A Completely New Approach to The Treatment of Vein Conditions

A Clinic dedicated to the Care of all Vein Conditions Using the Latest Diagnostic & Treatment Methods.

Vein conditions are common and distressing with approximately 40% of adults currently troubled by varicose veins and thread veins. Not only do they cause significant discomfort and embarrassment, varicose veins can also be complicated by varicose eczema, bleeding, leg ulceration, DVT and phlebitis.

Unfortunately such vein conditions are not a priority in the NHS. Now, you can have access to high quality advice and treatment in one clinic. The VeinCare Centre specialises in the treatment of varicose veins and thread veins at clinics across the southwest of England. All of our vein treatments are performed by our experienced consultant vascular surgeon under local anaesthetic as a walk in, walk out procedure.

Innovation in Vein Care

- Endovenous Laser Treatment EVL
- VNUS Closure
- Foam Sclerotherapy and Clarivein®
- VenaSeal® (Superglue)
- Treatments carried out under ultrasound guidance at all stages
- Microsclerotherapy for thread veins
- Advice on DVT prevention
- Medical Compression hosiery
- All Assessments based on a comprehensive duplex ultrasound scan performed as a One Stop Visit at the time of the consultation
- Price Guarantee
- Recognised by BUPA and all the other major insurance companies

www.theveincarecentre.co.uk
I have over 25 years' experience of treating people with vein problems and I have spent 12 years developing a professional medical team devoted exclusively to the treatment of varicose veins, thread veins and the complications of leg vein problems. To get the best results for conditions such as varicose veins, varicose eczema, phlebitis and leg ulcers, it is essential that a team is involved to ensure that the problem is accurately diagnosed with a duplex ultrasound scan, that all the modern treatment options are available such as endo-venous laser, ultrasound guided foam sclerotherapy amongst others and that the correct after care is available. This requires a team consisting of highly trained doctors, nurses and vascular sonographers with the right facilities such as the latest ultrasound equipment and the latest treatment equipment.

- Graduated MBBS with Honours, King’s College Hospital Medical School, London
- BSc First Class Honours University of London
- MS University of London for Research into Venous Disease
- Fellow of the Royal College of Surgeons of England
- Specialist Vascular Training St George’s and St Thomas’s Hospitals, London
- Fellow of The Royal Society of Medicine
- Previously Consultant Vascular Surgeon in the NHS for 13 years
- Specialist in Phlebology exclusively since 2007
- Listed on the Specialist Register of the General Medical Council
Innovation in Vein Treatments

Jane Gajraj
Co-Director of the Clinic

Jane is Co-Director of The VeinCare Centre. Additionally, she works as a Counsellor. She graduated from BCPC with a Diploma in Humanistic and Integrative Counselling in 2009, and became BACP Accredited in January 2012. She now works in private practice from her home in Sherborne. In her spare time, she enjoys walking, going to the gym, travel and African drumming.

Ros English
The VeinCare Centre Manager.

Originally trained as a nurse, she has worked in private healthcare management for more than 20 years, from the opening of the private ward at Yeovil District Hospital which she ran for 10 years before moving to the private ward at Musgrove Park Hospital in Taunton. Helping to establish and develop The Melbury Clinic & VeinCare Centre has been an enormous pleasure and learning experience for her. She always aims to offer all-round high quality treatment and service to our patients, and she is proud that the clinic has progressed to be the centre of excellence for varicose vein treatments that it is today.

Lisa Parsons
Office Secretary and Administrator

Lisa is an experienced medical secretary who has previously worked for a busy group of consultants at Yeovil Hospital. Lisa joined the team in April 2017.

Gaynor Hughes
Clinic Nurse

Gaynor has been working at the Melbury Clinic since 2011. She is an experienced Registered General Nurse (RGN) & Aesthetic Nurse and her background also includes orthopaedics, ITU, pain management and oncology. As well as working as an aesthetic nurse, she is part of the team that specialises in varicose veins and she provides specialist treatment for thread veins and spider veins on the face and legs.

www.theveincarecentre.co.uk     Tel 01935 873 951
Wendy Parsons
Vascular Technologist and Ultrasonographer
Wendy is the Clinic Vascular Technologist. She qualified as a Radiographer in 1979, then went on to specialise in Ultrasound gaining her Ultrasound qualification in 1987. Since then she has worked in the NHS performing a wide range of ultrasound examinations. She has worked with Dr Gajraj since 2001 helping him develop the vein treatments he now provides here at the VeinCare Centre. She now runs diagnostic clinics for us in Poole and Bristol as well as at the Melbury, whilst continuing her NHS practise covering the ultrasound service in several hospitals in the area.

Amanda Evans
Payroll Office and Bookkeeper
Amanda is the Clinic Payroll Officer and Bookkeeper. She is an AAT qualified accountant who has been in this profession for 24 years, eleven of them in self-employment. She has enjoyed 10 of those years working alongside The VeinCare Centre, watching it grow from the very beginning, blossoming into the highly successful and reputable business we know now.

Pam North
Clinic Nurse
Pam is a Registered Nurse and she has worked at The Melbury Clinic & VeinCare Centre since 2006. During that time she has witnessed the clinic’s transition into the specialist centre for vein treatments that it is today. She enjoys working in a small harmonious team which offers high quality care tailored to each patient’s requirements, and in a relaxed friendly atmosphere.

www.theveincarecentre.co.uk
Tel 01935 873 951
Varicose Veins

Women tend to seek advice for their varicose veins more than men for many reasons:

- They are more concerned about the cosmetic appearance
- Women tend to access health advice more than men for a whole range of health issues
- Women tend to visit their GP more often for other reasons such as family planning and to accompany children

This has led some to believe incorrectly that varicose veins are more common in women than men. In fact, some studies have suggested the opposite - that varicose veins may actually be more common in men than women.

What causes Varicose Veins?

No one knows for sure, but varicose veins are probably due to a failure of the valves that prevent the down flow of blood in the wrong direction. Normally, the flow of blood in the veins is towards the heart and in the legs the flow is from the feet upwards. Abnormal down flow is called reflux and this leads to varicose veins. Important factors are:

- Heredity
- Age
- Smoking
- Pregnancy
- Overweight
- Lack of exercise
- Standing occupations

Are Varicose Veins Simply Cosmetic?

The majority of people with varicose veins come to no harm at all. Even those people who have ache, discomfort and swelling are unlikely to develop serious complications. For this reason, many doctors believe that varicose veins are not important. Indeed, the treatment of varicose veins is not a priority in the NHS and some people are denied NHS referral and treatment. To some extent this is understandable as the NHS has many pressures requiring its valuable resources. Even if your varicose veins are severe, your GP may not be able to help and may not be able to refer you for treatment. Nevertheless, varicose veins cause severe embarrassment for many, who are unable to wear shorts, go swimming or enjoy holidays on the beach.
What do veins do?
There are two sets of veins in the leg. A deep set within the muscles and a superficial set just underneath the skin. Veins carry blood back from the leg towards the heart and most of the blood (more than 95%) is carried back in the deep system. Very little blood is actually carried back in the superficial veins. The small amount of blood that is carried up by these veins finally enters the deep system at certain points called perforators. The most important drainage points are in the groin and behind the knee.

As the muscles of the legs contract, the deep veins are squeezed and blood is pushed up against gravity towards the heart. When the muscles relax, the blood is prevented from coming back down the leg towards the feet by the closure of valves, which are delicate folds of the lining of the veins. The combined action of the muscles contracting and the valve shutting keeps blood moving in the correct direction.

If the valves are not working properly, blood may spill down in the wrong direction (called reflux), filling the superficial veins and causing varicose veins. An ultrasound scan is very important in identifying the exact position of the faulty valves.

Ultrasound is a non-invasive method to build up a picture of the deep veins, superficial veins and the way in which they are connected. Ultrasound can detect faulty valves and diagnose the source of reflux as well as diagnose vein complications such as phlebitis and deep vein thrombosis.

We believe that all assessments and vein treatments should be based on duplex ultrasound.
What complications can arise?
Leg Varicose veins and superficial vein reflux can cause complications such as phlebitis, bleeding, varicose eczema, leg ulcers and deep vein thrombosis. In addition, many people suffer with aching, itching and ankle swelling. These symptoms can be distressing and aggravated by warm weather or after standing for long periods. It is generally acknowledged now that even thread veins cause symptoms in cases where they are caused by reflux. It is easy to dismiss how unsightly varicose veins and thread veins can be and many people can be so embarrassed about their veins that it affects what they can wear, what leisure activities they can pursue and even whether they enjoy a beach holiday. Therefore, many vein specialists recommend early treatment. Not only will this reduce the risk of complications, but also it will give better cosmetic results and relieve symptoms.

Phlebitis
Phlebitis is simply a medical term indicating that there is inflammation in the vein. Most commonly it affects the superficial leg veins and it is associated with localised swelling - a lump - which is red, tender and warm and sometimes the lump actually feels hot and painful. Usually phlebitis comes on out of the blue for no apparent reason but very occasionally we see phlebitis as a complication of cancer, intravenous arm catheters used in hospital - drips - or sometimes as a reaction to some very irritant intravenous injections such as chemotherapy. To be absolutely sure that the problem is phlebitis, a duplex ultrasound scan is needed - the ultrasound appearance of phlebitis is characteristic and diagnostic. The vein wall is thickened and there is a variable amount of clot inside the vein. A scan is the only way of checking the vein directly and confirming that the vein is inflamed. Ultrasound has also revealed that a very important group of people with phlebitis either already have a DVT or they are at risk of developing a deep vein thrombosis. The inflammation in the wall of the veins affected by phlebitis activates clotting of the blood inside these veins. This clot can extend or spread from the superficial vein into the deep vein. So this is another very important reason why everyone with phlebitis should have a duplex ultrasound scan. A duplex scan is the only way to correctly identify people who already have a DVT and who need treatment to prevent that clot leaving the leg, travelling around the body and lodging in the lung - a serious sometimes fatal condition called pulmonary embolism.

Deep Vein Thrombosis
There is now scientific evidence to confirm that varicose veins and superficial venous reflux are risk factors for DVT. This is a clot in the deep system of veins. It is potentially serious, as sometimes the clot can leave the leg and travel to the heart and lungs - an embolus. DVT is a potential problem after major surgery, illness and periods of immobility. Other risk factors include smoking, oestrogen treatment and a family history. If you are on a long haul flight or other long journey, you may be at risk of DVT. The VeinCare Centre can advise you of your risks and on measures to minimise your chances of developing this condition. Treatment of varicose veins and superficial venous reflux reduces the risk of DVT.
Varicose Eczema

Varicose Eczema is a serious and common condition. It is neither eczema - a skin problem - nor is it caused by varicose veins. The term arose before we fully understood the true nature of the problem. Varicose eczema can develop in the absence of visible varicose veins and unlike skin problems it should not be managed solely by dermatologists. Other misleading synonyms are gravitational eczema and stasis eczema.

The true nature of varicose eczema is a malfunction of the veins of the legs causing inflammation and scarring of the skin and underlying fat layer. A better medical term is lipodermatosclerosis; certainly vein specialists prefer this term - often abbreviated to LDS. Varicose eczema should not be treated with steroid creams except for very brief periods when itch and pain are very troublesome. Longer term use of steroids will help the relieve symptoms and the area will look and feel better but the use of steroids will thin the skin over time making it more vulnerable to further damage. Medical stockings or socks help normalise the function of the leg veins and therefore wearing them will go a long way to improving the varicose eczema. Ideally they should be put on first thing in the morning before getting out of bed and they should be taken off last thing at night.

A duplex ultrasound scan is essential in all cases of varicose eczema. It is a warning sign that the skin is being damaged by inflammation and if neglected and not treated, varicose eczema will progress to a leg ulcer.

Leg Ulcers

The medical definition of an ulcer is a break in the epithelium of a body surface or lining. If the ulcer is on the leg and has been present for more than six weeks it is called a chronic leg ulcer. Four out of five ulcers are caused by a problem with the leg vein circulation and they are called venous ulcers. Problems with the deep veins such as obstruction from a deep vein thrombosis, superficial vein reflux or perforator vein problems can cause venous leg ulcers. The aim of treatment is to get the ulcer healed as quickly as possible. This usually means graduated compression either with bandages or compression stockings. In most cases, antibiotics, creams and ointments are not necessary. Once the ulcer is healed it is very important to identify any problems with the superficial veins or perforator veins and that these are treated to reduce the risk of another ulcer. This means getting a full assessment with a duplex ultrasound scan.

How can we avoid leg ulcers? Well there are three things we suggest. Firstly, if you are unfortunate enough to suffer a deep vein thrombosis (DVT), it should be treated promptly to limit the damage to the deep veins. Unfortunately, damage to the deep veins cannot be reliably reversed by surgery. So, prompt treatment with anticoagulants - blood thinning medication - reduces the extent of the clot and the damage to the deep veins. Secondly, if you have had a DVT, you should consider wearing good quality medical grade compression socks - some studies suggest that doing so may reduce the risk of leg ulcers after a big DVT. Thirdly, if you have superficial vein reflux, have it treated early to reduce the risk of progression to varicose eczema (which is itself a warning sign that the skin is damaged and liable to ulceration).
Modern Treatments for Leg Veins

It used to be the case that surgical stripping was the only option available to treat superficial vein reflux and varicose veins. This involved admission to hospital, treatment in an operating theatre under general anaesthetic and major surgical incisions and scars. In our opinion surgical stripping is outdated and should no longer be performed. There are much better treatments available now which do not involve general anaesthetic and which have better cosmetic results and with a much lower risk the varicose veins returning. In addition they can be performed in a clinic rather than a hospital on a walk in walk out basis under local anaesthetic. The recovery after these new treatments is much more comfortable and far quicker. Most people can return to driving, work and social activities the next day.

There are 3 main methods of treating superficial vein reflux:

- Injection treatment with a prescription medicine called a sclerosant either ultrasound-guided foam sclerotherapy or in combination with catheter treatment such as Clarivein®
- The use of heat energy inside the vein, called endothermal ablation by laser or radiofrequency
- Medical adhesive delivered inside the vein using a catheter called VenaSeal®

These newer treatments are minimally invasive and are administered through pinprick-sized incisions in the skin, under local anaesthetic and under ultrasound monitoring.

Each method has pros and cons and some people are more suited to one of these treatment options rather than another. So, although varicose veins may look very similar from one person to another, the root cause of the problem and the type of reflux may be very different in each individual and the specialist also needs to consider the patient’s medical history and special requirements.

For all of these reasons, we believe it is essential that you seek the advice of a specialist team that is familiar with a wide range of vein conditions and that can offer the complete range of treatment options.

That way, you will be thoroughly assessed, you will be offered the most appropriate option so that your legs will look and feel better quickly.
Our Team Approach

It is no longer acceptable for doctors to work on their own to treat leg vein problems. The days of an NHS Consultant doing a bit of private varicose vein surgery on the side are over.

To get the best results for conditions such as varicose veins, varicose eczema, phlebitis and leg ulcers, it is essential that a team is involved to ensure that the problem is accurately diagnosed with duplex ultrasound, that all the modern treatment options are available (such as endothermal ablation, ultrasound guided foam sclerotherapy and medical adhesive) and that the correct after care is available. This requires a team consisting of highly trained doctors, nurses and vascular sonographers with the right facilities such as the latest ultrasound equipment and treatment equipment. In addition, expert administrative support, procedures, protocols and training must be in place. At the VeinCare Centre, we have spent over 10 years building up our team, every member of which is involved in the care of our patients. Right from the person who picks up the phone to make an appointment, to the nurses who care for you to the vein specialist who provides treatment, we all are highly experienced in what we do and most of us have worked together for many years.

The need for this team approach to looking after people with leg vein problems has been highlighted by the National Institute for Health and Care Excellence (NICE).
Tailored Treatment
For many people, a combination of treatments is the most effective plan. For example endothermal ablation (either by laser or radiofrequency) is very effective in dealing with reflux from the groin and this can be followed by microphlebectomy for the varicose veins. For some people who have developed more varicose veins after a previous operation (so called “recurrent” varicose veins), Foam Sclerotherapy injections for the reflux and microphlebectomy for the surface varicose veins are the best combination. These combination treatments are usually performed in one session to achieve rapid results with a minimum of inconvenience. Our team can provide all the latest treatment options and therefore we can tailor an effective treatment based on the precise nature of your vein problem and your particular circumstances and requirements.

Results of Varicose Vein Treatment

HM is a fit and healthy lady who developed varicose veins in her teens and was told they were simply cosmetic. Her legs ached and she could not wear dresses or shorts. She was treated by endothermal ablation - now her legs feel light and she has worn a swimming costume on holiday
AH had severe recurrent varicose veins which he had already had stripped many years before. His brother had leg ulcers and he was worried that he too would develop them. He was treated by Ultrasound Guided Foam Sclerotherapy.

The results of treatment are shown in these photographs 6 weeks after intervention. In general, patients report an improvement in symptoms and appearance in as little as two weeks.

We normally advise our patients to wear compression hosiery for two days continuously after treatment. Detailed advice after treatment is individualised for each patient depending on his or her circumstance and the treatment provided. However, the recovery period is short and there is usually very little interruption to work or leisure activities.

The specialists at The VeinCare Centre routinely take before and after photographs for all clients - they are confidential and form part of the medical record. The photographs shown here are published with the written consent of our patients. They are genuine and untouched. Many other clinics use third party photographs in their brochures and on their websites.
Spider Veins on Legs

Treatment
The most effective treatment for leg spider veins (known medically as telangiectasias) is Microsclerotherapy. A fine needle is used to inject a prescription medicine called a sclerosant into the broken veins. A healing process starts which results in the vein fading and becoming less noticeable. Typically, 3 treatments are required separated by 3 months. The process may take 12-18 months to complete.

To get the best results from treatment, it is very important to have a proper assessment of the whole vein system in the leg to see if there is any connection between the superficial thread veins and the deeper veins. This is very important, because if there is a connection, which is not treated, then back flow and high pressure will work against the treatment, making it less effective. At The VeinCare Centre, we specialize in the treatment of varicose veins and thread veins on the legs and an ultrasound examination of the whole vein system is part of the consultation.

Recent research has shown that nearly all thread veins have a ‘feeder’ vein nearby that also needs treatment. These veins are called reticular veins. As part of the consultation and examination, a careful search is made for these reticular veins.
Facial Spider Veins
The medical term for spider veins on the nose and cheeks is facial telangiectasia. These are small blood vessels in the skin typically measuring less than 1 mm. They are very common and they are unsightly and disfiguring. They can be congenital, that is you may have been born with them or they may have developed over the course of many years. Sun exposure is the main aggravating factor for their appearance, but other important causes are liver disease, rosacea, smoking, use of steroid creams and alcohol. Many people who have an out-door occupation such as farmers, window cleaners, gardeners or builders can get them because of sun exposure and ultraviolet damage to the skin. However, those with out-door hobbies and those who take part in sport can also be affected, for example people who enjoy sailing, walking or hiking or those who take frequent holidays to the sun.

Treatment
Fortunately, they can be treated very simply using a medical procedure called short wave diathermy. It is a little bit like electrolysis. The skin is numbed with local anaesthetic cream and a sterile single use needle is used to apply a precise medical electrical current to the blood vessel. The electrical current cauterises the blood vessel and over the course of a few weeks it disperses. In general the results are excellent. Unlike leg spider veins, there is no need for a duplex scan but after successful treatment, it is important to address any pre-disposing factors to minimise the risk of the spider veins reappearing. This usually means applying a good quality UV protecting sun cream to reduce the damaging effects of ultraviolet light.
Hand Rejuvenation
True varicose veins on the hands are very rare. They may be caused by a DVT of the arm or by other rare medical conditions but usually the people we see who have prominent hand veins have developed them simply as a result of getting older. As we age, the backs of our hands lose collagen, the skin become thinner and it may also develop age spots or liver spots. Our hands can look much older than the rest of our body, with a bony appearance, big bulging veins and prominent tendons.

Treatment
Fortunately this is something that can be successfully treated. We use a combination of treatments that we call "Hand Rejuvenation". It’s a combination of sclerotherapy, collagen stimulation and age spot elimination. The VeinCare Centre developed a method of hand vein injections that we call "Gentle Sclerotherapy". It does not close off the veins completely - after all we need normal veins- it shrinks the veins and makes them return to a more normal size. Unlike other forms of sclerotherapy, compressions gloves are not needed. At the same time, we use collagen stimulator injections under the skin to restore volume to the back of the hand and cryotherapy - similar to wart treatment- to eliminate age spots. The result is more youthful looking hands.

Arm Veins
True varicose veins of the arms also are very rare. Prominent bulging veins on the arms can also be treated either by sclerotherapy or laser. Once again, the aim of treatment is to shrink the veins to a more normal size rather than to close them off completely.
Appointments
The VeinCare Centre specialists see patients at:

- The Melbury Clinic in Holt Mill
- The Winterbourne Hospital in Dorchester
- The Harbour Hospital in Poole
- Transform Medical Centre in Portishead

Locations and directions can be found on the website

Self-Referral
Your can make an appointment direct by calling The VeinCare Centre on 01935 873 951.

The VeinCare Centre follows guidance from the General Medical Council (GMC) and with your consent and agreement we will keep your GP advised about your diagnosis and your treatment.

GP Referral
Dr Gajraj (GMC Number 2648642) is pleased to receive referrals from your GP. You will then be contacted with an appointment. Referrals should be sent to:

The VeinCare Centre Head Office
The Melbury Clinic
Holt Mill
Dorset
DT2 0XL
Fax 01935 315100

Private Medical Insurance
Dr Gajraj is recognised as a qualifying specialist by all the major insurance companies but please check with your insurer before incurring any costs. Please quote his GMC numbers in any communications with your private health insurer.

You are strongly advised to check with your insurance company before undergoing any treatment to check your level of cover and to be issued with an authorisation number. Please ensure that you have a referral letter from your GP if you wish to use your private health insurance.
Your First Appointment
Our consultant vascular surgeon carries out the initial assessment at The VeinCare Centre Clinic. It comprises a full medical history and examination, a duplex ultrasound scan of both legs, a discussion of the results and a discussion of the treatment options for your vein condition. The initial assessment is carried out as a “one-stop” visit without the need for subsequent appointments for scans or follow up appointments to discuss findings.

The consultation is thorough and unhurried. You will have ample opportunity to ask questions and every aspect of your care will be explained to you.

You will receive a written report, which with your agreement will also be sent to your GP. Before you commit yourself to any treatment, a written fixed price quotation for the entire treatment programme will be sent to you in the post. This includes the treatment itself, all your follow up appointments and scans.

Feedback From Our Patients
We are very proud of our excellent feedback and positive reviews. Here are just a few of our most recent reviews on the independent website iwantgreatcare.

Since my late teens I have had varicose veins in my lower legs, these became progressively worse over the years and since having children I felt the veins had become very disfiguring so decided to seek treatment. I am very pleased with the result and would recommend care by Dr Gajraj at the Melbury Clinic. I felt my concerns were listened to and an honest assessment made. A realistic treatment plan was explained clearly and implemented to a very satisfactory outcome. I underwent bilateral endovenous laser treatment, foam sclerotherapy and phlebectomies. Despite being rather uncomfortable for a couple of days the recovery was rapid and within two months of my initial assessment my legs look and feel vastly improved. My one regret is that I did not have this treatment done sooner. I had previously been told by my GP to complete my family before having the veins treated, Dr Gajraj advised this is a common misconception. Unfortunately, the delay in being treated has resulted in some untreatable thread veins developing around my knee and ankles. Therefore, I would urge anyone considering treatment for their veins to seek an opinion at the earliest opportunity.
Kate (33) Dorset.

The procedure offered wasn't cheap but you get what you pay for in life. It was a first class treatment throughout and I am extremely happy with the service offered by Dr Gajraj and his VeinCare Centre.
Name withheld

Dr Gajraj and his staff at the Melbury Clinic provided first class treatment throughout and I am extremely happy with the outcome. Dr Gajraj answered all my questions and provided very thorough information on the procedure he recommended. I never felt rushed during consultations or treatment and his nurses were also very caring and certainly helped to make the whole procedure straightforward and pain free. I would definitely recommend him and the vein treatment he provides to others.
Name withheld

I am very pleased with the look of my leg now I have had the procedure done and I am even going to wear shorts for the first time in 30 years when we go on holiday next month. I highly recommend the VeinCare Clinic.
Name withheld

MORE TESTIMONIALS ON OUR WEBSITE
Initial Assessment for Leg Veins
Consultation with our vascular surgeon, clinical assessment, full duplex ultrasound scan of both legs to include the deep veins and superficial veins, a full discussion of the treatment options, a written report for you and your family doctor and a written quotation (not an estimate) of your preferred treatment programme.

Treatments Include All Follow Up Appointments 6 weeks and 6 months after Treatment, All Duplex Scans, Unscheduled Appointments and Scans for concerns, Retreatments for Residual Veins or Reflux, All Correspondence and Reports

Foam Sclerotherapy Alone
- One Leg: £1475.00
- Both Legs: £2295.00

Foam Sclerotherapy in combination with Phlebectomy
- One Leg: £2645.00
- Both Legs: £3595.00

Endothermal Ablation (including combined treatment with Ultrasound Guided Foam Sclerotherapy and Phlebectomy)
- One Leg: £3695.00
- Both Legs: £4695.00

Clarivein® (including combined treatment with Ultrasound Guided Foam Sclerotherapy and Phlebectomy)
- One Leg: £3695.00
- Both Legs: £4695.00

VenaSeal® (including combined treatment with Ultrasound Guided Foam Sclerotherapy and Phlebectomy)
- One Leg: £3995.00
- Both Legs: £4995.00

Please Check Our Website for The Current Fee Schedule

Written Terms and Conditions with Fixed Price Quotations

GUARANTEED FIXED PRICE WRITTEN QUOTATIONS ARE PROVIDED AFTER ASSESSMENT
Assessment for Hand and Arm Veins
Consultation with our vascular surgeon, clinical assessment, a full discussion of the treatment options, a written report for you and your family doctor and a written quotation (not an estimate) of your preferred treatment programme.

Treatments Including All Follow Up Appointments at specified intervals until the treatment is complete at 6 months, Unscheduled Appointments for concerns, Retreatments for Residual Veins, All Correspondence and Reports

Hand Vein Rejuvenation (both hands) 2495.00
Arm Vein Reduction (both arms) 4695.00

Thread Veins Treatment
These treatments are charged per session and each session includes a follow up appointment. For Facial Thread Veins only one or two sessions of Short Wave Diathermy are needed. Facial Thread Vein Treatment can commence after a free assessment with our specialist nurse.

Treatment for leg thread veins can commence after an assessment with our vascular surgeon. For leg thread veins two or three sessions of Microsclerotherapy are needed.

Facial Thread Veins Treatment (per session) by Short Wave Diathermy 100.00
Leg Thread Vein Treatment (per session) by Microsclerotherapy 255.00

Please Check Our Website for The Current Fee Schedule
Written Terms and Conditions with Fixed Price Quotations