

During Treatment

The Vascular Sonographer will be present for this procedure and treatment will begin with local anaesthetic being injected at the vein access point.

The vein will then be accessed and a fine wire guided through the vein to the point where the coil is to be placed.

The coil is then positioned via an ultrafine catheter into the vein to be treated.

These coils are used to ligate the leaking vein and are similar to surgical clips used in other parts of the body.

The use of coils provides more comprehensive treatment of the leaking vein by physically blocking the vein and thus reducing the risk of recurrence.

The sclerosing agent Aethoxysclerol is then injected via the catheter to ensure there is no leakage around the coil.

Following coil ligation ultrasound guided sclerotherapy is often used to treat other smaller, deep veins.

After Treatment

Following treatment with coil ligation you will be asked to walk for up to half an hour. You will be sent home in bandages with instructions for care. Bandages are generally worn overnight and removed before showering the following morning.

You may be required to rebandage for the following day only. Specialised stockings are not required after coil ligation treatment.

An appointment will be organised for you to check your progress and to arrange any follow up superficial sclerotherapy that may be required.

- You may drive yourself home and resume regular activities immediately unless you have had sedation or a general anaesthetic.
- You may fly interstate after 24 hours

Side Effects and Recovery

Following Coil Ligation the body will slowly reabsorb the treated vein through an inflammatory process.

It is normal to expect:

Bruising at the injection and treatment sites.

Inflammation in the form of redness, heat, swelling and tenderness. This can be managed by staying active and taking anti inflammatory medication or panadol.

Tender lumps along treated vein are normal and indicate that the vein is slowly being reabsorbed. This can last a few weeks and will slowly resolve.

Staining of the leg along the line of the vein can occur as the iron component of the blood is slow to be reabsorbed by the body. This will fade over time in a range from 6 weeks to 24 months. Dark skin is more prone to this phenomenon.

Information on

Coil Ligation & Sclerosis of Veins

Peter Y. Milne

Vascular, Endovascular &
Laser Surgeon

Peter Y. Milne

www.laservein.co

Phone: (03) 9500 - 0876

Fax: (03) 9576 - 1391

Email: manager@pymilne.com.au



Which Varicose Veins are Suitable for coil ligation?

Coil ligation is used to treat veins that are not large enough to require laser or surgical intervention, but are too large to be successfully managed with ultrasound guided injections alone. Coil ligation is also used in conjunction with laser to reduce the risk of recurrence. All treatment with coil ligation will include treatment with sclerosant.

Major Risks

Infection: Infection requiring treatment has an incidence of 1:3000 treatments. People with ulcers or damaged skin are most likely to suffer this complication and it would require administration of antibiotics.

Deep vein thrombosis: The use of coils for ligation of larger vessels has dramatically reduced the incidence of side effects from injection treatment.

Coil misplacement or movement: An incorrectly placed coil is unlikely as the procedure is carried out under ultrasound guidance. Retrieval involves a tiny incision under local anaesthetic performed at the time of the procedure. The risk of coils moving over time from the original placement site is rare and may require removal of the coil by X-Ray control under local anaesthetic.

What is Coil Ligation treatment?

Coils are used to physically ligate the leaking vein in a similar way to surgical clips that are used in other parts of the body. The use of coils in treatment of varicose veins provides a more comprehensive treatment of the leaking vein by physically blocking the vein and thus reducing the risk of recurrence. The majority of persons with recurrent varicose veins can now avoid further surgery and about two thirds of patients with primary varicose veins are suitable for this technology in conjunction with laser or ultrasound guided sclerotherapy.

What are possible Side Effects?

Pain: Pain can occur, on injection of local anaesthetic, in the form of a stinging sensation.

Possible side effects Of Sclerosant:-

Migraine: Including visual disturbance and weakness may occur. This can be treated with aspirin and resolves quickly.

Cough: Cough / tightness in the chest may occur and resolves in 15-30 minutes.

Fainting: Fainting at the sight of a needle, or from the agent itself. An injection of Atropine may be given to increase heart rate.



Prior to Treatment

There are no special requirements beforehand except that you should wear warm clothes loose enough to go over the legs after the application of bandages. Warmth is helpful in dilating the veins so over dress or walk briskly before your visit.

*Please do NOT moisturise legs on day of treatment.

