

Radiofrequency ablation for varicose veins

Dorset and Wiltshire Vascular Network [Patient information](#)

What will happen?

You will have had an ultrasound scan of your veins. Radio frequency ablation (RFA) of a varicose vein involves using radio frequency energy. It heats the wall of the vein. This causes it to shrink and seal up. Blood is redirected through healthy veins as a result. You will have local anaesthetic and stay awake during the treatment. You will attend the outpatient department where you will meet members of the team. The treatment should not last more than a few hours. Please do not drive to your appointment. Take public transport, walk, or have a friend/relative drive you. Please eat and drink as normal. Take your usual medication unless told not to.

On the day

You will have the chance to ask any questions before your treatment. Your consent form will be completed at this time. You will be asked to wear a gown. Personal belongings will be kept in the room with you. You will lie on a couch, on your back or front. Your leg will be cleaned with antiseptic solution. The team will make sure you are comfortable and reassured. Please tell the team if you are not comfortable at any time.

Most of our treatments are performed using ultrasound guidance. Local anaesthetic is injected into the skin. An ultrasound guided catheter will be put into the vein to be treated. Local anaesthetic solution is then injected around the vein at intervals. The ablation catheter will then be pulled down slowly for the length of the vein being treated. This will take around 5-10 minutes. The machine will make some noise, this is normal. The heat is delivered to the vein wall. This makes it to shrink and close. The body should gradually absorb it and it will disappear. Your blood will be diverted through other veins. There should be minimal pain from this procedure. If you are having both legs treated, the process is repeated on the other leg. The treatment takes about 30 minutes per leg.

Once finished, the catheter is removed and the site is covered with a small dressing.

You will have a compression bandage/stocking put on at the end of the procedure. This helps to reduce bruising and swelling of the leg. Wearing them is important to ensure the success of the treatment.

After treatment

You will need to stay in the department for 10-15 minutes.

We have put a large amount of diluted local anaesthetic into your leg. It will take several hours to wear off. You may notice some numbness in your leg/s lasting up to 12 hours. The leg will be swollen and may look pale. You will still be able to walk around. If there is any leakage from the injections please do not worry.

Removal of dressing and stockings information

Your doctor/practitioner advises that you wear your stocking for:

Advice regarding your dressings:

You can wear your stocking for longer if you find this more comfortable. When resting, raise your treated leg to above hip level.

You may remove your stocking for showers once your small wounds are dry. Please avoid swimming/bathing for two weeks.

What are the risks

Pain

Most patients experience a tightening sensation along the treated vein. There may be some pain in that area. Please take your normal choice of pain killer at the recommended dose.

Thrombophlebitis

Some people will experience some hard lumps which form in the treated veins. It is common for there to be inflammation of the veins and the soft tissues around the vein. This may cause 'lumpiness' Some people also experience redness as part of 'phlebitis'. This should settle down in a few weeks.

Nerve damage

The nerve running alongside the vein may be damaged by heat and you may notice patches of numbness. This should get better over a few months. Rarely it may be permanent.

DVT (deep vein thrombosis)

This is a clot that occurs in the deep vein of the leg. This happens in 0.5% of people. It can be dangerous if the clot breaks away, travels to the lungs and causes a pulmonary embolus (PE) 0.05%.

Drinking enough and moving are the most important things you can do to prevent blood clots. Walk or exercise your legs as much as possible. This is still important if you are in bed or chair.

You will need an anti-embolism stocking. These work by gently compressing (squeezing) your legs. This increases the speed of the blood flow and stops your leg veins from expanding. The stockings should be worn as explained by your practitioner at the time of your procedure.

The stockings can be slippery on hard floors. Make sure you wear slippers or shoes when moving around. Do not allow your stockings to roll down. This may cause a tighter band that affects your blood flow. You might be sent home with the stockings.

Returning to normal activities

Work

Depending on your employment you can work as soon as you feel able. Please discuss this with your employer.

Driving

You are advised not to drive for the first 12 hours after your procedure. Please do not drive until any numbness has resolved and your pain is controlled. If you are confident you can perform an emergency stop, then you can drive. The time scale for this varies for each patient.

Exercise

General walking around on the day of the procedure is advised. It helps to reduce the risk of blood clots. Rest and raise your leg/s in between walking. You can do anything you feel comfortable with. You may want to avoid heavy activity or long periods of standing for a few days.

Travel

You are advised not to fly for six weeks after your treatment. You should avoid any travel lasting longer than three hours for the first four weeks after treatment.

When to seek advice

In the unlikely event that you bleed through the bandages or stocking, please lie down with your leg raised. Press firmly with a clean pad/paper towel against the bleeding point. Do not remove the bandages/stocking.

Call your GP or **111** if you are worried about any bleeding. If bleeding does not stop, call **999**.

If your leg becomes increasingly painful and there is swelling, heat, or inflammation/redness, this may mean infection or a clot (DVT). Seek urgent medical advice via GP/**111**.

If you experience chest pain or shortness of breath this could indicate a blood clot in your lung. You should call **999**.

Will it come back?

The body is amazing at making new veins. Studies have shown that up to 40% of people will have some form of recurrent vein at five years. However these do not often need treatment.

If you are unsure about your treatment or have any concerns, please contact your GP/111 or the vascular secretaries.

Royal Bournemouth Hospital **0300 019 5843 / 4601 / 6294**

Salisbury District Hospital **01722 336262**

Dorset County Hospital **01305 255898**

Follow up

Your practitioner will speak to you about follow-up appointments on the day.

This leaflet has been written in collaboration with:

University Hospitals Dorset NHS Foundation Trust

Salisbury NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust

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The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

Christchurch Hospital, Fairmile Road, Christchurch, Dorset, BH23 2JX

Author: **Claire Thomson** and **Caroline Pye** Date:

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