



SPECIALISTS IN NON-SURGICAL
TREATMENT OF VARICOSE VEINS

We just do veins


Veincentre

WELCOME TO VEINCENTRE



Veincentre was the first company in the UK specifically established to offer Endovenous Laser Ablation (EVLA/EVLT®) of Varicose Veins.

Our founder, Dr David West, immediately recognised the unique benefits of this new treatment over existing techniques and set up our first clinic in 2003.

Although a pioneering and controversial approach back then we are delighted that NICE (National Institute for Health and Care Excellence) have recently endorsed EVLA as the gold standard.

As the largest specialist provider of vein treatments in the UK, we have since undertaken over 20,000 successful treatments and have established clinics in key locations across the UK.

We just do veins.

BE HAPPY WITH YOUR LEGS

The way our legs look and feel profoundly affects our enjoyment of life. Up to a third of the population suffer from varicose veins which can make their lives a misery. Many people are so embarrassed that they hide their legs even from their partners. The thought of wearing shorts or skirts in public is out of the question. Embarrassment and distressing symptoms prevent enjoyment of popular sports and frequently affect choice of holiday destination. Some worry about the long-term health effects and the risk of ulcers.

We at Veincentre understand the distress this common condition causes and are committed to providing a comprehensive, friendly yet professional service utilising the very latest in modern technology. Gone are the days when surgical stripping was the only real option. Using state of the art image guidance, we can accurately diagnose precisely where the problem lies and plan effective, safe and aesthetically pleasing treatment undertaken under local anaesthetic on an outpatient basis. There is no need for time off work and minimal discomfort and risk.

We are a specialist vein treatment provider. Veins are what we do and all we do. We do not dabble in other cosmetic/aesthetic treatments. We were established specifically to treat varicose veins unlike some general cosmetic chains who have branched out into vein treatments.

All our treatments are carried out by Venous Specialists who have extensive personal experience in the non-surgical management of varicose veins.

Although our primary aim is to provide first class, safe and effective modern treatment we also pride ourselves on the efficiency of our organisation. This enables us to keep our prices surprisingly affordable and certainly very competitive. We try to keep in touch with charges quoted by other clinics but in the unlikely event that you find cheaper quotes elsewhere please let us know.

We regularly treat patients from all over the UK and abroad.

“Get your confidence back!”



WHAT ARE VARICOSE VEINS?

Abnormal veins on the legs can take many forms. Tiny veins, which often branch like a tree or shrub, can be blue or red and are called spider or thread veins. Larger but flat, and usually a greenish colour, veins up to 2-3mm in diameter are called reticular veins. Veins which bulge and are very tortuous or twisty are called varicose veins. They are normally skin coloured, as they lie slightly deeper under the skin than the reticular and thread veins and so the colour of the blood in them does not penetrate through the natural skin colour.

Varicose veins are caused by a rise in the pressure of the veins in the legs which in turn is caused by failure of valves that normally ensure flow of blood in only one direction; from foot to heart.

They are very common in humans and rare in other animals which walk on all fours. Occasionally people think they have varicose veins as they see bulges under the skin of their legs but in fact they have other causes like little hernias of fat through the fascia that covers the leg muscles. Most often though, patients diagnose themselves with varicose veins to a high degree of accuracy.

They vary in size from a few mms to several cms in diameter. They can affect one or both legs and can extend from the groin right down to the ankle; front or back of the legs or both.

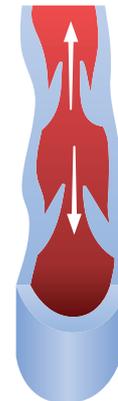
Many patients seek treatment as they do not like the look of the veins but more often they are also associated with significant distressing symptoms.

Although in the vast majority of patients there is no serious threat to general health, some do go on to form ulcers of the legs which are difficult and time consuming to treat by conventional means. Fortunately, with proper assessment and modern management venous ulcers can be made to heal quite quickly. Leg ulcers are far more often due to vein problems than to disease of the arteries or other causes.



Normal closed valve

Healthy valve prevents reverse blood flow.



Reflux in varicose vein

Reverse blood flow due to faulty valve.

SIGNS AND SYMPTOMS

Most patients with varicose veins do have symptoms. Most present to us describing these but some have had problems for so long they only become aware of the fact that their veins have caused symptoms when they return for follow up after treatment to say their legs feel far less tired and commonly state it is like having a new pair of legs!

Common symptoms are tiredness, restlessness, heaviness, aching, cramps, feeling hot and itching.

Symptoms can be relieved in some patients by wearing support stockings. This relief is short lived however and most patients abhor

having to wear tight stockings especially in the hot weather when the symptoms tend to be at their worst.

Treatment by EVLA usually makes symptoms disappear quickly and most patients are symptom free by the time of their follow up appointment approximately 6 weeks later.

It is important to note that occasionally the symptoms normally associated with varicose veins, and caused by the valve failure, can occur with no evidence of visible varicose veins.

VEINS IN OTHER PARTS OF THE BODY

Prominent veins can occur in other parts of the body. It is not just a leg problem!

Unlike most clinics we have experience of managing unsightly veins on the breasts (especially common after implants), the chest, the vulva, the scrotum and the face. We also work with a specialist oculoplastic surgeon to treat prominent veins around the eyes. We do occasionally treat prominent veins on the hands but normally recommend that these be lived with rather than treated.

WHY SHOULD VARICOSE VEINS BE TREATED?

Although many patients don't bother to get their varicose veins treated, or are refused treatment on the NHS, there are many good reasons to consider treatment. The refusal of the NHS to fund treatment for varicose veins may well turn out to be a false economy in the longer term.

- 1** Varicose veins are an indicator of an underlying valve problem which increases the pressure in the veins in the legs. This pressure over time causes deterioration in the quality of the skin. This is often manifested by discolouration and, if left untreated, may result in a painful ulcer. Early appropriate treatment prevents this problem.
- 2** Varicose veins are usually symptomatic. Most patients complain of symptoms like itching, restless legs, aching, cramps and tired legs. Those who thought their problem was just cosmetic usually report that their legs feel so much better after treatment and they had forgotten what a normal pair of legs felt like and worked like! Appropriate treatment quickly resolves these symptoms.
- 3** Varicose veins are a significant cosmetic embarrassment to many patients (or to their partners or children!). This often prevents participation in sports, swimming etc. and changes normal lifestyles. Excellent cosmetic results can usually be achieved by appropriate treatment.
- 4** We do not, however, believe in over diagnosing. There is absolutely no point in screening for venous problems if you have no visible unsightly veins and no symptoms. Some clinics advertise "Screening for Vein Problems". This is just a PR exercise aimed at boosting business and has no health or cosmetic benefit. Even if it is discovered by such screening scans that you already have venous valve problems, it will do no harm whatsoever to wait until such time as you develop symptoms or develop varicose or thread veins which you want to eradicate.



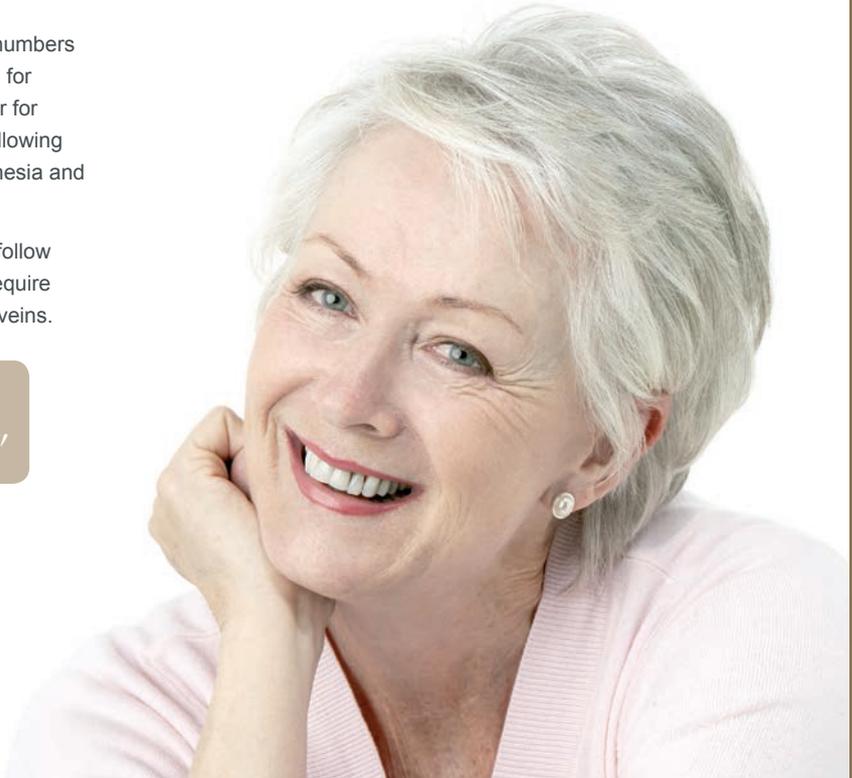
OUR TREATMENTS

Our treatment choices are suitable for all patients. They range from lifestyle advice and reassurance, through simple injection sclerotherapy for thread veins, foam sclerotherapy injections and microavulsions for small varicosities to EVLA laser therapy, Clarivein® and Superglue for even the grossest of leg varicosities.

We also offer embolisation treatment for those increasing numbers whose varicose veins originate in the pelvis, stent insertion for obstructive deep vein disease, microphlebectomy and laser for perforators. In fact a comprehensive range of treatments allowing almost every sufferer to avoid surgery and general anaesthesia and massively improve the appearance of their legs.

90% of patients require EVLA. All patients must attend for follow up usually around 6 weeks later. Around 10% of patients require additional follow up appointments to treat cosmetic thread veins.

“No clinic offers a wider choice of modern treatments”



BASIC PRINCIPLES

The principles of how to manage all types of leg veins, which we adopted when we started in 2003, are now firmly established and recognised by NICE.

There are 4 stages to effective management of Varicose Veins:

1

CONSULTATION

Clinical examination and a Colour Duplex Ultrasound Scan is performed to accurately determine the underlying sources causing your problems.

Without this full and detailed scan by a vascular specialist it is impossible to expertly assess your veins or determine the exact treatment you require.

Stages 1 and 2 can be done in the same visit.

2

DESTRUCTION OF THE VARICOSE VEIN SOURCES

This is most commonly by Endovenous Laser Ablation (EVLA) however, depending on your examination, some patients need or request:

- MOCA (Clarivein™®)
- Superglue (Venaseal™)
- Ultrasound Guided Foam Sclerotherapy
- Perforator Ablation (TRLOP)
- Embolisation
- Avulsions (Phlebectomies)

Treatment in **Stage 3** may also be given at the same time as **Stage 2**.

3

FOLLOW-UP

After the destruction of the source, the varicose veins visible on the outside of your legs (which branch off this source) may disappear, or get smaller, but it is normal for further direct treatment to these to be required.

This is normally undertaken using Ultrasound Guided Foam Sclerotherapy, but some patients are best treated with avulsions.

Stage 3 is usually about 6 weeks later. All patients must attend for this follow-up.

4

COSMETIC FINISHING TOUCHES

Once the underlying source and larger varicose veins have been dealt with then symptoms should resolve but there may be some persistent cosmetically unattractive smaller veins and thread or spider veins remaining. These are best dealt with using a combination of Foam and Microsclerotherapy.

Stage 4 is necessary for around 10% of our patients, where further sessions of injections are required.

EVLA

Endovenous Laser Ablation (EVLA) was developed by New York Interventional Radiologist Dr Robert Min in 1999. It is now the commonest non-surgical treatment method for varicose veins. It has recently been endorsed by the National Institute for Health and Care Excellence (NICE) as the gold standard treatment.

EVLA is carried out on an outpatient basis under local anaesthetic. With no incision and using ultrasound guidance a needle is placed in the vein which needs destroying; a laser fibre is threaded up the vein and the vein literally cooked so that it shrinks down and stops carrying blood. The lasering is painless but you will get some discomfort from the local anaesthetic injections. This is the stage of the treatment which is technically most challenging. Experience and skill is required to do this quickly and with the minimum of discomfort. This is analogous to dental work where patients find huge differences from one dentist to another in how much the injections hurt them. An injection from a good dentist is hardly noticed!

EVLA has a very good safety record with significant complications being virtually unknown. In our hands it is almost 100% successful at obliterating the cause of the varicosities and over 95% of patients are happy with the results.

EVLA is used to treat around 90% of our patients. Recurrence of varicosities after EVLA is very uncommon. See Page 18 for our recurrence rates.

The procedure normally takes about 20-40 minutes per leg. You are likely to require some sclerotherapy or avulsions in addition for management of any residual varicosities.

Side effects from EVLA are minor but do expect bruising, some discomfort (most apparent at 5 days) and a tight feeling as the vein contracts. Serious complications almost never happen but could theoretically include DVT (Deep Vein Thrombosis), skin burns, nerve damage causing patches of skin numbness, leg swelling, and infection.

You will have to wear compression stockings for a week after the treatment and we advise you do not fly long distance (over 4 hours) for 4 weeks, but otherwise you can get on with your life as normal and need no time off work.

We routinely use the very latest "gentler" 1470nm lasers and you can choose to have the Radial fibre laser which some evidence suggests causes less post procedure discomfort. There is a small additional charge for this as the fibres are more expensive.

FOAM SCLEROTHERAPY

Sclerotherapy (injection treatment) has been used for decades to treat varicose veins with variable results. It is still the treatment of choice for thread veins but for larger veins the results of just injecting liquids are not good.

Foam sclerotherapy is a simple and recent modification of the traditional injections which is far more effective. The liquids are transformed into a foam, like shaving foam consistency, and injected precisely into the correct place by ultrasound guidance. These two simple modifications have revolutionised injection therapy and mean that some patients can be effectively treated by injections alone. Some doctors even use foam as a substitute for major surgical stripping but we believe that laser is more effective and durable for this purpose and reserve foam injections for those varicosities that persist after laser or for recurrence after previous surgery.

Foam sclerotherapy is virtually painless just involving one or two small needle punctures into the affected veins.

After treatment you will have to wear the dreaded compression stockings for a week.

Important note: Thread veins are more difficult to get rid of than larger varicose veins. Although some patients respond quickly after just one treatment session most patients require several sessions to achieve a satisfactory result. If extensive thread veins, treatment can take many sessions and over a year. They often get worse before they get better.

Like EVLA, serious complications with foam sclerotherapy are very rare but it is possible for any of the following to happen: allergic reactions, Deep Vein Thrombosis (DVT), temporary (10 minutes) eye sight disturbances, ulceration of skin.

The commonest problem with foam sclerotherapy is staining of the skin, which in around 10% of cases can take several months or even up to a year to go. If large veins are treated some patients experience an uncomfortable phlebitis but this can usually be relieved by aspirating though a needle.

TRLOP

Although most varicose veins are caused by faulty valves in the long main veins in the legs, and are adequately treated by EVLA, some are caused by faulty valves in perforator veins which directly communicate between the veins lying deep inside the leg and those on the surface.

If the one way valves in these perforators break down, then high pressure blood from deep inside the leg is forced out to the surface causing varicosities and often tenderness, pain and skin changes. Ulcers are often found to have a faulty perforator vein immediately under them. It is important to detect and decide when these need treating but many doctors ignore these important perforator veins. When we discover faulty perforator veins, and determine that they require direct treatment, we destroy them using laser energy in a technique called TRLOP (Transluminal occlusion of perforators).

TRLOP is a very useful tool in our armamentarium for both simple varicose veins and for treatment of serious problems like ulcers. Many patients will be dissatisfied with their treatment if a simple means of dealing with these incompetent perforators is not available. There is only a handful of clinics with much experience of TRLOP treatment of perforators in the UK.

It is important to note however that many incompetent perforator veins do not require this treatment and will regain their competence by treatment only to the main vein by EVLA. We will NOT overtreat and will always do what is necessary and only what is necessary to get a good durable result.

AVULSIONS

Traditional surgery for varicose veins involves tying off and stripping the main truncal veins (the underlying cause) under general anaesthetic. At the same time the varicosities (the branches of the truncal veins) that most patients are concerned about are removed through small incisions using a small crochet hook. This is called avulsions or phlebectomies.

With endovenous techniques, like EVLA, the varicosities are usually dealt with by foam sclerotherapy injections after 6 weeks. This works well in most patients. Some patients and some doctors however prefer avulsions rather than injections. Avulsions can be performed under local rather than general anaesthetic. A needle is used to make tiny incisions over the varicosities and then they are

teased out using miniature “crochet” hooks. The nicks in the skin require no stitches but are sealed with bits of sticky tape. Stockings are applied for 1 week.

Avulsions cannot be performed at the same time as EVLA on all patients as there is a limit to the amount of local anaesthetic that can be used on one patient at one time. It is more likely to be possible if only one leg is treated.

Side effects are rare but expect some bruising, a little discomfort and the possibility of longer term skin staining. There is a higher risk of infection and bleeding with avulsions compared to foam sclerotherapy. The risk of skin staining is lower. Cosmetic results are usually excellent and most patients are happy with the results.

EMBOLISATION

Embolisation is a technique that has been used by interventional radiologists for many years. It involves the deliberate blocking of arteries or veins. This is usually achieved by passing small coils of wire, through a plastic tube, called a catheter, into the blood vessel and literally blocking it up. It is guided using sophisticated movie X-ray equipment and undertaken while the patient is awake using only local anaesthetic.

It has a myriad of different uses from killing off tumours to stopping bleeding from trauma. It is a complex technique to learn but in

experienced, skilled hands it's highly effective, comfortable and safe for patients.

It is used in the treatment of varicose veins which arise from the pelvis. These can lead to varicose veins in the legs but more commonly are the cause of pelvic congestion syndrome in women, or varicocoeles (like bag of worms) in the scrotum of men. Pelvic congestion syndrome is increasingly being recognised as a common cause of pelvic pain in women. Unfortunately, many gynaecologists still do not know about it or believe in it.

NEEDLE FREE TREATMENTS

For the majority of patients thermal ablation (EVLA) is the best treatment. It can be used on almost all cases of varicose veins and there is extensive literature from scientific studies demonstrating excellent clinical results, an almost perfect safety record and durability of the results over many years. It is for this reason that NICE recommends that all varicose veins are treated this way.

It does however have one drawback. Local anaesthetic must be administered to ensure no pain is felt during the heating process. This anaesthetic is delivered through needles and although these are tiny, and in our hands most patients tolerate the procedure very well, there are some patients who are seriously needle phobic.

Over recent years two new techniques have been developed which can painlessly ablate veins and hence do not require the local anaesthetic. These are ClariVein and Venaseal (Superglue) both of which are available at Veincentre.

Both techniques require a tiny nick in the skin to get the device inside the vein but we have a needle-free local anaesthetic tool available so local anaesthetic can be delivered to freeze the skin using a high pressure squirt. This is rather like some of the immunisation techniques for children that do not require a needle. It is called Injex®.

CLARIVEIN

ClariVein works by a combination of a rotating wire, which scratches the vein wall, and at the same time injection of a chemical sclerosant. This combination works better than sclerosants alone. All this is carried out through just one tiny skin puncture and is painless. The results of ClariVein appear as good as EVLA. The main drawback is that there is a limit to the length of vein that can be treated and thus normally only one leg can be treated at one session.

VENASEAL (SUPERGLUE)

VENASEAL (Superglue) relies on sticking the walls of the vein together using a medical grade Superglue. This too is carried out through just one tiny skin puncture and the procedure is painless. Venaseal is a relatively new technique and we are not so confident about success rates and safety as we are with the more established ClariVein and EVLA. The main drawback of Venaseal, as with ClariVein, is that only a limited length of vein can be treated at one session. Usually only one leg can be treated at one time. Some patients experience a painful phlebitis after the treatment. For many patients the main problem however is the cost! It is a very expensive technique and although we keep our prices very competitive Venaseal costs approximately £1000 more than EVLA. A benefit is that stockings need not be worn following the treatment.

THREAD (SPIDER) VEINS

MICROSCLEROTHERAPY

Thread veins, or as they are sometimes called Spider veins, are very common. In fact, almost every adult will have some if they look hard enough. They are tiny veins within the skin. They do not bulge but appear as clear blue or red lines often branching like a tree. When prominent they can cause a great deal of distress from the cosmetic point of view but also, in some cases, can be symptomatic causing pain, itching and other symptoms.

A significant proportion of cases of thread veins are caused by the same valve failure that causes varicose veins. Many people have both varicose veins and thread veins. If this valve failure is not tackled then treatment of the thread veins themselves will fail or they will quickly return. It is therefore important to have thread veins properly investigated by a specialist using duplex ultrasound scanning before having any treatment. We regularly see patients who have had several unsuccessful, and very expensive, treatments undertaken elsewhere but who have never had a scan undertaken or any treatment to faulty valves.

If valve failure is detected, then this needs treatment first by EVLA and any larger varicose veins, which may only be visible on ultrasound, should be injected using foam sclerotherapy. If the scan shows that the valves are working properly, or patients have thread veins remaining after EVLA, the best treatment is microsclerotherapy.

Microsclerotherapy is a technique whereby the thread veins are injected through a tiny needle with a detergent chemical. If there are extensive thread veins multiple sessions may be required. It is undoubtedly the best way of treating thread veins on the legs. Other techniques like superficial laser therapy or IPL are not nearly as successful. It is important that this technique is carried out using a recognised drug that is prescription only. If you see sclerotherapy offered by beauty clinics it is likely that they will be using a non-prescription agent, even perhaps just sugar or salt, that will not work as effectively.

THERMOCOAGULATION

Often referred to by a brand name Veinwave®, thermocoagulation is a relatively new treatment for very small spider veins. It is most suitable for spider or thread veins on the face but is sometimes used to treat thread veins on the legs and other parts of the body. Prominent face veins are most often a problem in people who work outdoors and can cause a generalised reddening especially on the nose. They are more obvious in men but equal numbers of men and women seek treatment.

A generalised reddening is also seen on the cheeks in a common condition called rosacea and thermocoagulation is usually successful in reducing its appearance.

OTHER TECHNIQUES

The treatment involves pressing a tiny needle onto the skin over the red vein but without penetrating the vein. Very light pressure is required and it is hardly felt by the patient. An electric current is then applied to heat the blood in the vein and it instantly disappears. The sensation can bring a few tears to the eyes as a reflex reaction and occasionally causes some sneezing, especially if veins on the inside of the nose are treated. Every few mms of the veins need zapping so a few sessions of treatment may be needed if there are extensive veins to treat.

After the treatment an immediate clearance is normally noted but there may be slight generalised reddening of the skin for 24 hours. Occasionally some tiny scabs can form like after a cat scratch.

There are no restrictions to activity, including exposure to sun, after treatment and sessions can be scheduled at weekly intervals.

Thermocoagulation is also very effective in managing red Campbell de Morgan spots which can occur anywhere on the body but are most often on the breasts or chest.

Rarely other more complex treatments are required. We look out for rare causes of varicose veins and one such cause is a narrowing of the large veins in the belly which drain the blood from the legs. If discovered, the best way of dealing with these is to use a stent. This is a little metal mesh tube which is inserted using X-Ray guidance through a tiny incision in the groin. It is then expanded across the narrowed segment to enlarge it and improve the blood flow. These stents are more commonly used in the arteries that supply blood to the heart, and you may well have heard of someone having had coronary artery stenting after a heart attack.

Some clinics still use a technique called RF ablation, otherwise known as RFITT, VNUS or Venefit. We used to use RF ablation when we started, but soon realised that it is nowhere near as versatile as EVLA and costs more money. It is a simple technique compared to EVLA which is why many surgeons like to use it. However, it cannot be used to treat short perforator veins or twisty veins or very narrow veins. For these reasons, those doctors offering RF ablation as the main treatment for varicose veins will frequently tell patients that they are not suitable for minimally invasive treatment and need surgery instead.

RECURRENCE OF VARICOSE VEINS

Traditional surgical stripping of varicose veins has a very high rate of recurrence. In some studies up to 70% of patients who have had their veins stripped out have further problems in future years. It is now recognised that this recurrence is normally due to a side effect of cutting and healing of the resultant wounds. When a wound repairs itself multiple small blood vessels grow to cross the gap and with time these blood vessels grow in a sort of tangled web and ultimately become large enough to feed through to new varicose veins. This is called neo-vascularisation. It is important to note that this only occurs after the skin and deeper tissues are cut with a scalpel. It does not occur after EVLA which only involves needles.

Published studies on recurrence of varicose veins after EVLA have shown much lower rates but this can vary dramatically from one clinic to another. We have looked into over 6,000 of our patients who have had EVLA since 2003.

Of these 6,000 patients, 10 have returned to us requiring repeat EVLA to the same vein within the first year (this repeat EVLA will be done free of charge) and a further 8 after the first year. So, for the veins we treated with EVLA, this equates to a recurrence rate of only 0.3%.

We have also seen 46 patients in which further varicose veins appeared over several years however this was **due to valve failure in different veins** from those we originally treated.

In addition, we have seen 52 patients who have had minor varicose veins appearing a year or more after EVLA who have just required a session of foam sclerotherapy as no major valve failure was detected.

Therefore in total the percentage of patients returning to us with recurrent veins due to new valve failure 1.6%.

Many patients present to us with recurrence of varicose veins, after previous surgery. They can be successfully and usually simply, treated by the methods we use. Most require EVLA but some can be adequately managed by just foam sclerotherapy injections. Others require embolisation or TRLOP.

(Figures valid Nov 2016)

BEFORE AND AFTER GALLERY





WHY CHOOSE VEINCENTRE?

There is a bewildering array of clinics and hospitals now offering treatments for varicose veins. Most of these are general private hospitals or cosmetic clinic chains with no specialist focus on vein treatment. We just do veins and, as a consequence, all our staff, including those who answer the phones, have specific knowledge of your problem and the treatment options.

Experience of the doctors and nurses is crucial in developing the necessary diagnostic and technical skills and the judgement to decide how best to treat you. Not only do we provide the best vein treatments available but we do so at a sensible price. The rich and famous choose us because of our reputation for high quality care, but we are proud to offer the same high quality care to those unable to afford the outrageous charges of most of our competitors.

Before deciding which clinic to entrust with your care, we suggest you ask the following questions:

Are all the doctors VENOUS specialists?

Most vascular surgeons offering these treatments spend the majority of their time treating arterial problems rather than venous problems.

Do they offer a full range of specialist venous treatments?

How many treatments have they actually performed and how long does it normally take them to do a typical EVLA procedure?

Can they undertake consultation, scan and treatment on the same visit?

In many hospitals you will have to attend separately for a consultation, again for a scan, again for a follow up and yet again for treatment.

If they are offering a “free” consultation is this with a doctor or a nurse and does this include a scan?

Do they specifically audit the results of all venous treatments? If so, what are the results?

Success rates?

Patient satisfaction?

How often do they actually perform traditional surgery rather than the promised minimally invasive treatment?

Are their testimonials independent?

What proportion of their patients end up paying for additional “essential” treatments?

What is the price of treatment and what does that include?

What is the average TOTAL charge once treatment completed?

This can be very different from the advertised price!



Veincentre

A REFRESHING CHANGE OF ATTITUDE

At Veincentre, we pledge to neither judge nor patronise. We will inform you of the potential benefits and risks and leave it to you to decide if active treatment is for you, and if so by what method. In particular, old age and being overweight are no reason to deny someone treatment even if it is for a cosmetic problem only.

Experience of trying to get your varicose veins assessed through traditional routes can be frustrating to say the least.

This is especially so since NHS hospitals now rarely treat varicose veins.

Does any of this sound familiar?

“THEY’RE NOT BAD ENOUGH!”

“THERE’S NOTHING WRONG WITH YOU!
WHAT ARE YOU MOANING ABOUT?”

“WEAR THESE STOCKINGS & COME BACK IN
6 MONTHS”

“YOU’RE TOO OLD, IT’S NOT WORTH THE RISK”

“GO AWAY & LOSE SOME WEIGHT”

“WAIT UNTIL YOU’VE HAD ALL YOUR CHILDREN”

“YOU’VE HAD SURGERY ONCE; IT’S MORE
DIFFICULT & DANGEROUS THE SECOND
TIME ROUND”

“TRY THIS OINTMENT”

OUR VALUES

The following basic values underpin all aspects of Veincentre's service:



HONESTY



SAFETY



EFFECTIVENESS



EFFICIENCY



RESPECT



VALUE FOR MONEY

OUR PROMISES

Although no doctor can, or should, offer guarantees of success or satisfaction of any treatment we can make certain reassuring promises:

- 1 To treat every patient with respect as an individual, determining their personal needs, wishes and expectations.
- 2 To be honest and realistic in our assessment of likely outcomes of treatment.
- 3 To pay scrupulous attention to hygiene and technique to minimise the chance of infection or other complication.
- 4 To offer the option of the least invasive appropriate treatments.
- 5 To inform you of all treatment options for your condition.
- 6 To keep up to date with the very latest developments in the field.
- 7 To let you know on request our clinics' results, success rates and complications.
- 8 To fully inform you of all costs prior to treatment starting, and to keep all charges competitive and reasonable.
- 9 To offer treatment on the basis of potential benefit (physical, psychological, or just social) and not to discriminate against anyone on account of e.g. age, weight, personal reasons for requesting treatment.
- 10 To provide sufficient information to enable you, the patient, to make the decision that is right for you as to whether to undergo treatment and by which means.
- 11 To treat only that which is necessary to treat to achieve a good long term result. We will not try to justify treating incidental and irrelevant findings on scans to increase charges.
- 12 To communicate with you in a timely and understandable fashion.

QUALITY CONTROL

The quality of our service is our number one priority.

Registration with the Care Quality Commission, professional bodies like the GMC and Royal Colleges, large insurance companies like BUPA and AXA-PPP and professional indemnity and public liability insurers demand that certain basic standards are maintained and audited.

Many of these standards however are general, applying to all acute hospitals and a multitude of clinical problems. We have gone further than required of us by these regulatory bodies and set rigorous standards specific to an outpatient based varicose vein service.

To audit (i.e. measure and make sure we meet) these standards requires extensive and exhaustive data collection on our part but we also need your help. We know questionnaires are a pain to fill in but sincerely hope that you will complete those we give you, both before and after treatment, so we can objectively assess what we are doing well and where we still need to improve. We have tried to make completion of these as simple and as quick as possible.

We know that patients need reassurance that they are being treated by staff who know what they are doing. We only employ consultants who have wide experience and proven expertise in non-surgical varicose vein treatment. No-one will be practising on you! Infection is also a worry to many patients. To reassure you on this ALL equipment that comes into contact with your body during your treatment is SINGLE USE ONLY and thrown away at the end of the procedure. This may cost more but avoids any nagging doubt about picking up infections from previous patients.

Although we have to warn all patients about the risk of all potential complications that have been reported anywhere in the world, in our Veincentre clinics we have seen no serious complications like pulmonary embolism, major nerve injury, arterial injury or long lasting leg swelling. In-case of any unforeseen adverse event for which we are liable, we carry public liability and professional indemnity insurance up to £10,000,000. Our infection rate to date is less than 1 in 10,000 and DVT rate 1 in 5,000.

OUR CLINICS



All our clinics are chosen to offer bright, clean, welcoming and modern facilities in easily accessible locations.

All are **CQC registered** to the highest clinical standards but we try to make them feel homelier than traditional medical clinics. Despite the homely feel of the waiting areas, the clinical rooms contain a comprehensive range of state of the art diagnostic and therapeutic equipment of the highest quality.

We continue to search for new locations both in UK and Europe and aim soon to serve the majority of the UK's population within an easy travel distance.

OUR TEAM



We are incredibly proud to have such a wonderful team of doctors, nurses, healthcare assistants, managers, medical secretaries and receptionists. They have been carefully chosen to fit with our core values.

All our administrative staff undertake an induction process and continuing training which includes regular observation of clinical procedures. In this way, they gain an intimate knowledge of the diagnostic methods and treatments we offer thus enabling them to talk with patients before and after treatment with confidence and assurance.

Our large clinical staff of consultant surgeons, radiologists and nurses all undergo extensive training by Dr West to ensure that all treatments are undertaken to our exacting standards and protocols. This enables us to maintain unbeatable outcomes, safety and patient satisfaction.

Clinical staff are already highly skilled and experienced at the time of appointment with us and the consultants all have NHS posts in major teaching hospitals and are all recognised by the major private medical insurers.



DR DAVID WEST

M.B.CH.B. D.M.R.D. F.R.C.R. E.B.I.R.

David is Medical Director and established Veincentre in 2003 as the first British company specialising in minimally invasive out-patient laser treatment for varicose veins.

He trained in Medicine at Leeds qualifying in 1979. He specialised in the then new field of Interventional Radiology gaining experience in Sweden with the great pioneer of Interventional Radiology, Anders Lunderquist.

Appointed as consultant to UHNS in 1989, he built one of the largest Interventional Radiology practices in the UK and has undertaken thousands of minimally invasive varicose vein procedures.

As one of the very first doctors in the UK to go to the States and train in the EVLT® technique, he has one of the world's most extensive personal experiences of this treatment. This has led to him regularly being invited to lecture on the subject at National and International medical conferences.

He is a fellow of the Cardiovascular and Interventional Radiology Society of Europe and other prestigious medical societies and has written chapters on the management of venous insufficiency in major textbooks and many articles in medical journals. David has also appeared on programmes about varicose veins on BBC radio and television. He is a luminary teacher for EVLA Expert and a faculty member of both the European School of Interventional Radiology (ESIR) and the Charing Cross international vascular symposium, training doctors from all over Europe in EVLA and associated procedures.

Although a doctor by training, David is a natural business disruptor with a social conscience and is determined to make excellent vein care affordable to the many, not just the privileged few.

David is married to Deborah who is Business Manager and a Director of the company. They have four children and live in rural Shropshire accompanied by various ducks, a black Labrador called Mia and a golden one Lottie.



VEINCENTRE TESTIMONIALS

The great majority (95%) of our patients are completely satisfied with the service and the results of their treatment and we receive many letters of appreciation. A typical example is reproduced here.

We do understand that clinics could just make up such testimonials and therefore we do our utmost to reassure potential patients by enabling all past patients to put reviews of their service on an independent website. The main review website is www.privatehealth.co.uk.

All reviews are moderated by Intuition Communication to ensure that fake reviews to either promote one's own service or damage a competitor's reputation are detected and removed. You can read these reviews by following the links on our website.

We are also happy to put you in touch with previous patients so you can talk with them about what it was really like!



Dear Dr West,

I am writing to thank you for the recent treatment to my leg veins. Some years ago I had similar problems with my other leg and had injections and surgery as an inpatient in hospital. The process was uncomfortable, the recovery time was lengthy and I still have scars.

I was a little apprehensive about the treatment you offer as it is still relatively new in this country but decided to give it a try. From the explanation you gave me on my first visit and the comprehensive paperwork about the procedure, to my check-up visit yesterday, everything went exactly as was predicted. The operation itself was nothing like as uncomfortable as I thought it might be and the friendliness of everyone there made it almost interesting to follow. The best thing was being able to go straight home and carry on as normal. As you predicted, slight pain/soreness on the fifth day (and the bandage felt tight at the end of the week) but nothing more than that. I was amazed at how painless the whole thing was and would recommend the procedure to anyone ~ so much better than going into hospital.

Although I could have simply written a short "Thank you" I felt by going into some detail you may show this letter to anyone who may be a little hesitant.

Many thanks again
PH (Mrs)

FREQUENTLY ASKED QUESTIONS

Is there anything I can do to prevent the onset of varicose veins?

Unfortunately, no. They are a genetic problem that you inherit (e.g. from your mother or grandfather) so there is nothing you can do to stop them happening.

What does the consultation involve?

The first part of the consultation will be a conversation to determine what your problems are, how they are affecting your life and what your desired outcomes of treatment are. Also it is important to find out about other aspects of your health and lifestyle that may impact on treatment choices, risks and benefits.

A physical examination will then be undertaken which is usually brief. The consultant or nurse practitioner will then perform a colour duplex ultrasound scan of both your legs. This scan will identify the underlying cause of your varicose veins i.e. whether you have any faulty valves in your legs. They will exhaustively check all the veins in your legs to identify all possible underlying problems causing your varicose veins.

They will then discuss the results of the scan directly with you; explaining exactly what the problem is, what treatments you are suitable for and outline a proposed treatment plan.

We encourage you to ask any questions you may have.

Following your consultation, Head Office will send you a consultation report and an exact quote for the treatment agreed.

All our prices are upfront and fixed (please refer to our price list) so there will be no nasty surprises when you come to pay.

Can I have a consultation and EVLA treatment on the same day?

Yes you can! This is particularly popular for patients travelling long distances.

Who is qualified to perform the duplex ultrasound scan?

The best person to undertake the scan is the person who will undertake your treatment. This may be a radiologist, a vascular surgeon or a nurse practitioner. The important thing is that whoever performs the scan is properly trained and experienced.

When should I have my varicose veins treated?

If you have varicose veins the sooner you have treatment the longer you will benefit from the treatment and the easier it will be to obtain a good result.

This said, the progression is usually slow so there is no rush. Most patients find it best to wait until the autumn or winter when the recovery from the treatment in the cooler weather is more comfortable and there is plenty of time for full recovery before the summer.

How long will it take to see results following EVLA and Foam Sclerotherapy?

Symptoms will resolve almost immediately following EVLA treatment. The cosmetic results vary from patient to patient. If there are extensive veins, especially thread veins, it can take many months to achieve the desired cosmetic improvement. If just varicose veins expect full results usually within 4 months.

Why is Veincentre cheaper than other clinics?

This is a common question! One lady who came to us recently said she had been looking at our website for two years before finally making her mind up. Her big concern, having looked at other clinics, was why were we so much cheaper and was this because we were cutting corners or doing an inferior treatment with inferior results.

So many patients and advisors have urged us to increase our prices but we have resisted doing so and, indeed, our standard price for laser treatment of both legs has not increased for over 8 years. Unlike other clinics, this standard price remains the same regardless of the number of veins on each leg that require lasering. This includes incompetent perforators. Contrast our prices with most other clinics which charge more for each vein treated. It is not unusual for other clinic's fees actually charged to exceed £10,000, despite the price list appearing much more reasonable! Such sharp practices are quite frankly outrageous and we will have no truck with them.

Our aim is to provide the best possible treatment to the greatest number of patients and keeping our prices low is key to this. At a time when the NHS severely restricts access to vein treatment, people of normal means need private treatment to be provided at a reasonable price. So how can we do this?

1 First and foremost, we do not rip people off. Our prices are set based on the costs we incur, not on what an elite segment of the market will accept.

2 Our costs are lower than other providers as we undertake very large numbers of procedures and, thus, make efficient use of all our facilities and can drive down the costs of our equipment, medical devices, drugs etc.

3 Specifically, the consumables we use for each case have been designed in house and manufactured for us by major European OEM manufacturers. We specify the highest possible quality items but buy in bulk to keep costs low.

4 Our doctors have huge experience and can therefore undertake the procedures expertly and quickly, enabling more patients to be treated per session. This not only reduces costs but, vitally, optimises the comfort, effectiveness and safety of the procedures.

5 Unlike most hospitals and some cosmetic clinics offering vein treatments, we just do veins. This again increases our efficiency and reduces costs per case. Many private hospitals subsidise other treatments by overcharging on common varicose vein treatments. Cosmetic clinics always seem more interested in swiping your credit card than properly assessing what your condition is caused by and explaining what treatment options are best for you.

Far from our low prices reflecting inferior treatment, the quality of our staff, the equipment we use and the facilities we operate out of are first class and we offer the very latest minimally invasive procedures. This leads to unparalleled results and patient satisfaction. You can see what previous patients have said about our service on this totally independent website over which we have no editorial control, privatehealth.co.uk.

Can I have EVLA if I've had surgery previously?

You can undergo EVLA treatment if you've had your veins stripped previously.

We treat a high percentage of patients who have already had their veins stripped. This is due to the high recurrence rate following the old fashioned stripping method for varicose vein removal.

Recurrence rates with EVLA are much lower. After properly performed EVLA, it is uncommon to get new varicose veins appearing. It is common after traditional surgery for veins to 'grow back' but fortunately very rare after properly performed EVLA, which has targeted all sources of the veins.

When can I resume normal activities after EVLA?

You cannot drive yourself home on the day of your procedure. You can drive the next day.

You are not able to fly long haul (over 4 hours) until 4 weeks after treatment.

The procedure is walk-in, walk-out however it's important to note you'll be wearing a compression stocking on your leg/s for a week following any treatment. As such, you can't go swimming whilst wearing the stocking and we advise that you avoid horse-riding.

Other than that we encourage you to get on with any activities as normal.

I have leg ulcers. Could these be caused by varicose veins?

Most leg ulcers are caused by venous problems. The valve failure which causes ulcers is the same valve failure that causes varicose veins so most venous ulcers are also associated with varicose veins. Some patients however do get venous ulcers due to valve failure without any evidence of varicose veins.

Is my eczema associated with varicose veins?

Eczema on the skin of the legs is often a symptom of underlying venous valve failure which also causes varicose veins. A duplex ultrasound scan is required to determine the underlying cause of any symptoms. Laser treatment is best undertaken as first line treatment for both eczema and venous leg ulcers caused by faulty leg valves.

Am I more likely to get varicose veins when pregnant?

Yes. A lot of women find that the varicose veins appear for the first time during their pregnancy. Pregnancy doesn't cause the varicose veins it just brings forward the time when you would develop them. The people who develop varicose veins during their pregnancy have an underlying genetic problem with their valves. The pressure of the growing baby on the valves in the pelvis puts pressure on the veins in the legs which combined with the valve failure brings out the varicose veins. You may also find that you get varicose veins developing on the vulva. This is quite a common problem during pregnancy.

Please visit our website for a comprehensive list of FAQs and to ask your own.





☎ 01782 753960

✉ patientcare@veincentre.com

🖱 www.veincentre.com

It's time to get those veins sorted, show off your legs again and get your old life back!

No General Anaesthesia. Walk in - Walk out.
No time off work.