



**Scottish Vein Centre
February 2010**

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INFORMATION FOR GENERAL PRACTITIONERS

OUTPATIENT / NON-SURGICAL TREATMENT OF VARICOSE VEINS BY ENDOVENOUS LASER ABLATION (EVLA) AND FOAM SCLEROTHERAPY

Dear Doctor,

Your patient has visited our website and obtained this copy of information made available for you and for them. We hope this will assist you in the management of your patient's problem.

About The Scottish Vein Centre (SVC)

We were established in Spring 2006 as the first Scottish specialist vein clinic in the private sector and we are located at

**GP-Plus,
1 Wemyss Place,
Edinburgh EH3 6DH.**

We hope to meet the demands of patients who have troublesome varicose veins, who wish to avoid surgery and general anaesthesia. We will provide a full range of services, including initial consultation with Doppler ultrasound assessment. SVC can then advise on the best treatment strategy, which may include surgical referral as appropriate.

The Medical Director is **Dr Kieran McBride, FRCR**, who has been a Consultant Interventional Radiologist in Lothian and Fife for 16 years, and has performed thousands of minimally invasive vascular procedures. Together with his surgical colleagues, they have brought endovenous laser therapy to NHS Fife, as the first such procedures within Scotland.

Dr McBride has a specialist interest in venous intervention and is a Member of the Venous Forum of the Royal Society of Medicine and an International Member of the American College of Phlebology.

Endovenous Laser Ablation

This is a relatively new treatment, which has become increasingly popular in the U.S. and Europe. It has been approved by NICE (March 2004) and is covered by all the major health insurers. Although surgical stripping of incompetent veins and avulsions (phlebectomy) may be standard practice with satisfactory results, approximately 15% of patients suffer complications and up to 30% will develop problematic recurrent varicose veins (1). Many people are reluctant to undergo general anaesthesia and a hospital stay. Walk-in / walk-out endovenous laser therapy will offer definitive treatment of their problem with minimal morbidity and inconvenience.

The technique involves ultrasound (US)-guided insertion of a long laser fibre up the long saphenous vein from the knee (or short saphenous vein from below the knee). Perivenous anaesthesia is achieved by US-guided delivery of a large volume of dilute anaesthetic solution (tumescent anaesthesia). This provides painless laser heat-generated destruction of the vein walls, but also maximises the safety and effectiveness of the endovenous laser therapy. The patient's leg is then bandaged for 1 week and a compression stocking is worn for 2 weeks. They are then encouraged to ambulate and are discharged almost immediately, with review by SVC in 4 to 6 weeks, which includes a repeat ultrasound to check vein occlusion (2).

One of the pioneers, Dr Robert Min, has reported results on 1000 limbs followed for up to 5 years. Permanent vein closure and relief of varicose veins and symptoms was achieved in 98% of his patients (3).

Alternative treatment of incompetent saphenous vein segments by radiofrequency ablation (RFA), under the trade name **VNUS Closure**, has also had good success. This more expensive procedure has limited availability in the UK and most operators still use a G.A. to achieve results.

Foam sclerotherapy

This is also an US-guided technique, which accurately delivers a sclerosant (e.g. sodium tetradecyl, STD), as an agitated foam directly into an incompetent superficial vein segment. The whole truncal vein can also be treated this way, but it seems to have best success as an adjunct to endovenous laser therapy. It also avoids the complications associated with re-do surgery for recurrent varicose veins. It has been approved by NICE in June 2006.

Method of referral

All patients assessed by the Scottish Vein Centre will require a referral letter from you. Everyone will have an initial Doppler US scan and given advice on appropriate treatment. You will be notified immediately of our opinion, and are encouraged to discuss treatment options with your patient, prior to their decision and subsequent management package. We are happy to answer any of your direct queries, and we welcome you visiting our informative website at www.scottishveincentre.co.uk.

1. London & Nash, 2000, BMJ; 320 (7246) 1391-4
2. Min et al, 2003, J Vasc Int Radiol ; 14 : 991-6
3. Min & Khilnani, 2005, J Cardiovasc Surg ; 46 : 395-405
4. www.nice.org.uk/pdf/IPG052publicinfo.pdf

Yours sincerely,

Dr Kieran McBride, FRCR
Medical Director
Scottish Vein Centre