valves are working properly.

Duplex Ultrasonography: this is the most common laboratory test for varicose veins. It enables the veins and blood flow to be visualised as well as listened to. With this test, back-flow (reflux) in the main superficial veins and their tributaries can be mapped out. This test is performed by putting an ultrasound probe in the skin over the vein. It is completely painless. No injections are required.

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Rostra UK Ltd Treatments:

Minimally invasive surgery: Laser ablation of varicose veins is a relatively new technique. This involves passing a laser catheter up the great saphenous vein. The laser catheter is then activated and slowly withdrawn down the vein.

This heats up the inside of the vein wall causing it to stick together thus obliterating the inside of the vein. This procedure avoids a groin incision and largely eliminates the bruising in the thigh that occurs with traditional surgical procedures.

Patients can be back at work after 36 hours.

Sclerotherapy: This procedure involves injecting a sclerosant solution into varicose veins. This treats the inside of the vein wall which is then compressed with a bandage causing the wall to stick together.

This procedure may be performed at the same time as the laser ablation procedure.

Compression hosiery: These can relieve symptoms, hide veins and slow down deterioration of skin changes. They need to be worn every day - summer and winter. Compression hosiery need to be replaced every six months since they wear out.

They are most useful for patients with varicose veins that develop during pregnancy, patients who have varicose veins but don't want or are unfit for surgery, and patients with secondary varicose veins.

They do not treat the underlying cause of the varicose veins, but can be useful in some cases.

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Complications of Varicose Vein Laser Treatment.

All medical procedures carry risks, which should always be discussed prior to signing your consent form. Please feel free to ask any questions you like at any time during your visit. Some of the more serious complications of varicose vein treatment are:

Nerve damage. In great saphenous vein surgery the saphenous nerve may be damaged causing anaesthesia in the local part of the leg. In short saphenous vein surgery the common peroneal nerve may be damaged causing foot drop. Again, these are rare complications when an experienced vascular specialist performs treatment.

Thread Veins. Development of the thread veins can occur after venous surgery.

Deep vein thrombosis. This is rare in healthy patients having uncomplicated varicose vein treatment.

Wound Infection. In traditional procedures a wound infection rate 2-3% is reported. Some centres undertaking laser ablation are yet to report a case of infection after several hundred procedures.

Recurrence. With traditional surgical techniques, recurrence rates may be as high as 15-20%, but should be less if done by an experienced vascular specialist. Some studies using laser ablation claim that this risk of recurrence may be lower than 5% with the new techniques.

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Frequently Asked Question's

How does the procedure actually work?

The laser energy damages the vein walls, shrinking them and thus closing the faulty vein so that the blood can no longer flow through it.

Is loss of this vein a problem?

No. There are many veins in the leg and after treatment the blood in the faulty veins will be diverted to normal veins in order to make its way back to the heart.

What are the complications of this procedure?

There are potential complications with any medical procedure however the main complication experienced with laser ablation have been a small number of cases of transient paraesthesia (numbness).

Am I at risk from the laser?

No. You will be given a pair of special glasses to wear to protect your eyes, however this is just a precaution against accidental firing of laser energy outside the body.

What is the alternative to this treatment?

Traditionally varicose veins have been treated with surgical ligation and stripping. This involves at least two surgical incisions in order to tie off and pull out the faulty vein. It is usually performed under general anaesthesia. Laser ablation appears to have lower risk; shorter recovery period, lower costs and no scarring compared with surgery.

Are there alternative minimally invasive treatments available?

Yes. The two common ones are ultrasound-guided sclerotherapy (injection therapy) and radio frequency electro-surgery. Injection therapy for the saphenous vein appears to have a high recurrence rate frequently requiring re-treatment, especially when it is used as a first line treatment, however it is excellent for cosmetic treatment of any visible veins remaining after laser ablation. Radiofrequency electro-surgery is more limited in the range of patients it can treat and the treatment time is longer than laser ablation.

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How successful is laser ablation?

Early results have been extremely favourable with success rates as high as the conventional surgical approach, which is accepted as the 'gold standard' treatment. Laser ablation will normally treat the cause of most varicose veins but additional/complimentary therapy may be necessary in some cases.

What should I do if there is a problem after the operation?

Most of the problems after the operation can be sorted out by your GP, and you should contact them first. You should seek advice if:

- you need more painkillers or they are not controlling your pain.
- you experience cold or numb toes
- you have flu-like symptoms or a high temperature
- your leg swelling becomes worse
- your wounds appear red and infected.

There will always be a member of the Rostra UK Ltd clinical team available to speak to after you have left the hospital. If you need any advice, then please call 01226 765712 for help and advice.

You can contact Rostra UK Ltd at:

Rostra UK Ltd
BBIC
Innovation Way
Wilthorpe
Barnsley S75 1JL

If you need urgent medical attention, please go to your nearest Accident and Emergency Department.

You may prefer to telephone the NHS Direct helpline for advice or assistance. The NHS Direct helpline is available on 0845 4647

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Rostra UK Ltd Vascular Team

Members of staff working in the vascular team at Rostra UK Ltd have put this information booklet together. If you require more information, have questions or want to discuss something further then please contact us.

One of our Senior Nurse Specialist's can be contacted via the Rostra UK Ltd main office switchboard on 01226 765712.

Other information

Rostra UK Ltd – www.rostrauk.com

The British Vascular Foundation - www.bvf.org

The Vascular Society of Great Britain and Ireland www.vssgbi.org

NHS Direct Online – www.nhsdirect.nhs.uk

Acknowledgement

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Post-Operative Advice - For patients undergoing varicose vein procedures

Remember that the golden rule is MOBILISATION after the procedure. Keeping the muscles in the calf and thigh working encourages the circulation in the veins and prevents clots forming. You must not lie around and become bed-ridden!

- Although very vigorous exercise should be avoided for the first few days, it is almost impossible to walk too much.
- As you are having your procedure as a day-case then the mobilisation involved in getting up and going home is usually sufficient for the day of surgery. The following day you must begin formal MOBILISATION.
- It is best to avoid driving for the first 48 hours after your procedure, after this you should be okay to start again, although you should not drive if your leg is painful and causes driving to be difficult.
- Some bruising and discoloration along the site of the veins, particularly in the thigh is normal after vein surgery, as is some discomfort.
- Although the bruises may continue to come out for the first 24 hours or so, bruising which continues to worsen after this or which significantly raises a lump under the skin may need additional pressure applying and you should seek advice. Similarly, severe pain or spreading redness in the groin or knee wounds requires advice.
- Severe leg swelling, shortness of breath or pain in the chest are very rare after vein surgery and should obviously prompt urgent medical attention.

Take your pain relief.

- You should take the painkiller tablets regularly for 5 days even if you are not in much pain, as they will also have an anti-inflammatory effect.
- This type of painkiller can cause indigestion – stop if severe.

Wear the stockings supplied for a minimum of 2 weeks.

- The stocking can be taken off at night but don't pull off the steristrips.
- The pressure of the stocking keeps bruising to a minimum and helps shape the leg. Many people continue to wear the stocking (vanity allowing) for longer than 2 weeks as it is comfortable. The stretch eventually wears-out however.
- We do not advise you to fly within 4 weeks of surgery as the aim is to avoid long periods of immobility with the knee and hip flexed in a cramped airline seat as this reduces the venous return to the heart and may precipitate venous thrombosis.

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Notes



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