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Radiofrequency Ablation (RFA) Information

Treatment of varicose veins is a common, low risk procedure that is performed in many people to help them reduce the risk of ulcer formation or to minimise various unpleasant sensations such as pain, swelling or itchiness - or simply to improve the cosmetic appearance of their legs. It is a generally safe procedure, but no surgical procedure is risk free. Reading and following the information and instructions below can help you minimise these already low risks as well as optimising your outcome from surgery.

Most people will have the incompetent truncal vein(s), the cause of their varicose veins, treated with radiofrequency ablation without treating their more visible varicose veins or spider veins initially. After 3 months, many people will no longer notice their visible varicose veins or require further surgery. Any varicose veins that do persist will usually be much smaller and easier to treat – either by surgical avulsions (a single day case procedure in hospital) or sclerotherapy (two procedures, 2 to 4 weeks apart, performed in the rooms).

Occasionally, you will be advised or choose to have your visible varicose veins treated at the same time as your radiofrequency ablation procedure – in this case please read these post-operative instructions alongside those for surgical avulsions or sclerotherapy, as applies to you. This approach does have a slightly longer recovery period and a greater risk of post-operative complications such as bleeding, infection and blood clots.

Prior to consenting to surgery, please ensure you have read and understood the information leaflet from the Royal Australasian College of Surgeons regarding the risks of your procedure and alternative treatment options. Please do take the time to ask any questions you may have prior to embarking on surgery.

In the week prior to surgery:

Certain medications will need to be stopped one or more days prior to surgery. You will be given individualised advice, but if unsure please ask. If you have started any new medication between your appointment in the rooms and your day of surgery, please telephone the rooms to let us know.

Blood thinners should continue throughout your treatment course and do not need to be held for surgery if you are only planned for radiofrequency ablation.

Medication for diabetes needs careful adjustment when fasting. Please ensure that you have let the rooms know if you usually take insulin so that this can be taken into account.

There are specific fasting instructions if you are on a medication known as a GLP-1 receptor agonist (e.g. Ozempic, Wegovy, Trulicity). Please make sure Dr Thurston and your anaesthetist are aware if you are on these, or if you start these following your appointment with Dr Thurston.

If you are a smoker, ideally stop smoking at least 4 weeks prior to surgery to reduce your risk of complications such as wound or lung infections or stress on the heart. However, if this is not possible, even not smoking for the week prior to surgery will reduce your risk of some of these problems.

Alcohol and illicit drugs – please abstain from these for at least 48hrs prior to your procedure.

On the day of surgery:

Fasting: If your procedure is in the morning, please do not eat or drink anything from midnight the night prior to your surgery. If your procedure is in the afternoon, please do not eat or drink anything from 7am on the day of your surgery. There are different requirements if you are taking a GLP-1 receptor agonist (Ozempic, Wegovy, Trulicity).

Clothing: Please arrive in hospital with loose fitting clothing, particularly for your legs. Baggy shorts or skirts or track suit bottoms are most appropriate. Please leave most valuables at home. You will be given a bag to store essentials in.

Arrival in Hospital: You will be asked to arrive in hospital approximately 1 to 2 hours prior to your expected surgery time. Your specific time to arrive will be highlighted in your acceptance of surgery and financial disclosure letter.

Pre-surgery: Before surgery Dr Thurston will check your consent form and answer any questions you may have, and he will place a mark with a pen on your leg if required. You will meet your anaesthetist who will ask you some questions regarding your health and any previous anaesthetics. We will check your past medical history and current medications, so please bring a list of these with you. You will have your groin and lower leg shaved to remove any hairs by a nurse – if you prefer you can do this yourself at home the night before. You will get changed into a hospital gown and we will ask you to remove your jewellery and underwear prior to surgery.

Surgery time: When Dr Thurston is operating on you, he will take all the time and care that is required to perform your procedure safely and effectively. Similarly, Dr Thurston will take the same care for other people. As a result, some procedures take longer than anticipated, although most procedures take 30 minutes to an hour. Expected surgery time is therefore only an estimated time.

Post-surgery: You will spend some time in the anaesthetic recovery room after your procedure before you go home. This can be for a variable time period, from 30 minutes to a couple of hours. Most people will receive an injection under their skin during surgery (enoxaparin/clexane) to help reduce the risk of deep vein clots, however some people may receive this injection in the recovery room.

Going home: Almost everyone will go home the day of their surgery. You will need to be collected from the hospital with a responsible adult who is able to stay with you overnight. If this is not possible, please let the rooms know – you will most likely need to spend a night in St Andrews hospital and go home the following morning.

Post-surgery instructions:

Wound Care: You will have a small 5mm wound on either the side or back of your lower leg, or both. This will not have stitches and will be closed with a Steristrip and basic adhesive dressing. You should change the basic dressing for a simple band-aid when you first remove your bandages and get into stockings. Thereafter no further dressings are required, but you can use one if you wish. The Steristrips should be allowed to come off naturally, there is no need to replace them after they come off.

Dressings: During surgery you will be placed in compression bandages from your feet to your upper thighs, which you should continue to wear for 60 to 72 hours following surgery. These are uncomfortable and tight, but are an essential part of the procedure and assist with ensuring the treatment is successful and the veins remained closed. At all times you should be able to feel and move your toes – if you are not able to do this please contact the rooms on 08 8232 1293, or in an emergency attend an accident and emergency department. You can remove your dressings on the 3rd day after your surgery, change your wound dressing to a band aid and put your leg in a class 2 compression stocking from toes to hip – if you do not wish to do this yourself, you may choose for a community nurse to come to your house, or to visit your GP practice for this to be completed; Dr Thurston needs to be aware of you wishing to do this prior to your day of surgery so that he can make the necessary arrangements.

Stockings: Like dressings, wearing compression stockings after surgery is a key component of the procedure and pivotal to its long-term success. Stockings are to be worn all day and night for the first week - so until 10 days after surgery. Thereafter you should wear your stocking all day, putting your stocking on shortly after waking in the morning and keeping it on until you are going to bed in the evening. You may also remove your stocking for showering.

Blood thinners: There is a specific type of blood clot, called endothermal heat induced thrombosis (EHIT), that occurs relatively frequently after varicose vein surgery - in just over 1% of people. This special type of clot often requires no treatment and self resolves, however very occasionally it can be more serious and lead to an occlusive deep vein clot or even a clot in the lung (pulmonary embolism). This is very rare. Some people may benefit from taking blood thinners for 7 days after the procedure to reduce the risk of a blood clot, however as this does increase the risk of bleeding complications and bruising not everyone benefits. Dr Thurston may prescribe you a tablet (10mg Rivaroxaban) to take daily in the evening for the first week following surgery. Do discuss this with Dr Thurston if you are unsure.

If you are routinely on blood thinners, these can continue as normal and do not need to be stopped for your operation.

Pain relief: Take paracetamol (Panadol) as required. If you have allergies or other medical conditions that preclude you from taking Panadol, please discuss this with the anaesthetist. While the compression dressings are on for the first 3 days after surgery you may also need to take some ibuprofen (Nurofen) if you are able to do so with your medical conditions. Once you are in your stockings, pain relief other than Panadol is rarely required. However, it is quite common for your pain to reduce to almost zero in the first week after surgery before restarting and becoming more painful again in the second week after surgery for a few days.

Mobility: Once you are discharged from hospital, you should make sure you walk twice a day for at least 20 minutes each walk. Try to avoid excessive stairs or hills and walk at a comfortable pace. Avoid strenuous activities, heavy lifting, and prolonged standing for the first week after surgery. Do not attempt any sporting activities or swimming until Dr Thurston clears you to do so.

Driving: You should not drive for the first 24 hours after surgery. While the compression bandages are on driving may be challenging and you may not be able to perform an emergency stop. Consider carefully your need to drive at this time. Once your stockings are on, and you feel comfortable to drive, start with a short distance as a trial. Do not drive for more than 3 hours in one stretch in the first 2 weeks after surgery unless essential.

Flights: The immobility and dehydration associated with flying can increase the risk of blood clots after venous surgery. Avoid all flying for 2 weeks after surgery unless absolutely essential. After two weeks' flights of less than 4 hours' duration can be considered. Longer haul flying should wait for 6 to 8 weeks after surgery.

Bruising: It is common to get some bruising on your leg that will generally increase over the first week. This usually goes away entirely by itself, however some people do have some persistent skin staining with a bruise like appearance. If you wish, from 10 days after surgery you can obtain some Hirudoid cream over the counter and gently massage the Hirudoid cream into the bruised areas, avoiding any incisions. The bruising will gradually improve but may last 6 to 8 weeks or longer

Bleeding: Some ooze and bleeding on the wound dressing is normal for the first few days after surgery. If your wound dressing becomes wet with ooze, then it is best to replace it with another dry dressing.

Showering: You may remove your stocking for showering. You are allowed to get your leg wet once your compression dressings have been removed on day 3, however it is advisable not to have a bath or soak your wounds. When you are drying your leg, please ensure you pat it dry and do not rub at all with a towel

Returning to work: If working in an office job where you can elevate their legs for some parts of the day, most people are able to return to work 4 to 5 days after surgery. If your job is more physically demanding, then a longer period of time off such as 7 to 10 days may be required. Please discuss your personal situation with Dr Thurston who is happy to provide the appropriate sick certificate.

Follow Up:

Early Ultrasound: 7 to 10 days following your procedure you will have a quick ultrasound scan to rule out a deep vein clot. THIS IS AN ESSENTIAL SCAN AND MUST NOT BE MISSED. It will usually be arranged for you prior to surgery.

Telephone consultation: The rooms will arrange a telephone consultation with Dr Thurston following your Early Ultrasound. This will allow the results of the ultrasound to be discussed and for Dr Thurston to address any questions you may have and guide your ongoing need for stocking therapy. This is usually a brief check in telephone call.

10-week ultrasound: 10 to 12 weeks following your procedure you will have a more in-depth ultrasound to assess the success of treatment and to determine which, if any, areas of your veins are suitable for further treatment. Most people do not require further treatment at this time, particularly if they have continued with stocking therapy.

In person consultation: Following your 10-week ultrasound, Dr Thurston will see you in the rooms to assess your veins and determine if you wish for or need any further treatment. The results of the ultrasound will be discussed then

Concerns: If you have any concerns, please contact our rooms immediately on 08 8232 1293. In particular, if your wounds are increasingly red or painful or if your leg feels hot to touch. If our rooms are unattended, and you feel you require urgent assessment, please attend the Accident & Emergency Department at St Andrews Hospital.