

Information for patients

Recurrent Varicose Veins



Sheffield Vascular Institute

You have been diagnosed as having Varicose Veins that have recurred (come back). This leaflet explains more about recurrent Varicose Veins and answers some of the most frequently asked questions.

If, after reading it, you have any more questions or concerns, you should write them down and discuss them at your next appointment.

Where will my hospital appointments take place?

Your appointments will be at the Sheffield Vascular Institute at the Northern General Hospital.

Consultants from the Sheffield Vascular Institute also visit Rotherham and Barnsley District hospitals, and some patients are seen at these hospitals.

The Sheffield Vascular Institute is one of the largest vascular centres in Europe. We specialise in the treatment of all circulatory conditions affecting the arteries, veins and lymphatics. If you wish to find out more about the Sheffield Vascular Institute then look under the Guide to Services of the Sheffield Teaching Hospitals NHS Foundation Trust website (<http://www.sth.nhs.uk>)

Why do varicose veins recur?

Varicose veins can recur for a variety of reasons. The most common reason is that people who suffer from varicose veins often have a family history of varicose veins. This family history increases the risk of further varicose veins developing after surgery. Other reasons include:

- Neo-vascularisation. This is the term used to describe the growth of tiny vein branches between the deep veins and remnants of the previous varicose veins. This may occur after previous varicose vein surgery in the groin. The cause is unknown.
- Some patients have more than one site from which the varicose veins are arising. These connections may become apparent after the initial surgery has been performed.
- Another reason is incomplete removal of the veins at the initial operation.

How common are recurrent varicose veins?

Estimates vary and the chance of recurrent varicose veins increases with time. Recurrent varicose veins are common and occur in as many as 1 in 5 (20%) patients after previous surgery. Other treatments, such as injection sclerotherapy, have a higher rate of recurrence.

What treatment is available?

Repeat surgery is likely to be recommended for patients with significant symptoms from their recurrent varicose veins.

At the Sheffield Vascular Institute, we routinely perform a duplex ultrasound scan prior to re-operation. This scan identifies the problem with the veins and gives us detailed information that helps us to plan your surgery. This plan will be discussed with you in more detail when you return to the outpatient clinic.

Your specialist may sometimes suggest a non-surgical treatment, such as compression stockings. This is usually because the problem which has caused your varicose veins to recur is unsuitable for surgery. The problem may be that the deep veins in your leg are leaking and this problem cannot be remedied by surgery.

Any surgical option will also depend upon your weight and your fitness for an anaesthetic.

What does further surgery entail?

The aim of treatment is to relieve the symptoms from your varicose veins. The extent of surgery varies from patient to patient. Many patients will require further small cuts to perform avulsions (vein removal) at the site of the varicose veins. These will lead to small scars (less than 1cm) which should heal satisfactorily.

For many patients, repeat surgery is very similar to their original operation. In the majority of patients requiring repeat surgery, a slightly larger groin incision is required to allow a clear view of the vein junction. This is necessary because there is often scarring from the previous surgery.

Some patients will need a cut behind the knee to tie off the vein at this level. Some patients require removal (stripping) of the main vein (long saphenous vein), which runs from the groin to the ankle. This is often a source of the recurrent varicose veins and may not have been removed at your first operation.

Sometimes this vein can be treated by EndoVenous Laser Therapy (EVLT). Your specialist can discuss this option with you and give you further information, if appropriate.

Does it hurt?

After any surgical operation, there is a degree of pain as the wounds heal. This discomfort should rapidly settle. Most patients are comfortable and able to return to their normal activities within two to three weeks. If your pain or immobility is not improving, we recommend that you contact your GP for advice.

It is normal to see bruising and occasionally some light bleeding from these wounds.

What are the risks of further surgery?

- Wound infection
- Increased pain
- Lymphatic vessel damage
- Vein/artery damage
- Nerve damage
- Deep vein thrombosis (DVT)
- Symptoms not improve/return of varicose veins

There is an increased risk of wound infection, especially at the groin, because of the previous scar tissue. It is

important that you keep the wound clean and dry, until it is starting to heal. If you notice increased redness, pain or swelling of the wound, this might indicate infection for which antibiotics may be required. If this occurs, we recommend that you contact your GP.

A larger groin incision may give rise to increased pain, compared with previous surgery. There is also an increased risk of damage to the lymphatics. These are tiny vessels that drain the tissue fluid out of the leg. Damage to these can cause leakage of lymph fluid from the groin, accumulation of fluid under the scar (seroma) and leg swelling due to obstruction to lymph drainage. However, these risks remain low (less than 1 in 20 - 5%).

A larger incision through scar tissue increases the risk of injury to the deeper veins and arteries, although this risk is very small (less than 1 in 100 - 1%). Injury to nearby nerves can result in numbness, tingling or pain affecting the thigh (groin incision) or ankle and foot (knee incision). This risk of nerve injury is 1 in 20 - 5%. Symptoms usually improve as the nerves recover but sometimes they are permanent. Very occasionally (less than 1 in 100 - 1%) the muscles of the leg can become weak after this operation, due to injury to the main nerve behind the knee.

There is a small risk (less than 1 in 100 - 1%) of deep vein thrombosis (DVT). This is a condition in which the blood clots in the deep veins of the legs. It can occur with many forms of surgery, including varicose vein surgery. The risk of this condition is minimised by keeping mobile. Some patients are at an increased risk of deep vein thrombosis. In such cases we normally prescribe a blood-thinning agent (heparin), to reduce this risk at the time of surgery. This is given as an injection immediately before your operation.

Some of your symptoms might persist, despite the operation. Aching and ankle swelling are not always fully relieved by further surgery and you may need to wear a compression stocking, especially if the deep veins are also leaking. There is a chance of further varicose veins developing over time.

How can I help myself?

- Try to lose weight if you are overweight. Increase weight puts more strain on the veins.
- Exercise regularly, this helps the calf muscles to pump blood up the veins
- Avoid standing for long periods of time
- Stop smoking; smoking causes damage to the arteries in your legs and it is better for your overall health if you stop smoking
- Wear compression stockings, lightweight stockings can help to reduce your symptoms

Useful contact numbers

Vascular secretary	2269412
Vascular Nurse Specialist	2269311/2714688

For more information Contact:

The Circulation Foundation:

www.circulationfoundation.org.uk

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