COODEN VEINS

NON-SURGICAL TREATMENT OF VARICOSE VEINS
The Cooden Medical Group was founded on the belief that a medical clinic should be dedicated to its patients. Our clinic was designed to offer 21st century medical technology with an unequivocal focus on quality of care and customer service.

We are a specialist vein treatment centre and offer a full range of procedures tailored to you delivered by our experienced Consultants. Cooden Veins offers a range of pioneering, non-surgical treatments, which will quickly relieve any pain and unsightly concerns caused by problematic veins. We don’t believe in hidden costs and after your consultation and Doppler ultrasound we will detail what your best treatment options are and give you a fully inclusive package price which is inclusive of aftercare and follow up appointments.
Almost a quarter of the population, suffer from varying venous diseases and we understand how this can have a huge impact on your quality of life.

Varicose veins generally continue to grow in size over time and can result in substantial pain and complications, if not treated. Symptoms can include: Leg pain or heaviness; rope-like bulging just beneath the skin; swelling, itching or burning; throbbing or cramping at night. The good news is Cooden Veins is at hand to offer a range of pioneering, non-surgical treatments, which will quickly relieve any pain and unsightly concerns caused by problematic veins.

Your expert Consultants will guide you through every step of the way from consultation to treatment, to develop the very best treatment plan to suit your specific needs. All of our treatments are delivered in our state-of-the-art facility, and best of all, most are quick and easy so you can walk in and walk out, on the same day, with a newfound confidence.
Dr. Mo Faris is the founder of the Cooden Medical Group and is a leading Interventional Radiologist who performs cutting edge vascular and non-vascular interventional radiology procedures including Aortic stent grafts and complex arterial below knee intervention. He has a particular interest in treating venous disease with the latest technologies. Dr. Faris’ expertise also extends to other vascular procedures including uterine fibroid embolisation, testicular varicocele embolization and renal artery denervation as well as embolization procedures for acute gastrointestinal hemorrhage and acute trauma. Dr. Faris’ range of non-vascular interventional procedures includes: oesophageal, colonic and biliary stenting, radiofrequency tumour ablation and extensive musculoskeletal intervention including kyphoplasty.

Mr. Andrew Sandison is a General and Vascular Surgeon who was appointed as a Consultant in 1999. He is the lead for Vascular Surgery in East Sussex Healthcare NHS Trust, and works both at Eastbourne DGH and The Conquest Hospital. He qualified in Medicine after training at the University of Cambridge and The London Hospital Medical College. He undertook his higher surgical training on the Vascular Units at Guy’s Hospital and Kings College Hospital, and subspecialised in Vascular Surgery for his FRCS (Gen Surg) examinations. He has published a large number of articles in peer reviewed journals, and is the author of a section of a recently published surgical textbook.
IS IT PAINFUL?
Most patients experience little to no pain during the procedure. Often the only sensation is felt during delivery of anaesthetic to the leg. After the procedure you may feel some tenderness, tingling, itching or tightness in the treated leg, which is nothing to worry about and will disappear within a few weeks.

IS IT SUCCESSFUL?
Clinical results have shown the EVLA is far more successful than alternatives such as surgical stripping. EVLA has an excellent safety record with few reported significant complications. In our hands it is over 95% successful at obliterating the cause of the varicosities and over 95% of patients are happy with the results. Recurrence of varicosities after EVLA is very uncommon.

POST PROCEDURE
A dressing is placed over the point of entry after the procedure and a compression stocking will be placed on your treated leg. You can resume normal activities but should avoid swimming, vigorous exercise, hot bathes or excessive sun for the first two weeks.

IS IT PAINFUL?
Foam sclerotherapy is virtually painless just involving one or two small needle punctures into the affected veins. After treatment you will have to wear compression stockings for a week or two. More than one sclerotherapy session maybe needed to achieve the desired result.

IS IT SAFE?
Complications are unusual but can include bruising or discomfort around the needle site, irritation, a small area of skin discouloration overlying the vein, and extremely rare cases, ulceration.

POST PROCEDURE
A bandage and stocking are placed on the leg, which need to remain in place for around 1 week. Some patients require a second injection for residual veins after a few weeks. Most patients are able to return to their normal routine immediately following foam sclerotherapy treatment for varicose veins.
WHAT IS IT?
Pelvic venous congestion syndrome can cause chronic pelvic pain in up to 40% of women, caused by a dilatation of the ovarian vein and other pelvic veins, which are similar to varicose veins in the legs. Sufferers will usually notice visible varicose veins around the vulva, vagina and inner thighs.

SYMPTOMS
• Pelvic pain or aching, which is sometimes worse after standing
• A dragging sensation
• Bladder or bowel irritation

HOW IS IT DIAGNOSED?
Pelvic venous congestion syndrome can be diagnosed by typical symptoms and usually visible varicose veins are present. Ultrasound may be helpful as it can identify the pelvic veins. The diagnosis may however require further investigation with magnetic resonance imaging (MRI) or computed tomography (CT).

The treatment of varicose veins in the pelvis, vulva and vagina as well as the symptoms of pelvic congestion syndrome is relatively painless. Under local anesthetic, your specialist Consultant will make a tiny incision of the femoral vein in the groin and expertly deploy coils via a catheter, which cause the vein to clot and close. The procedure is performed as a day case and is highly effective in treating the condition.