



The Melbury Clinic and
VeinCare Centre
Award-Winning Clinic

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An Award-Winning Clinic* dedicated to the Care of Vein Conditions Using the Latest Diagnostic & Treatment Methods.

Vein conditions are common and can be 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. However, you can access high-quality private advice and treatment in one clinic.

The VeinCare Centre specialises in the treatment of varicose veins, thread veins, hand veins and arm veins at clinics in Dorset and Hampshire. All our vein treatments are performed by our experienced consultant vascular surgeons under local anaesthetic as a walk-in, walk-out procedure.

***Blackmore Vale Business Awards 2019 Winner**
| Best Customer Service | Best Online Engagement

Innovation in Vein Care

- Endovenous Laser Treatment
- Hand Vein Reduction and Hand Rejuvenation
- Arm Vein Reduction
- Treatments carried out under ultrasound-guidance at all stages
- Leg Spider Vein Treatment by Microsclerotherapy
- Face Spider Vein Treatment
- All Leg Vein assessments based on a duplex ultrasound scan performed as a One-Stop-Visit
- Clear Price Schedule and Price Guarantee
- Recognised by BUPA and all major insurance companies
- Regulated by the Care Quality Commission (CQC)
- Vascular Surgeons on the Specialist Register of the GMC

The VeinCare Team

Dr Haroun Gajraj, MS, BSc, FRCS

Founder of The VeinCare Centre

GMC number 2648642



I have over 30 years' experience of treating people with varicose veins, thread veins and other vein complications such as phlebitis, varicose eczema and varicose ulcers. I grew up in Surrey, England and I went to King's College Hospital Medical School, London. After gaining two undergraduate academic prizes and a scholarship, I was awarded First Class Honours in my BSc in Medical Physiology and Honours in my final medical degree. I started my vascular training at St Thomas' and St George's Hospitals in London and it was there that I developed my special interest in vein problems. My mentors were Professor Sir Norman Browse and Professor Kevin Burnand. At that time, they had written the definitive medical textbook on vein problems. Under their supervision and mentorship, I undertook two years' basic science research leading to the Master of Surgery degree at the University of London. I spent 13 years as a vascular consultant surgeon in the NHS and I am fully accredited as a vascular specialist with the General Medical Council of the United Kingdom. I left the NHS in 2008 to specialise exclusively in venous disease – the specialty of phlebology. As far as I am aware, I am the only doctor based in Dorset who is in full-time private practice treating people with vein problems. With my wife Jane, I founded The VeinCare Centre for the treatment of venous disease and we have gathered together an Award-Winning team of experts. In addition to my clinical role, in which I provide vein treatments under local anaesthetic, I am responsible for all the medical activities in the Melbury Clinic. I participate in regular business meetings, staff meetings and governance meetings. I am a member of the Medical Advisory Committee of the clinic. I am also the nominated individual with the Care Quality Commission and I have my own appraisals with NHS England.

Training and Experience

- Medical Graduate of Kings College Hospital, University of London
- Vascular surgery training at St George's and St Thomas's hospitals
- Fellow of the Royal College of Surgeons of England
- Member of the Royal Society of Medicine and Venous Forum
- Founding Board Member of the British Association of Sclerotherapists
- Director of The Melbury Clinic Ltd
- CQC nominated individual
- Responsible Officer with the General Medical Council
- Previously Consultant Vascular Surgeon in the NHS
- Previously Clinical Director of Surgery in Somerset and Surgical Tutor at the Royal College of Surgeons of England



Jane Gajraj, BSc

Director

I am Co-Director and founder of The Melbury Clinic and VeinCare Centre. I graduated from University College London in 1980, with a BSc in Psychology. More recently I have worked as a Counsellor, having graduated from BCPC with a Diploma in Humanistic and Integrative Counselling in 2009. I became BACP Accredited in January 2012. I retired from counselling in December 2016, and now I spend more time in my role as a Director of the Melbury Clinic and VeinCare Centre.

I participate in regular business meetings, staff meetings and staff appraisals and I am a member of the Medical Advisory Committee of the clinic. I work closely with the Melbury Clinic manager to regularly review the environment of the clinic.

I am very proud of our Award-Winning VeinCare Team which delivers excellent patient care.

In my spare time I enjoy walking, going to the gym, travel and staying healthy by eating Real Food.



Miss Catharine McGuinness

Consultant Vascular Surgeon
GMC Number 3240966

I am a fully trained Consultant Vascular Surgeon who qualified at St George's Hospital in London. I completed my surgical training in London and then held a consultant NHS post at St Thomas' Hospital in Vascular Surgery. I have a record of research into vein problems and I have published many articles in prestigious medical journals on venous disease. My particular clinical interests are in minimally invasive (keyhole) vein treatments, thrombosis, lymphoedema, leg ulceration and leg spider veins. I am delighted to be part of the team at the Melbury Clinic Vein Care Centre as a visiting vein specialist with practice privileges.

- Qualified at St. George's Hospital, London 1987
- Surgical training on South East Rotation
- Research at St Thomas' Hospital and MS Thesis on resolution of deep vein thrombosis
- Appointed Senior Lecturer and Consultant Surgeon at St. Thomas' Hospital 1999

Awards include

- Lea Thomas Fellowship from Royal College of Surgeons of England, Research Fellowship from Special Trustees for St. Thomas' Hospital,
- British Journal of Surgery Research Bursary and Pump-Priming Award from Royal College of Surgeons

Previous Examiner Posts

- External examiner for Final MBBS, St. Guy's Hospital

- Lead examiner for communication skills for The Intercollegiate Committee for Basic Surgical Examinations (**ICBSE**) for Royal College of Surgeons
- Previous Surgical Examiner and Overseas Surgical Examiner for The Royal College of Surgeons of England
- ATLS instructor examiner

Teaching and Training

- Director of regular local anaesthetic venous surgical training courses in Surrey
- Lecturer for Physician Associate Diploma course at University of Surrey
- Proctor for Aquilant

Previous Teaching Training Posts

- Foundation Training Programme Director at Royal Surrey County Hospital
- Specialist Advisor to NICE's Interventional Procedure Programme
- Course director for St. Thomas' FRCS course
- Trust Lead for Simulation
- Educational Supervisor
- Specialty Lead for Surgical Simulation for KSS Deanery
- Trust Lead for VTE
- ATLS instructor

Publications including chapters in Essential Vascular Surgery, Corson and Williamson: Surgery, Oxford Textbook of Surgery, Comprehensive Vascular and Endovascular surgery and The New Aird's Companion in Surgical Studies

Special Interests

Minimally invasive vein treatments, Thrombosis, Lymphoedema, Venous Leg Ulcers and thread veins



Mr Robin Windhaber

Consultant Vascular Surgeon
GMC Number 4540162

I am a fully trained Consultant Vascular Surgeon and I specialise in the minimally invasive treatment of varicose veins and their complications under local anaesthetic. I have my own NHS and private practice in Cornwall and I am delighted to be part of the team at the Melbury Clinic VeinCare Centre in Dorset as a visiting vein specialist with practice privileges.

Training and Experience

I was appointed as a Consultant Vascular and Endovascular Surgeon in 2011 working in the Dorset and Wiltshire Vascular Network. During this time, I was granted practice privileges at the Melbury Clinic VeinCare Centre and I established close professional links with Haroun and the VeinCare Team. In 2013, I was invited to set up a Vascular and Endovascular Service from scratch in the Cayman Islands where I worked until 2016 before returning to the UK. I was appointed as a Consultant Vascular Surgeon in the

Royal Cornwall Hospital in 2016 and became Specialty Director for Vascular Surgery in March 2017.

I undertook my undergraduate training at the University of Wales College of Medicine graduating in 1998 (MBBCh). My basic surgical training was spent in the South West region and during this time I also spent a year at the University of Oxford as an Anatomy Prosector and undertaking an MSc in the Department of Physiology at Trinity College. I studied and I was awarded Doctor of Medicine (MD) at the University of Bristol. In 2009 I was awarded Fellowship of the Royal College of Surgeons of England in 2009 (FRCS Gen Surg – subspecialty vascular).

My clinical practice is focused on quality and patient safety and I have an interest in the role of Human Factors in clinical error. I have a proven track record of clinical leadership, service development and strengthening clinical governance both within the NHS and overseas. I am qualified as a trainer and educational supervisor and I regularly lecture on Governance and Consent.

Research and Publications

I have published a number of peer-reviewed papers in the surgical literature and I have presented my work, regionally, nationally and internationally. I have participated in numerous multi-centre research trials including BASIL, IMPROVE and GALA and I was the lead researcher and trial coordinator for the AAA Mesh Repair Trial.



Maddie Groves, RGN Manager

I have been a Registered Nurse since 1986 when I qualified from the Bath School of Nursing. The majority of my nursing career has been at Yeovil District Hospital, with my final position being Associate Director of Nursing. During my career, I continued my postgraduate education and achieved an MSc from Bath Spa University, following the Leadership and Management Pathway. Notable highlights of my career so far are: being presented to HRH Prince Edward in 2011; and being a finalist in the Nursing Standard Awards in 2015.

In 2018, I was offered the position of Operational Manager at The VeinCare Centre, which I was very pleased to accept. In this role, I work closely with the Directors, in particular the Medical Director, ensuring that the Clinic operates within the regulatory framework of the Care Quality Commission.

In addition, I am responsible for the training and supervision of our team of healthcare assistants as well as maintaining high standards of care and cleanliness.

I am very proud to lead this small and friendly team who consistently provide excellent care to our patients.



Lisa Parsons
Office Administrator and Clinic Secretary

I have worked as a secretary in a range of organisations including estate agency, aerospace and Formula 1, prior to 15 years as a Medical Secretary at Yeovil District Hospital. Whilst there I worked for the Obstetrics and Gynaecology Team before joining the Urology Department after having my daughter. I joined The Melbury Clinic VeinCare Centre in April 2017.

Since my appointment at The Melbury Clinic, my role has expanded and I am now part of the management team, attending regular business meetings with the operational manager and the directors and contributing to decisions that affect how the clinic operates. I work very closely with the operational manager providing administrative and secretarial support. In addition, I coordinate invoicing, payments and receipts, working closely with our book-keeper. I coordinate communications between the clinic and our patients on the telephone, by letter and by email. I provide support to our Healthcare Assistants in scheduling appointments and using our IT systems.

As a small organisation, we all have many 'hats' and I have a special role as Fire Warden, ensuring that our fire and smoke detection equipment is regularly checked and that our arrangements in the event of a fire are all in place.

I enjoy being part of a lovely close-knit, highly professional team, intent on delivering a high standard of care to patients. We are well supported by our Clinic Manager and the Clinic Directors and I am proud to say I work at The Melbury Clinic and VeinCare Centre.



Natalie Pike
Senior Healthcare Assistant

I trained as an Ofsted-Registered Childminder in 2005 and I ran my own business for 10 years. During this time, I continued my studies and I completed NVQ 2 in Health and Social Care. I became a private support worker and I provided individual care, improving my knowledge of paraplegia, epilepsy and learning difficulties. While working with a range of healthcare professionals in varied clinical settings, I have developed a patient-centred approach to care, focusing on quality.

Since joining the Melbury Clinic and VeinCare Centre in July 2018, I have enhanced my knowledge and I have acquired

specialist clinical experience, growing professionally into a leadership role as Senior Healthcare Assistant.

I have completed training for Short Wave Diathermy of facial spider veins which is now being offered within the clinic. I continue to expand my ongoing development and I offer a Duplex Ultrasound Screening Service under the supervision of the managerial team and the Vascular Specialists.

It is a privilege to be part of a highly professional team which delivers a person-centred approach in a beautiful location.



Lucy Wicks
Healthcare Assistant

I have over 5 years' experience as a Healthcare Assistant. I gained the level 3 diploma in Health and Social Care in 2014 and the Care Certificate in 2016. I get enormous job satisfaction from helping others and I am passionate about giving good quality care.

I have been employed at the VeinCare Centre since July 2018 and during this time, I have developed and enhanced my nursing skills, as well as growing in confidence. I have completed administration training and I now provide cover for the clinic when our Office Administrator is away. In addition, I lead the audit programme for the clinic. As part of my ongoing development, I have undertaken training in the care and management of leg ulcers; this has given me the necessary skills and knowledge to work alongside Miss Catharine McGuinness in providing a leg ulcer service for our patients. I feel lucky to work with supportive colleagues in a beautiful location and I always look forward to coming to work.



Sue Osborne
Healthcare Assistant

I qualified as a nurse (RGN) in 1985 and I completed further training in operating theatres, day surgery nursing practice and endoscopy; I worked in endoscopy for 16 years. I then developed a new role for my NHS Trust as an upper gastrointestinal cancer clinical nurse specialist, nutrition nurse and nurse endoscopist, which was both challenging and rewarding. I also attained a BA (Hons) in Health and Care during this time. After 36 years working for the NHS, I made the decision to retire from nursing.

I am now a Marie Curie helper volunteer and having had a 'gap year' and time to re-assess my work/life balance, I joined The Melbury Clinic and VeinCare Centre in June 2019 as a Healthcare Assistant. I feel privileged to be part of a

small, specialised team whose aim is to provide high quality, individualised treatments and care to improve the health and wellbeing of its clients.

Varicose Veins

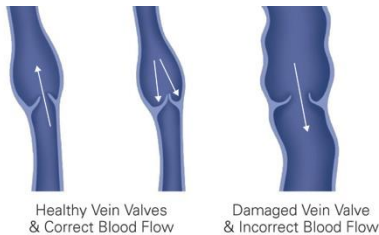


Women tend to seek advice for their varicose veins more frequently than men for many reasons:

- They are more affected by the cosmetic appearance of their legs
- 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, many studies have suggested that varicose veins are at least as common in men as in women

What Causes Varicose Veins?



The exact cause of varicose veins is unknown. They result from 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 and vein complications. **Age and heredity** are the strongest risk factors for the development of varicose veins, but other factors may include:

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

Are Varicose Veins Simply Cosmetic?



The majority of people with varicose veins seek advice because they are distressed by the appearance of their legs. Varicose veins cause severe embarrassment for many, who are unable to wear shorts, go swimming or enjoy holidays on the beach. Many doctors believe that varicose veins are not important, that they are simply cosmetic. For this reason, many people cannot access NHS treatment for their veins. However, varicose veins can also cause ache, discomfort and swelling. These symptoms are often worse at the end of the day, in warm weather or after standing for long periods.

Varicose veins are a result of faulty valves – a condition called superficial venous reflux. This condition has been shown in several medical studies to deteriorate. Varicose veins tend to get bigger and spread. Ultimately, if neglected for long enough, they may cause complications such as phlebitis, varicose eczema or venous leg ulcers.

Early treatment of varicose veins and superficial venous reflux gives better results. Intervention can relieve symptoms, reduce the risk of complications and for those who have already developed an ulcer, early treatment of superficial venous reflux gets the ulcer healed more quickly.

What Causes Varicose Veins?



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.

Colour Duplex Ultrasound is used to look at the veins and the direction of blood flow. It is important that this scan is performed in the standing position. When standing, gravity puts strain on the veins and their valves and by squeezing the calf and varicose veins, any reverse flow is detected more accurately than when performing this test while the patient is lying down.

Colour Duplex Ultrasound provides a map of the veins and at The VeinCare Centre we believe that it is essential when planning treatment. The National Institute for Health and Care Excellence in its Guidance CG168 recommends the approach followed by the VeinCare Centre.

We go further, we believe that the success of treatment can only be correctly assessed by a Colour Duplex Ultrasound Scan after intervention. These are included at all follow up appointments.

We believe that all assessments and vein treatments should be based on duplex ultrasound



Complications of Leg Veins

Leg Varicose Veins and superficial vein reflux can cause complications such as phlebitis, bleeding, varicose eczema, venous 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; 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 can 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 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 who either already have a DVT or who 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.

Many specialists now advocate the term
“Superficial Vein Thrombosis”
for this condition to emphasise its association with DVT.

Varicose Eczema

The true nature of varicose eczema is a malfunction of the veins of the legs which causes 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 to relieve symptoms and the area will look and feel better, but steroid cream 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 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. Clearly, they only help when they are worn, and they are not a long-term solution.

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 it is neglected and not treated, varicose eczema will progress to a leg ulcer.

Leg Ulcer

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 VeinCare Centre has established a dedicated Venous Leg Ulcer (VLU) Clinic to provide a “One-Stop” Assessment for people with leg ulcers. At the VLU Clinic, patients have an assessment of the leg artery system by Ankle Brachial Pressure Index (ABPI), a Venous Duplex Ultrasound Scan and a management programme formulated by one of our vascular surgeons.

The aim of treatment is to get leg ulcers healed as quickly as possible. A recent large-scale medical study from Charing Cross Hospital confirms that leg ulcers heal more quickly when the superficial venous reflux is treated and abolished.

The National Institute for Health and Care Excellence recommends that patients with a leg ulcer below the knee for more than 2 weeks should be referred to a vascular team.

Four out of five ulcers are caused by a problem with the leg vein circulation and they are called venous leg ulcers (VLU). 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. People with a VLU usually have superficial venous reflux. The aim of treatment is to get the ulcer healed as quickly as possible.

A landmark study from 2018 has shown that a combination of early Endovenous Ablation and Compression resulted in quicker healing of VLU's than compression alone.

VLU treatment usually involves graduated compression either with bandages or compression stockings and Endovenous Laser Ablation. In most cases, antibiotics, creams and ointments are not necessary. Once the ulcer is healed it is very important to avoid ulcer recurrence. We advise that people with healed VLU are kept under regular review and that they consider wearing medical grade graduated compression hosiery.

How can we avoid leg ulcers? Well there are 3 things we suggest.

1. 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.
2. 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.
3. Thirdly, if you have superficial vein reflux have it treated early to reduce the chances of progression to varicose eczema which is itself a warning sign that the skin is damaged and liable to ulceration

DVT (Deep Vein Thrombosis)

Scientific evidence confirms 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.

Team Work

The diagnosis and treatment of people with venous disease requires a team approach. Every member of our team contributes to the successful outcomes that we achieve.

Our Mission Statement

“Our mission is to deliver excellence in healthcare and to put our patients at the centre of all that we do.”



Award-Winning VeinCare Team

The medical activities of the Melbury Clinic And Vein Care Centre are regulated and inspected by the Care Quality Commission. You can be assured that the services are Safe, Caring, Effective, Responsive and Well Led

Furthermore, our team follows national guidance from the National Institute for Health and Care Excellence (NICE). You can be assured that our treatments are delivered and quality assured against independent standards (NICE Clinical Guideline CG168 and NICE Quality Standard QS67).

In 2019, The VeinCare Team won two prestigious Blackmore Vale Business Awards: Best Customer Service and Best Online Engagement.

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 give better cosmetic results, with a much lower risk of 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:

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

These new 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. The specialist also needs to consider the patient's medical history and special requirements. At The VeinCare Centre, we offer a patient-centred, tailored programme which usually involves a combination of treatment methods. For example, many people are best treated by endothermal ablation in combination with sclerotherapy and micro-incision vein extraction (phlebectomy).

We believe that treatments are best performed under local anaesthetic whenever possible, on a walk-in, walk-out basis. Our team is very experienced in treating people under local anaesthetic, even those who are very nervous.

For 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, and you will be offered the most appropriate option so that your legs will look and feel better quickly.

We believe that local anaesthetic is preferable to general anaesthetic in nearly all cases.

Our Team Approach

It is no longer acceptable for doctors to work independently 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 healthcare professionals with the right facilities such as the latest ultrasound equipment and treatment equipment. In addition, expert administrative support, policies, procedures and training must be in place. At the VeinCare Centre, we have spent nearly 20 years building our team approach, every member of which is involved in the care of our patients. Right from the person who picks up the phone to answer your questions or 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.

When you see one of our vascular specialists, you will benefit from the combined experience of the whole team. The VeinCare Team meets regularly to share knowledge and experience. Second opinions and advice are available at no extra charge to you if required. Every member of the team “cross covers” so that in the unlikely event that one specialist is not available for one of our patients, he or she can be seen by another specialist. This is what we consider to be the essential benefit of The VeinCare Centre approach to Teamwork.

The National Institute for Health and Care Excellence (NICE) in its guidance CG168 makes the following recommendations:

- People with varicose veins should be referred to a vascular service which NICE defines as a team of healthcare professionals who have the skills to undertake a full clinic and duplex ultrasound assessment and provide a full range of treatment.
- Treatment and care should consider individual needs and preferences; i.e. it should be patient-centred.
- People with varicose veins symptoms or complications such as phlebitis, bleeding, varicose eczema or leg ulcers should be referred to a vascular service.
- Patients should be told of the full range of treatment options together with the expected benefits and risks of each treatment option.
- Patients need sufficient information to make informed decisions.
- Patients with a leg ulcer below the knee for more than 2 weeks should be referred to a vascular team.

The VeinCare Centre Team offers assessments and treatments that are in line with national guidance from NICE and the Royal College of Surgeons

Our Results of Varicose Vein Treatment

Shown here is a fit and healthy lady who developed varicose veins in her teens and she 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.



This gentleman 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.



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, 2 or 3 treatments are required separated by 6-12 weeks. The healing process and the eventual result may take 12-18 months to complete.

For 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. 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 a duplex ultrasound examination of the whole vein system is part of the initial 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.

Results of Microsclerotherapy



Thigh Telangiectasias



After 2 Treatments and 18 months later

Hand Veins

Large hand veins often develop 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.

Hand Rejuvenation Treatment Programme

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 has 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- rather, it shrinks the veins and makes them return to a more normal size. Unlike other forms of sclerotherapy, compression gloves are not needed.

At the same time, we administer collagen stimulator injections under the skin and around the hand veins. By stimulating the natural production of collagen in the hands, the veins are surrounded and supported, and, in this way, they are less likely to stretch and bulge in the future. Hand vein treatments typically last for 5-10 years before the hand veins become prominent.

To complete the Hand Rejuvenation Treatment Programme, brown mark discolouration and age spots can be improved by cryotherapy.

The combination of “gentle sclerotherapy”, collagen stimulation and age spot reduction results in more youthful looking hands.

Arm Vein Reduction

Large arm veins can also be treated by “gentle sclerotherapy” and arm vein size reduction can be provided solely or in combination with the Hand Rejuvenation Treatment Programme.

Results of Hand Rejuvenation

The photographs shown below were taken by the patient herself. She was so pleased with the results that she has allowed us to share them. She is a medical professional who carefully researched all the available clinics before contacting us.

This what she had to say:

" I felt so embarrassed about my unsightly and prominent hand veins, I felt they were unattractive and ageing. I carefully researched treatment options and found Dr Gajraj's clinic - I was impressed by the technique he uses to reduce and shrink the veins but not fully destroy them. I received first - class care from initial consultation to aftercare. I feel that this procedure has changed my life - I feel much more confident socially and at work. I wouldn't hesitate to recommend this procedure and this clinic. Thank you Dr Gajraj "





The VeinCare Centre is one of the few specialist vein clinics in the UK that treats hand veins and arm veins. As far as we are aware, the Hand Rejuvenation Treatment Programme is unique anywhere in the world and the results shown speak for themselves.

www.theveincarecentre.co.uk

Tel 01935 873 951

Fax 01935 315 100

Fee Schedule

Consultation

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) for your preferred treatment programme.	340
Leg Veins Screening	
Consultation with Natalie Pike who will examine your leg veins and perform a screening* duplex ultrasound scan. Natalie is not a doctor and she cannot give you a medical diagnosis or recommend a specific treatment option. However, she works closely with the vascular surgeons and based on your consultation with her, she can indicate which treatments may be suitable for your vein condition. This consultation fee will be refunded from the cost an initial assessment with a vascular surgeon.	45
Initial Assessment for Leg Ulcers	
Consultation with our vascular surgeon, clinical assessment, ankle brachial pressure index (ABPI) measurement, full diagnostic* 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.	440
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.	100
Assessment for Facial Veins	
Consultation with Natalie Pike to include an assessment of suitability for Short Wave Diathermy, expected outcome and a full explanation of the procedure. This consultation fee will be refunded from the cost of the first treatment session.	35

Treatment

Treatment includes all follow up appointments, usually 6 weeks and 6 months after treatment, all duplex ultrasound scans, unscheduled appointments and scans for concerns, retreatments for residual veins, all correspondence and reports. In addition, should our patients have any concerns within 12 months of treatment, we will be happy to investigate these concerns and retreat if necessary. This provides welcome added reassurance for 12 months.

Foam Sclerotherapy Alone	£
One leg	1550
Both legs	2395
Foam Sclerotherapy and Phlebectomy	
One leg	2745
Both legs	3650
Endothermal Ablation by Laser (in combination with other treatments)	
One leg	3895
Both legs	4895
Microsclerotherapy for Thread Veins	400
Short Wave Diathermy	150
Hand Rejuvenation Treatment Programme (both hands)	2495
Arm Vein Reduction (both)	2695
Hand Rejuvenation Treatment Programme and Arm Vein Reduction (left and right)	3295

Please check our website for the current fee schedule. Written quotations and T+C's are available on request. Information about other treatment options such as Radiofrequency, Clarivein® and VenaSeal™ are available on request.

Clinics

The VeinCare Centre specialists see patients at:

- The Melbury Clinic, Holt Mill, Dorset, DT2 0XL
- Ringwood Health Clinic, 16-18 Southampton Road, Ringwood, BH24 1HB

Locations and directions can be found on the website

You can make an appointment direct by calling The VeinCare Centre on 01935 873951. A GP referral is not essential and you can refer yourself.

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 Haroun Gajraj (GMC Number 2648642), Miss Catharine McGuinness (GMC Number 3240966) and Mr Robin Winhaber (GMC Number 4540162), are pleased to receive referrals from your GP. You will then be contacted with an appointment. GP Referrals should be sent to:

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

Private Medical Insurance

Miss McGuinness, Mr Winhaber and Dr Gajraj are recognised as qualifying specialists by all the major insurance companies but please check with your insurer before incurring any costs. Please quote their GMC number 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.

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The VeinCare Centre is the Trading Name of the Melbury Clinic Ltd - a UK registered company 04575501



The medical activities of the Melbury Clinic Ltd are regulated by the Care Quality Commission, the independent regulator of Health and Social Care in England