

VenaSeal glue closure

A non-thermal treatment for refluxing superficial veins

At a glance

VenaSeal uses small amounts of medical cyanoacrylate adhesive to close a faulty superficial vein. It does not use heat and usually needs only a small amount of local anaesthetic at the catheter entry site.

Why the vein is treated

One-way valves normally help the used blood travel up the leg. When these valves fail, blood flows backwards, increasing pressure in surface veins. This can cause bulging veins, aching, heaviness, swelling, inflammation and skin changes. Duplex ultrasound identifies the refluxing vein and confirms that the deep veins are carrying blood normally.

How VenaSeal works

A fine catheter is guided into the abnormal vein. Small measured drops of adhesive are delivered while pressure is applied over the vein. The walls bond together and the vein becomes a fibrous cord. Blood returns through healthy veins.

What remains in the body?

The adhesive remains permanently within the closed vein. The vein is outside the main deep circulation. The catheter is removed at the end of the procedure. Cyanoacrylate adhesive has been used for many years in multiple medical settings with good safety and efficacy. It is sterile and actually has some antimicrobial properties.

Advantages and limitations

Because no heat is used, injections of anaesthetic along the full length of the vein are usually unnecessary and thermal nerve injury is avoided. Compression is not always required after VenaSeal alone. Branch varicosities will still require phlebectomy or sclerotherapy.

Important allergy information

Please tell Dr Ward-Harvey about reactions to medical skin adhesives, superglue, nail glue, eyelash glue or cyanoacrylate products, as well as any history of multiple significant allergies.



What to expect on the day

The procedure is performed under ultrasound guidance through a small needle puncture.

1

Before treatment

Tell us about pregnancy, previous clots, allergies and all medicines. Follow any medication or fasting instructions provided.

2

Catheter placement

Local anaesthetic numbs the entry site. A catheter is passed into the vein and positioned under ultrasound.

3

Glue delivery

Small amounts of adhesive are delivered in sequence while the doctor presses over each treated segment. The catheter is then removed.

4

Branch veins

Visible branches will be treated separately with sclerotherapy. To allow for shrinkage of the veins and a better result, we will usually delay the sclerotherapy for about 2 months. We will book that for you at the glue appointment.

5

After the procedure

Dressings and compression will be applied. You will walk before leaving and should be able to go straight home.

Results and follow-up

Closure rates are high in appropriately selected veins, and aching, heaviness or swelling usually improves. Follow-up ultrasound will be used to confirm closure and exclude a clot. Residual veins may be reviewed for further treatment.



Recovery, risks and when to call

Most patients walk normally immediately and resume light activity quickly.

Aftercare

- Walk regularly and avoid prolonged immobility.
- Wear the compression stocking for nearly all the time you are awake for two weeks. You may take it off at night if you prefer, or you may wear it overnight. You may also continue wearing it for longer than two weeks if you wish.
- You may drive once you feel comfortable and able to control the car safely, and return to work straight away.
- Long-haul flying (over 3 hours) should be delayed for one month.

Expected effects

- Bruising, tenderness, pulling or a firm cord along the treated vein.
- Sometimes, a local red, itchy or painful inflammatory reaction over the vein, often appearing days or weeks later.
- Some residual varicose veins may remain after the main refluxing vein has been treated. We will arrange to treat them in the rooms with ultrasound-guided foam sclerotherapy.
- There is also a separate risk of new or recurrent varicose veins developing years later because of an underlying genetic susceptibility. If this occurs, you are encouraged to return for another ultrasound scan and review.

Less common or rare complications

- Superficial thrombophlebitis, infection or skin pigmentation.
- Allergic or foreign-body reaction to the adhesive; this can occasionally be prolonged.
- Glue extending into a nearby deep vein, deep-vein thrombosis or pulmonary embolism.
- Very rarely, a persistent severe reaction may require surgical removal of the treated vein.

Contact the rooms promptly

- Increasing redness, itch, rash, heat or pain over the treated vein.
- Fever, discharge, marked leg swelling or calf pain.

Emergency symptoms

Call **000** for facial or throat swelling, breathing difficulty, chest pain, fainting or coughing blood.

Please call Gold Coast Vascular on **5597 1653** with concerns. This leaflet is general information and does not replace your individual instructions.