



**Patient
Information
Leaflet**

Glue therapy for varicose veins

Introduction

This leaflet is a guide to cyanoacrylate glue treatment for varicose veins and should answer some of the questions you may have. Please note that this leaflet is not a complete list of all information about varicose veins and their management.

What are varicose veins?

There are two types of veins in the legs; deep veins and superficial veins. The deep veins run within the muscles of the leg and the superficial veins run just below the surface of the skin. Within the veins are small one-way valves which allow blood to flow upwards towards the heart. When these valves no longer work, blood is allowed to flow back down the vein which, in turn, causes high pressure within the veins. This high pressure leads to the veins becoming enlarged which can be seen visibly as bulges beneath the skin. Varicose veins can cause aching, swelling, itching, discomfort, and heaviness in the legs. In some people, the skin becomes discoloured which can lead to ulceration.

Mr Sridhar uses minimally invasive techniques as the principal modality of treatment. He is one of the few surgeons in the world who uses all modalities of minimally invasive treatment of varicose veins to treat a variety of problematic veins that previously would have required invasive surgery in order to be treated.

Glue treatment for varicose veins is one of the newest and most innovative, minimally invasive vein treatment options to avoid vein stripping or vein surgery. The “glue” is the “cyanoacrylate”, that has been used for brain surgery and wound closure for over 50 years. An exciting recent development has been the approval by NICE of the UK to use several cyanoacrylate adhesive glue (VeinOff™, VenaBloc™, and VenaSeal™) that can be directly injected into malfunctioning veins for treating varicose veins. Mr Sridhar currently uses VenaBloc™. {[Cyanoacrylate glue occlusion for varicose veins \(nice.org.uk\)](https://www.nice.org.uk/guidance/TA694)}. He will explain the reasons why he uses a particular system of glue. The Glue can only be used by trained and licensed professionals.

Cyanoacrylate glue is used to permanently seal diseased veins by passing a catheter up the vein, introduced through a small puncture site. The procedure is virtually painless and uses only a single injection at the entry point. Any visible varicose veins are usually treated with ultrasound-guided foam sclerotherapy (UGFS) as an adjuvant treatment at the same time

What can be treated?

Glue sclerotherapy can be used for varicose veins that are deeper and invisible and cause the visible varicose veins (truncal veins dysfunction). Mr Sridhar will discuss with you if the glue treatment is suitable for you.



What cannot be treated?

Small varicose veins and thread veins are best treated by micro sclerotherapy.

Treatment

Please tell your clinician about the medication you are currently taking.

Glue therapy is performed in a clinical setting.

The procedure is carried out with you lying down. A catheter is placed within the affected vein. Ultrasound imaging is used to help guide the catheter to the correct position. The catheter is slowly withdrawn and the glue is simultaneously injected. Whilst the glue is being injected the vein may be compressed. The insertion of the catheter and its withdrawal is painless as the vein wall has no pain sensation. After giving you the glue injections, you may need treatment of some of the very superficial veins with foam sclerotherapy.

We apply a firm bandage and/or a compression (Class II elastic) stocking to your treated leg.

If you have bandages, these can be removed after a day, but an elastic stocking, if used, should be worn continuously for a further 7 to 14 days. Mr Sridhar will advise you. Walking or being mobile after the treatment is advised to help prevent deep vein clots. You will be invited back for a check-up to assess how successful the treatment has been. Mr Sridhar will give you clear instructions on what to do.

Alternative treatments

- Endovenous laser(thermal) treatment
- Endovenous mechanical and chemical treatment.
- Surgery which usually requires a general anaesthetic (performed while you are asleep).
- Compression stockings may improve symptoms but will not remove the varicose veins and are therefore not a treatment
- Do nothing

Risks and complications

- Bruising is common but usually disappears in about 2 weeks.
- At first impression the veins often appear lumpy and can still be visible and felt beneath the skin. These will slowly reduce over 3 weeks to 6 months.
- Often a pale brown colour appears on the skin where large veins have been injected. This will gradually fade over a number of months but very rarely is visible forever.
- Occasionally, a varicose vein becomes a painful lump following this treatment. This is called 'thrombophlebitis' and can be treated by inserting a needle and removing the clot causing the problem from the vein.
- Glue treatment may result in the development of thread veins in the area of treatment for some people.
- There is no guarantee that this treatment will get rid of all of your varicose veins or cure all of your leg symptoms.



Rarer risks and complications

- Rarely, thrombosis may spread to the deep veins following injections of any type for varicose veins. This is called Deep Vein Thrombosis (DVT). DVT's causing symptoms can happen in 1 in every 200 people.
- Pulmonary Embolus (PE) or a blocked blood vessel in the lungs is very rare.
- Inflammation of the fat underneath the skin may happen (fat necrosis/granuloma).
- Ulceration at the injection site can happen but is rare.
- Rarely a severe allergic reaction to the glue can happen.
- Stroke is extremely rare but has been described in one patient in whom a large volume of foam was used (much larger than the amount used now).
- Rarely the treatment may be unsuccessful
- As this is a new technique research on long term effects is ongoing and you are invited to be part of this process.

Further sessions

Both legs can be treated at the same time. Sometimes this may not be possible. Mr Sridhar will discuss a customised treatment plan with you at the time of your consultation.

Benefits of having glue treatment

- Avoids the need for hospital admission, surgery and general anaesthesia.
- Only minor discomfort during the treatment and minimal bruising compared to surgery and other modalities.
- All treatment is performed as an outpatient and little time is needed off work.
- No need for numerous injections.
- No need for prolonged compression stockings
- Pain is reported the least following glue treatment compared with other treatments.

Disadvantages of glue therapy

- The technique is relatively new with no information on long term benefits.
- More clinic attendances may be required as the technique is relatively new
- Sometimes it takes several months for the lumpiness and bruising to resolve.
- Treatment may produce thread veins in some people (these may also appear following surgical treatment for varicose veins).
- Cost is more than that for laser treatment.

Activity and returning to work

You are advised to be mobile soon after your treatment, returning to normal activities as quickly as possible. You can return to work the next day. We do not give you a medical certificate as this is not generally necessary. You are advised not to travel by air for 4 to 6 weeks following foam sclerotherapy treatment

Driving

It is not advisable to drive on the day of your injections. You should be able to drive the following day as long as you are not restricted by the bandages and/or



stocking. You should be able to perform an emergency stop comfortably and without hesitation.

If you require further information, please contact the doctor or nurse looking after you.

Contact information

Please contact Mr Sridhar on if you have any questions or concern