Vein Centers of Connecticut

23 Cedar Street, New Britain, CT 06052 #860-229-8346
1C Samson Rock Drive, Madison, CT 06443 #203-245-8346

Frequently Asked Questions:
Endovenous Laser Ablation for Treatment of Varicose Veins

Q- What is done on the first office visit?
A- Before performing endovenous ablation, we need to evaluate your legs. We take a detailed history and do a physical exam of your legs. We then evaluate your leg veins with ultrasound, a painless test. We are looking for a refluxing vein that has faulty valves, allowing your blood to rush back towards your feet when you stand up. It is this vein we seal off with the endovenous treatment. It is easily recognized on ultrasound. The ultrasound is done both lying down to image the deep veins and standing up to evaluate the superficial veins. Then we will discuss the results and create a plan to treat your particular problem.

Q- Where is the endovenous ablation procedure performed?
A- Both the evaluation and treatment procedure are done in our office. There is no need for general anesthesia or sedation. Your leg will be numbed in the treated area with lidocaine (similar to Novocain). You will be awake for the entire procedure. If desired, a sedative can be prescribed to take before the procedure to help you remain relaxed.

Q- When is the endovenous ablation treatment performed?
A- On the second visit we perform vein ablation. One month after that, you will return to the office to reevaluate the treated vein with ultrasound.

Q- Are you treating the varicose veins directly?
A- It is important to treat the underlying source of the varicose veins. Once either endovenous ablation or sclerotherapy are performed, the superficial varicose veins can easily be removed via a procedure called a phlebectomy.

Q- Don’t I need these veins for my leg to work properly?
A- No. There are many large, normal veins in the deep venous system that take over for the vein that is sealed. We evaluate the deep vein system on your first office visit to be sure it is functioning properly.

Q- What will my leg look like after the endovascular ablation procedure?
A- There is a small nick in your skin about 1/8 inch long. This is covered with a gauze pad. In a few days some bruising may appear along the area we treated with the laser. You may not want to wear shorts or a short skirt for three weeks after the treatment.
Q- Is the endovenous ablation procedure painful?
A- No. The only discomfort you feel during the procedure is from the very tiny needles used to inject lidocaine, a local anesthetic, in the skin and around the vein we are treating. This is usually injected in the thigh.

Q- Should I take my usual medications before the procedure?
A- Yes. Except, do not take Vitamin E pills, herbal or home remedies, Aspirin, Advil, Motrin, ibuprofen or other blood thinning medications for 5 days before the procedure. If you are taking Coumadin or Plavix, please discuss these medications prior to your procedure. Multivitamins are fine to use.

Q- Is there any pain after the procedure?
A- You may feel tightness or a “Charlie Horse” sensation in the area where the vein was sealed, starting from 3 to 7 days after the procedure. This is easily managed with the anti-inflammatory medication, such as Aleve.

Q- Is there a recovery period after the procedure?
A- No. You may leave our office a few minutes after the procedure is finished.

Q- What restrictions are there after having the endovenous ablation procedure?
A- Avoid aerobic or strenuous exercise, heavy lifting or straining for 7 days following your treatment. We encourage walking 5 minutes every hour while awake. The more you walk the better. Do not go home and just sit on the couch. Avoid air travel for two weeks after the procedure. Long car trips are also to be avoided. If travel is unavoidable, please call our office.

Q- What is the purpose of wearing the compression stocking after the procedure?
A- The stocking keeps the treated vein from re-opening. It also empties your varicose veins of blood. You do not need to wear your stockings before the procedure unless you desire them for your comfort.

Q- How long do I have to wear the stockings after the procedure?
A- Wear the stockings continuously for 24 hours after the procedure. Then, you may remove the stocking and gauze bandage and you may shower. Wear the stocking for 7 more days, but only when awake removing it when you sleep. Apply a Band-Aid to the small skin nick when you reapply the stocking. You do not need to wear your stockings after those 7 days. It is extremely important to get up and walk 5 minutes every hour while wearing your stocking for the first week after your procedure.

Q- When can I go back to work?
A- Although some patients go back to work the same day, most take the rest of the day off and go back the next day. Remember no lifting heavy objects, strenuous exercise or straining for 7 days post-procedure. Also, you need to walk for 5 minutes every hour while awake. If you are standing at work, you need to shift your weight from leg to leg frequently.

Q- Will insurance pay for the endovenous ablation?
A- Most medical insurance policies cover the procedure if you have symptoms. We submit to your insurance for prior authorization before your procedure is performed. Typically, most medical insurance companies do not cover treatment of veins for cosmetic purposes only.
Q - How is the endovenous ablation procedure done?
A - In our office, on an examining table, your leg is cleaned and covered with sterile drapes. Ultrasound is used to find the abnormal vein. Lidocaine is used to numb the skin. The vein is punctured with a tiny needle and through a tiny nick in the skin, a spaghetti sized, plastic tube is placed into the vein and guided up to the vein. All you feel is the small pinprick where the lidocaine is injected to numb the area. A very thin laser fiber is passed through the plastic tube. The tissues in the area around the vein are injected with lidocaine and saline to completely surround the vein with fluid. The laser fiber is energized and slowly withdrawn from the vein. This seals the vein. You will feel no pain during the activation. Your compression stocking is applied while you are lying on the table.

Q – How is the phlebectomy procedure done?
A – In some patients, ambulatory phlebectomy is performed at the same time or shortly there after. While the patient is standing, their varicose veins are marked. The patient is then prepped in a sterile fashion and a tiny needle is used to numb the marked varicose veins. A tiny puncture is made in the skin. A special tool is used to gently lift and extract the veins. During this time, the patient should feel no pain and simply gentle tugging. Small steri-strips are placed over the incisions, the leg is wrapped with an ACE bandage and the compression stocking is applied. The patient returns the following day to have this wrap removed.

Q - How is endovenous ablation of leg veins different than surgery?
A - The ablation procedure does not remove the refluxing vein from the leg. It simply seals the vein in place. It is therefore less traumatic to the deeper leg tissues. No general or spinal anesthesia is required. Recovery time is significantly less then with surgery. There is no scar formed.

Q- How successful is endovenous ablation?
A- The success rate is 95–98% over the first three years. Surgical vein stripping success rate is only 60% at three years.

Q- Can I get varicose veins again even if I am treated successfully?
A- Yes, but not from the vein that is treated. There are several veins in the legs that can cause varicose veins in other locations in the leg. We treat the veins that are abnormal now.