

Clarivein – Mechanochemical ablation of varicose veins

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this operation, and also about more serious problems that can occasionally occur. The section **“What problems can occur after the operation?”** describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation.

What is Clarivein?

Clarivein is a catheter treatment used to treat the main trunks associated with varicose veins. It uses a combination of mechanical disruption and the injection of a liquid chemical to close the vein.

Initially the vein treated goes into spasm. As the chemical injection takes effect the vein becomes inflamed, then gradually dissolves.

This means that the vein can become thickened and tender after 3-4 weeks. This is normal and will settle with time.

Occasionally simple painkillers are needed during this time.

What causes varicose veins?

Varicose veins develop due to faulty valves (typically within the legs). Flow is not only upwards (normal) but downwards (abnormal). Treatment of varicose veins involves treating both the visible vein and the underlying incompetent trunk. Clarivein is used to close the trunk prior to separate treatment of the visible varicose veins.

Reasons for having Mechanochemical ablation of varicose veins

Varicose veins can usually only be treated on the NHS because of complications (such as bleeding, recurrent phlebitis, varicose eczema, ulceration or skin changes predisposing to ulceration).

Treatment is aimed at both removing or closing the visible varicose veins and the underlying incompetent venous trunk.

Alternative treatments

Some patients deemed not to have complications from their varicose veins might be limited to non-surgical treatment (advice regarding compression hosiery).

Patients eligible for treatment have three options:

1. Surgery
2. Catheter therapy (Clarivein, Foam Sclerotherapy or Radiofrequency / Laser therapy) with foam sclerotherapy
3. Foam sclerotherapy alone

Information booklets are available separately for surgery and foam sclerotherapy. Radiofrequency and laser are commonly performed under either general anaesthesia or multiple injections of local anaesthetic along the course of the vein to be treated and involve heat in closing the vein. Clarivein requires neither and does not involve heat, minimising the risk of thermal injury to the adjacent structures.

All catheter treatments are approximately 95% successful in closing the trunk of vein at one sitting.

Information about diagnosis

Patients will usually be assessed by their GP prior to referral. Those felt likely to be eligible for treatment will be referred to the hospital for detailed assessment by a vascular specialist.

Assessment involves a history, clinical examination and a detailed ultrasound scan of the varicose veins (usually performed by the surgeon in clinic, but occasionally requested from the Department of Clinical Measurements).

What does the procedure involve?

Patients are made comfortable on a tilting table in a clinic room. A needle is guided into the vein to be treated followed by a sheath (a fine plastic tube). The Clarivein catheter is passed through the sheath and up the vein to the junction at the groin before being activated to close the vein.

The procedure usually requires no anaesthetic and takes around 15 minutes.

Foam injections will usually be used to treat the visible varicose veins after the Clarivein treatment.

What about the anaesthetic?

Usually none but occasionally a local anaesthetic injection can be used on the skin.

What happens before the operation?

You will be given a clinic appointment. No special preparations are required.

What happens after the operation?

Following treatment your leg will be wrapped in an elasticated bandage. You can walk and drive immediately and can undertake all normal activities. The bandaging can be removed after 5 days.

Some people find that a compression stocking helps after removal of the bandaging although this is not essential – simply a matter of comfort.

When can I go home?

You will be discharged from the clinic immediately and sent an appointment for follow-up after approximately 2-3 months.

What problems can occur after the operation?

There are no wounds, simply a small puncture site that requires only a simple dressing.

- The risk of infection is negligible.
- Deep vein thrombosis is a possible problem, but is uncommon. If you are at particular risk then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early, all help to stop thrombosis occurring.
- The risk of organ failure is negligible.
- The risk of death is negligible.

What should you do if you develop problems?

If there are any problems or concerns, please contact your GP or Mr Birchley's secretary on **01392 402702**.

Do you need to return to hospital for a check?

You will be sent an appointment for follow-up after approximately 2-3 months in order to ensure that your treatment has been successful and that no further treatment is required.

Who should you contact in an emergency?

In an emergency dial 999 or attend your nearest Emergency Department.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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