## Patient information and consent to Radiofrequency ablation of varicose veins

### Key messages for patients

- **Please read your admission letter carefully.** It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- **Please read this information carefully,** you and your health professional will sign it to document your consent.

- **It is important that you bring the consent form with you when you are admitted for surgery.** You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- **Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.**

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- **Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.** If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please do not use skin moisturiser on the day of your procedure.

- Please call the vascular nurse practitioner on 01223 596382 (bleep 154-226) if you have any questions or concerns about this procedure.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

### Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health.

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However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

**About Radiofrequency Ablation**

Radiofrequency ablation (RFA) is a minimally invasive treatment for varicose veins. It has been approved by the National Institute for Clinical Excellence (NICE, www.nice.org.uk), which assesses the safety and effectiveness of all new treatments.

The size and shape of the varicose veins will determine whether we are able to treat you using RFA. The RFA catheter is attached to a generator which is used to obliterate (close) the faulty vein using locally directed heat, redirecting blood through nearby healthy veins as a result. You will be able to go home on the day of treatment.

The procedure is often performed under local anaesthetic. Occasionally for extensive veins or treatment for both legs a general anaesthetic may be required.

**Intended benefits**

RFA can be performed under a local anaesthetic. Normal activity can be resumed straight away, and you should be able to return to work within a few days.

RFA removes the need for a groin incision in the skin, leaves fewer scars and less potential for complications such as wound infection and pain following surgery.

RFA closure has been shown to cause much less pain and bruising than conventional surgery or endovenous laser therapy.

**Who will perform my procedure?**

This procedure will be performed by a consultant vascular surgeon or senior vascular trainee under direct consultant supervision.

**Before your procedure**

Most patients who are suitable for RF Ablation will be assessed by a consultant in the vascular clinic and will undergo an ultrasound scan of their veins to confirm suitability for this treatment. You will not need to attend the hospital again until the day of your procedure.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.
Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet.

Most people who have this type of procedure will not need to stay in hospital overnight.

Please do not use skin moisturiser on the day of your procedure.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

**During the procedure**

An ultrasound scan will be used to mark the veins that require treatment. An injection will freeze the skin and a small flexible wire will be passed into the vein. A fine tube is passed over this wire and then the RFA catheter is threaded through the tube. The position of the probe will be checked and further local anaesthetic will be injected around the vein again guided by ultrasound.

The generator then creates heat energy to seal the vein up from the inside. This takes just a few minutes. You should not feel anything during the treatment. Once the vein has been sealed, the probe is removed.

Occasionally varicose veins that have been marked by the surgeon prior to the procedure may be removed through small incisions (phlebectomies). This is not routine. These small incisions are closed with glue or steristrips which can be removed after five days. Finally a bandage is applied to the leg. This bandage should be kept on for one to three days. A support stocking should be worn for a further two to three weeks.

**After the procedure**

**Getting about after the procedure.** After RFA you will be able to walk almost immediately and then go home. You should not drive home. If you are travelling for more than an hour from the hospital you should sit on the back seat with your leg(s) up. Stop every hour and walk around for five minutes.
**Resuming normal activities including work.** Normal activity, including work, can be resumed as soon as you like, although contact sports, heavy exercise and swimming should be avoided for one to two weeks.

**Special measures after the procedure:** When the bandage is taken off, you may see some bruising or hardness under the skin. This is quite normal and will gradually settle.

You should wear the stocking during the day for up to two weeks, but may remove it at bedtime or for bathing.

You will be given a supply of painkillers to take home, although most patients do not require anything stronger than paracetamol.

**Check-ups and results.** A follow-up appointment will not be arranged routinely after this procedure, but can be arranged if you have any concerns.

**Significant, unavoidable or frequently occurring risks of this procedure**

There is a small chance the vein may not be completely obliterated by the RFA catheter. (This occurs in about 3% of patients).

Some patients have bruising or tenderness that lasts for longer than a few days. This bruising is more common if you have had varicose veins removed at the same time as the RFA procedure.

It is not uncommon for some discomfort to develop around the obliterated vein between 5 and 10 days after the procedure due to inflammation. If this occurs you may require some anti-inflammatory tablets such as ibuprofen.

About 1-5% of patients experience some numbness in the leg after RFA but this is almost always temporary.

There is a very small risk of skin burns from the RFA catheter.

As with any surgical procedure there is a small risk of blood clots forming in the main leg veins (DVT) although this is less common after RFA than conventional varicose vein surgery.

**Alternative procedures that are available**

Varicose veins are a common condition. There are a number of alternative treatments available for varicose veins listed below. One of these may be more appropriate for your varicose veins but your surgeon will discuss this with you.

- Compression stockings and skin care.
• Conventional varicose vein surgery. This requires a general anaesthetic and often causes more bruising and discomfort and requires larger surgical incisions than VNUS closure.
• Ultrasound guided FOAM sclerotherapy. This is also a minimally invasive procedure but it is not as effective as RF Ablation.

Information and support
We may give you additional patient information before or after the procedure, for example, leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff or the vascular nurse practitioner on 01223 596382, bleep 154-226.

Local anaesthesia
In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation
Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as an anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy.

Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your cooperation is needed. You may remember a little about what happened but often you will remember nothing. This is known as ‘conscious sedation’, and may be used by other professionals as well as anaesthetists.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.
We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 348043, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.

Document history
Authors Mr J R Boyle / Mr K Varty
Pharmacist Eilis Rahill
Department Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Consent Form

VNUS closure (radiofrequency ablation of varicose veins)

A Patient’s side  left / right or  N/A

Consultant or other health professional responsible for your care

Name and job title:

☑ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

   normal activity can be resumed straight away / removes the need for a groin incision in
   the skin / leaves fewer scars / less potential for complications such as wound infection and pain following
   surgery / RFA has been shown to cause much less pain and bruising than conventional surgery or
   endovenous laser therapy.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised.

   However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

   • the vein may not be completely obliterated
   • bruising or tenderness
   • discomfort to develop around the obliterated vein
   • some numbness in the leg after RFA
   • small risk of skin burns
   • a small risk of blood clots forming in the main leg veins.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
d) any extra procedures that might become necessary during the procedure such as:

☐ Blood transfusion ☐ Other procedure (please state)

2 The following information leaflet has been provided:

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or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): ____________________________ Date: ___________ / __________ / __________

Name (PRINT): ________________________________________ Time (24hr): __________ / __________

Designation: ___________________________________________ Contact/bleep no: ______________________

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)

Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes ☐ No

2 Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes ☐ No

3 Students in training

I agree to the involvement of medical and other students as part of their formal training.

☐ Yes ☐ No
4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: __/__/____
Name of patient (PRINT): .................................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ................................................................. Date: __/__/____
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ................................................................. Date: __/__/____
Name of witness (PRINT): .................................................................
Address:
Consent Form

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D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)  
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .................................  Date: .............
Name (PRINT): ..................................................  Job title: .............

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ........................................  Date: .............
Name (PRINT): .............................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .............................................  Date: .............
Signed (Health professional): ........................................  Date: .............
Name (PRINT): ..................................................  Job title: .............