

Transilluminated powered phlebectomy for varicose veins

**Understanding NICE guidance –
information for people considering the
procedure, and for the public**

January 2004



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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called transilluminated powered phlebectomy. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether transilluminated powered phlebectomy is safe enough and works well enough for it to be used routinely for the treatment of varicose veins.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of transilluminated powered phlebectomy and how well it works
- asked experts for their opinion
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

About transilluminated powered phlebectomy

Varicose veins are veins (usually in the legs) that have lost their elasticity and bulge with blood as a result. They happen if the valves in the vein become weak and let the blood go the 'wrong way' back through the vein. Over time, the vein has to become wider to cope with the extra blood and this means that it loses its elasticity. A person with varicose veins can feel pain in the affected area, their legs can feel tired and can swell, the skin starts to look different, and infection and ulcers can occur in the area.

The procedure to remove a vein is called a phlebectomy. Varicose veins that are causing problems can be removed by a process called hook phlebectomy. Multiple tiny cuts are made in the leg and a small hook is used to remove the vein section by section through the cuts. In transilluminated powered phlebectomy, only one or two small cuts are made. The surgeon uses a special light passed underneath the skin to see the veins to be removed. A small surgical device cuts the veins and they are removed by suction. Anaesthetic fluid is fed into the leg before and after the vein is removed to reduce bruising and pain.

How well it works

What the studies said

When the two procedures were compared, most people who had transilluminated powered phlebectomy had less pain and were more pleased with the appearance of their legs than when a hook was used. The studies also suggested that transilluminated powered phlebectomy was better because fewer cuts were made in the leg. However, not much is known about the long-term results of the procedure.

What the experts said

One expert thought that this procedure would not greatly improve the look of people's legs because it causes damage to the layer of fat under the skin. It was thought that this procedure might work better than the hook method when there are lots of veins to be removed or they have come back after previous treatment.

Risks and possible problems

What the studies said

Fewer complications were seen in people who had transilluminated powered phlebectomy than in those who had the hook method. The most common side effects were bruising, a collection of blood under the skin (known as a haematoma) and skin sensations such as pins and needles and tingling. One patient out of a study of 114 developed a blood clot in the deep vein in the leg.

What the experts said

The experts thought that the main problems that might occur were haematoma, pain and bruising. One expert thought that a type of nerve damage known as neuropraxia could occur, but that this would be rare.

What has NICE decided?

NICE noted that there was too little good quality evidence to be certain of how well the procedure works. NICE has decided that, if a doctor wants to carry out transilluminated powered phlebectomy, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place. There should also be special arrangements in place for monitoring what happens when a person has transilluminated powered phlebectomy.

What the decision means for you

Your doctor may have offered you transilluminated powered phlebectomy. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of transilluminated powered phlebectomy which you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on transilluminated powered phlebectomy on the NICE website (www.nice.org.uk/IPG037guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0418. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on varicose veins, a good starting point is NHS Direct, telephone 0845 4647, or NHS Direct Online (www.nhsdirect.nhs.uk).

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