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## GLUE ABLATION

of varicose veins

## Patient information sheet

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## INDICATION

This technique is used for patients where the varicose veins are being fed by a large, relatively straight superficial vein (such as the great or small saphenous vein). The glue is used for the “feeding vein”. The varicose veins are closed by injections done at the same time.

## THE PROCEDURE

The vein is entered using a needle with local anaesthetic. A wire is then passed into the vein and a tube (called a sheath) is passed over the wire and the top of the sheath positioned just below the main valve in the groin. There is no need to make the vein numb (unlike radiofrequency or laser). The glue catheter is then threaded into the sheath and the tip is positioned at the point where the vein needs to be closed. This is done using ultrasound. The glue is delivered from a syringe while the vein is compressed closed. This is confirmed on the ultrasound. Once the top is closed, the glue is used to close the full length of the vein in a series of steps where the catheter is pulled back until the whole of the vein is closed. The varicose veins are then closed by sclerotherapy. This takes approximately 60mins.

## AFTER THE PROCEDURE

A full-length compression stocking will be fitted. It can be taken off at night especially if you have any pain.

- Wear this for 1 week
- Rest for 30 minutes with the leg up on a couch
- 45 minutes of walking each day for 1 week
- Followup duplex ultrasound test before followup visit
- Review by your AVC doctor in approximately 2 weeks

## EXPECT

- Hard lumps where the varicose veins used to be
- May get “pulling” on the inside of the thigh
- Some aching
- Bruising

## COMPLICATIONS

(for a more complete list see the booklet “current treatments of varicose veins”)

- Pigmentation
- Phlebitis
- Deep venous thrombosis
- Swelling of the leg
- Skin ulcers
- Numbness in patches, sometimes on the inside or outside of the foot
- Allergic reactions including anaphylaxis (very rare)

