Relief is just the beginning.
Learn more at:
Medtronic.com/VaricoseVeins

References

ClosureFast™ RFA System Reference Statement
Important: Please reference the Instructions For Use (IFU) for a complete listing of indications, contraindications, warnings and precautions, adverse effects, and suggested procedure.
Caution: Federal (USA) law restricts these devices to sale by or on the order of a physician.

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**Chronic venous insufficiency**

**Venous reflux and chronic venous insufficiency**

Venous reflux in the legs is one of the causes of varicose veins. If venous reflux is not treated, it may worsen and develop into a more serious form of vein disease called chronic venous insufficiency (CVI).¹

**CVI risk factors²**

- Family history
- Leg injury or trauma
- Obesity or excess weight
- Smoking
- Lack of exercise
- Prolonged sitting or standing
- Current or previous pregnancies
- Blood clot (deep vein thrombosis)

**Venous reflux**

Develops when valves stop working properly and allow blood to flow backward, or reflux, and pool in the lower leg veins.

Healthy leg veins have valves that keep blood flowing to the heart.

**How to know if CVI is affecting your legs or ankles²,³**

- Varicose veins
- Aching or pain
- Swelling
- Cramping
- Heaviness or tiredness
- Itching
- Restlessness
- Skin changes and/or discoloration
- Open sores or ulcers

Using ultrasound to scan your leg(s), your physician will determine if you have venous reflux in your leg veins.

CVI and varicose veins are more common than you think. More than 30 million people in the United States are afflicted with venous reflux or the more serious disease, CVI.³

With proper treatment, your physician can help prevent the progressive symptoms of venous reflux. Without treatment, venous reflux may progress and significantly impact your quality of life, and lead to venous leg ulcers.¹
Leg vein anatomy

Front of leg
- Femoral vein (deep vein, located deep in the leg)
- Perforator vein (communicating vein)
- Saphenofemoral junction (SFJ)
- Great saphenous vein (superficial vein, located close to the skin)
- Reticular veins (feeder vein)
- Spider veins

Back of leg
- Popliteal vein (deep vein)
- Small saphenous vein (superficial vein, located close to the skin)

How to tell if you have vein disease
- Varicose veins
- Swelling and skin discoloration
- Skin color and texture changes
- Venous ulcers

Photos courtesy of Rajabrata Sarkar, M.D., Ph.D.
Discover lasting relief
ClosureFast™ procedure

Thermal vein closure
The ClosureFast procedure uses radiofrequency energy, or heat, to close the diseased vein, which redirects blood flow to healthy veins, and relieves symptoms.

- Relief of symptoms after two days, with a noticeable improvement in one to two weeks⁴
- Minimally invasive outpatient procedure
- Local anesthesia along the leg
- Less pain and bruising than laser treatment⁴
- Faster recovery than laser treatment⁴
- Compression stockings needed for at least one week after the ClosureFast procedure⁵
- Proven results with positive patient experience⁴-⁶
- Rapid recovery – on average, patients resume normal activities in a few days⁷
- The only radiofrequency energy procedure with published long-term clinical data demonstrating safety and efficacy, with a 91.9% closure rate at five years.⁵

† Individual results may vary. Images courtesy of Jonathan Calure, M.D., of Maryland Vein Professionals.

Get back to doing what you love

Though uncommon, possible risks of the ClosureFast procedure can include nerve injury, hematoma, phlebitis, thrombosis, and/or pulmonary embolism.
Your physician will perform the ClosureFast procedure. Using ultrasound, your physician will position a catheter in the diseased vein through a small opening in the skin.

The small catheter delivers heat to the vein wall, causing it to shrink and seal the vein. Once the diseased vein is closed, blood will reroute itself to other healthy veins.

Following the procedure, your physician will apply a simple bandage over the insertion site, and may give you compression stockings to aid the healing process. Your physician may encourage you to walk, and to refrain from extended standing and strenuous activities for a period of time. The average patient typically resumes normal activities in a few days.7
What can I expect from the ClosureFast procedure?

Answers to some common questions.

Is the ClosureFast procedure painful?
Most patients report feeling little, if any, pain during the ClosureFast procedure. Your physician should give you a local or regional anesthetic to numb the treatment area.

How quickly can I get back to normal activity?
Patients treated with the ClosureFast procedure may resume normal activities quicker than patients who undergo surgical vein stripping or laser ablation. With the ClosureFast procedure, the average patient typically gets back to normal activities in a few days. For a few weeks after treatment, your physician may recommend walking regularly and may suggest avoiding very strenuous activities (heavy lifting, for example) or prolonged periods of standing.

How soon after treatment will I start to feel better?
Most patients report relief of symptoms after two days, with a noticeable improvement in one to two weeks.

Is there any scarring, bruising, or swelling afterwards?
Most patients report little to no scarring, bruising, or swelling following the ClosureFast procedure.

Is the ClosureFast procedure covered by insurance?
The ClosureFast procedure is covered by major health insurers, and many pay for the procedure partially or fully. Please discuss your coverage with your insurance provider before seeking treatment.