

VARICOSE VEINS

What should I tell my patients with varicose veins?



Gone are the days when Grandma had stripping of her veins, lay in bed for a week, and ended up with ugly surgical scars. Although surgery has changed since those days, other treatments have been introduced. The end result is much the same, as long as the selection is appropriate for each individual. And this is where experience counts.

Duplex Ultrasound is now universally needed to define venous anatomy, as it has a bearing on the best treatment. Often the final choice can be made by the patient, if the anatomy is suitable. For instance, some people have an aversion to needles, and would prefer to avoid multiple injections. Newer procedures only need one injection.

Ultrasound guided sclerotherapy (UGS) is the least invasive, safe, comfortable, and almost no interference with daily activity.

EVLA (Laser treatment) nearly always involves UGS as well, as the laser fibre is too stiff to pass down convoluted branches. It is a more uncomfortable procedure and recovery than UGS, but still a quick return to work within a day or two.

MOCA™ (Mechanicochemical Endovenous Ablation) or Clarivein, is a newer treatment whereby a rotating fine wire inside the vein damages the intima, and simultaneously infuses sclerosant into the vein. There is only a pinprick, mild discomfort, and straight back to work. Its long term success rate is not known as it is new, but appears to be equivalent to EVLA. It is safer, more comfortable, and is less expensive than EVLA

Vein Gogh uses thermocoagulation via a hair sized insulated probe to instantly obliterate fine facial veins or spider veins not suitable for microsclerotherapy. *Only one treatment, and immediate results.*

Vena Seal® has been around for a long time, but was too expensive. Now the cost has dropped, so we now offer this 'glue' to seal varicose veins. In most cases, stockings are not required.

The Vein Centre has all of these treatments.



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