

Varicose veins affect approximately 40% of the adult population. They are superficial vessels that are abnormally lengthened, twisted, or dilated, and are seen most often on the legs and thighs.

Varicose veins bulge and rise above the skin's surface. They may be uncomfortable and result in swelling of the legs. If left untreated, varicose veins may lead to more serious medical problems, such as phlebitis (swelling and inflammation of a vein) or leg ulcers.

Q: What is endovenous ablation?

A: Endovenous ablation is a treatment for closing the saphenous vein in the leg, which is typically the main superficial vein associated with varicose veins. This treatment can be performed with either laser or radiofrequency (RF) technology.

Q: How does endovenous ablation work? What does it do to a varicose vein?

A: A thin catheter (flexible tube) is inserted into the vein through a tiny skin puncture, and the entire length of the vein is treated with laser or radiofrequency through the catheter, thus "injuring" the vein's wall.

This causes the veins to close and eventually turn into scar tissue.

By treating the saphenous vein, it also helps the visible varicose veins regress. For the varicosities that do not completely regress, adjunctive procedures of sclerotherapy injections and/or microphlebectomies are recommended.

At Cardiology Solutions, we use the latest technology to treat varicose veins with endovenous ablation, and we also are leaders in using minimally invasive treatments.

Sclerotherapy involves the injection of a specially-developed solution (Sotradecol) into the varicose vein. The solution then hardens, causing the vein to close up or collapse.

Microphlebectomies involve the removal of the vein by tiny punctures or incisions along the path of the enlarged vein. Through these tiny holes, we use a surgical hook to remove the varicose vein, which results in minimal scarring.

Q: Does loss of a laser-treated vein create a health problem in any way?

A: The leg has two systems of veins, the deep and the superficial. Between these two systems there are many collateral pathways to enable normal venous blood flow. When the diseased superficial system is treated, the

blood gets redirected into the deep system without affecting blood flow in the leg.

Q: What is the recovery time after endovenous laser treatment?

A: Patients are encouraged to start walking immediately after the procedure, but they should avoid any strenuous exercises involving the legs (such as weight training) for two to three weeks, to enable adequate time for healing and for the treated veins to remain closed. There is bruising and mild discomfort in the treated leg for two to four weeks.

Q: How much time does it take to see the results after the laser procedure?



Varicose veins before (left) and after ablation treatment.

A: Within one week patients may start to notice a difference in the prominence of their varicose veins, but complete results may take weeks to months. Additionally, some patients may require adjunctive procedures depending on the severity of their varicose veins, as mentioned above.

Q: What is the risk of recurrence of varicose veins after endovenous ablation treatment?

A: Varicose veins are the result of a progressive disease, and while we can treat the problematic veins now, it is up to the individual patient, their genetics, and their lifestyle which dictate whether other varicosities will develop over time.

Q: What are the risks and potential complications of the laser/RF procedure?

A: The goal of the endovenous procedure is to thrombose, or clot, the saphenous vein (a superficial vein). Rarely, there are situations where the clot can extend into the deep vein system and cause a DVT (deep venous thrombosis).

Should this happen, a short course of blood thinners is warranted to treat and prevent further clot extension. Other infrequent complications are skin infection (which is prevented by performing the procedure under sterile conditions) and bleeding.

Q: How does laser/RF treatment compare with other treatment options, including surgery?

A: Previous generations performed the tradition "vein stripping" in which the entire saphenous vein would be removed through large skin incisions, with less than cosmetic results. With the current endovenous ablation, there is no need for skin incisions to obtain excellent results of varicose vein resolution.

Q: Will insurance cover the laser/Radiofrequency procedure?

A: Many insurance companies cover the endovenous ablation procedure with or without the adjunctive sclerotherapy or microphlebectomy procedures based on various criteria. In our practice at Cardiology Solutions, an individualized discussion takes place with the patient regarding this process.

Q: Why is Cardiology Solutions the place to go for endovenous ablation treatment? What makes it special there?

A: Our staff and specialists manage a large population of patients with venous disease, and we manage a variety of both common and complex cases. The unique needs of patients with varicose veins are recognized by everyone at our practice, and we strive for exceeding the expectations of our patients.