

**Qualifications:****MB ChB***University of Bristol***MD***University of Bristol***FRCS (Eng)***Royal College of Surgeons of England***GMC Number:****3354128***Entry into the GMC Specialist Register for Surgery***Specialities:****Vascular Surgery**

## Isaac Nyamekye

### Consultant Vascular and Endovascular Surgeon

#### Training background

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I attended Mill Hill School in London and did my undergraduate studies at University of Bristol Medical School from where I graduated in 1988 with distinction in anatomy. After junior hospital attachments and teaching anatomy at the Medical School I was appointed to a rotating registrar post in surgery at the Royal Hallamshire Hospital, Sheffield, passing as a Fellow of the Royal College of Surgeons of England in 1992. I moved to London on appointed to the post of UCL Research Fellow and Honorary Clinical Fellow in Vascular Surgery at the Middlesex and University College London Hospitals leading to the postgraduate award of Doctor of Medicine from my alma mater in 1995. I started training in vascular ultrasound at the Middlesex vascular laboratory during this time.

My surgical training continued in General and Vascular Surgery in Cheltenham and Gloucester Royal Hospital before returning to the Bristol Royal Infirmary and Southmead Hospital (now part of North Bristol NHS Trust) to complete specialist training in Vascular Surgery.

I was appointed to the then Worcester Royal Infirmary as a substantive NHS Consultant in 1999 and now practice in Vascular and Endovascular Surgery at Worcestershire Royal Hospital.

I am a co-founding director of **The Vein Clinic Limited** and undertake private practice in Worcestershire at Spire South Bank Hospital, Worcester and BMI The Droitwich Spa Hospital.

#### National activities

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I was elected onto the council of The Vascular Society of Great Britain and Ireland in 2010 and served a 3 year term. I was the leading Venous Expert on Council and represented council at meetings with NICE, for whom I act as Specialist Advisor for their Interventional Procedures Programme. I have advised on several varicose vein procedures including Clarivein and Foam sclerotherapy.

I am an elected member of Council of the Venous Forum of the Royal Society of Medicine in London and since 2010 I have been one of its 3 executive officers and the Forum's Honorary Treasurer. As the representative

body for varicose vein experts in the UK, and with international representation on the International Union of Phlebology (IUP), the Venous Forum is at the forefront of assessing, scrutinizing and advancing new varicose techniques as they have been introduced in the UK. The executive and council achieve this through organising national meetings, competitive selection of trainee presentations and prizes and awarding research and educational grants. We also provide guidance and expertise through varicose vein referral guidance and publication of a series of authoritative documents and guides for modern venous practice (VEIN I-IV).

## NHS post

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### I am a Consultant Vascular Surgeon at the Worcestershire Royal Hospital

## Research activities

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I have been actively involved in venous research for over two decades. My current national and international collaborations as Principle Investigator in Multicentre Trials include the CLASS Trial (Comparison of Laser, Surgery and foam Sclerotherapy), the EVRA study (Early Venous Reflux Ablation in Venous Ulceration) and the CLEANER clinical trial. My own NHS sponsored research study comparing the 3 main Radiofrequency devices (Venefit - 'Closurefast', Radiofrequency Induced Thermal Therapy - 'RFITT' and Endovenous Radiofrequency - 'EVRF') in a clinical study of varicose veins treatment is ongoing. I take great interest in training the next generation of Endovenous Specialists and have guided and collaborated with many towards presentations and publications (listed below) over the years.

Currently, I help to select grant applications for the Royal College of Surgeons Research Fellowships and the Venous Forum Research Grants.

## Professional societies

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### I am a member of the following professional societies:

- Vascular Society of Great Britain and Ireland
- European Society of Vascular and Endovascular Surgery
- Venous Forum of the Royal Society of Medicine
- British Medical Association
- Royal College of Surgeons of England

## Endovenous services

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### I consult on all venous problems, and have the following areas of specialist interest:

- Colour venous duplex imaging
- Endovenous Laser Therapy
- Endovenous Radiofrequency Therapy (Venefit / VNUS Closure & RFITT)
- Foam Sclerotherapy
- Microinjection Sclerotherapy
- Minimally invasive Varicose Vein Surgery

## Publications in Venous Disease

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### I have published the following venous studies:

Grabs AJ, Wakely MC, **Nyamekye I**, Ghauri ASK, Poskitt KR. *Colour duplex ultrasonography in the rational management of chronic venous leg ulcers.* Br J Surg 1996, 83: 1380-1382

**Nyamekye I**, Shepherd N, Davies B, Heather BP, Earnshaw JJ. *Clinico-pathological evidence that neovascularisation as a cause of recurrent varicose veins:* Eur J Vasc Surg 1998; 15: 412-415

Ghauri ASK, **Nyamekye I**, Grabs AJ, Farndon JR, Poskitt KR. *Influence of a specialised leg ulcer service and venous surgery on the outcome of venous leg ulcers.* Eur J Vasc Endovasc Surg 1998; 16: 238-244

Ghauri ASK, **Nyamekye I**, Grabs AJ, Farndon JR, Poskitt KR. *Diagnosis and management of mixed venous and arterial ulcers in community ulcer clinics.* Eur J Vasc Endovasc Surg 1998 Oct;16(4):350-5

Gohel MS, Poskitt KR, **Nyamekye IK** Book Chapter: *How I manage venous ulcers, in Advancing The Boundaries of Vascular Surgical Practice*, Eds N Cheshire et al, Published by Aesculap Academia 2005

R.H. Bhogal, **I.K. Nyamekye** *Should All Patients Undergo Postoperative Duplex Imaging to Detect a Deep Vein Thrombosis After Varicose Vein Surgery.* World Journal of Surgery 2007: 32:237-240

DM Cocker, **IK Nyamekye** *Fatal Haemorrhage from Varicose Veins: is the correct advice being given.* J R Soc Med 2008:101; 515-516

**I Nyamekye**, P Buxton. (2009) *EndoVenous laser ablation.* In: Greenhalge R. M. (Ed.) Vascular and Endovascular Controversies Update. London: BIBA Publishing, pp. 327-335

ASK Ghauri<sup>1</sup> and **IK Nyamekye** *Leg ulceration: the importance of treating the underlying pathophysiology.* VEIN 2 project 2010. Phlebology. 2010 Oct;25 Suppl 1:42-51

Berridge D, Bradbury AW, Davies, AH, Gohel M, **Nyamekye I**, Renton S, Rudarakanchana N, Stansby G. *Recommendations for the referral and treatment of patients with lower limb chronic venous insufficiency (including varicose veins).* Phlebology. 2011 Apr;26(3):91-3

Bradbury A, Stansby G, **Nyamekye I** *VENous INTERvention (VEIN) 3 project: Introduction.* Phlebology. 2012;27 Suppl 2:1. doi: 10.1258/phleb.2012.012S30. PubMed PMID: 22457299

**Nyamekye I**, Merker L. *Management of proximal deep vein thrombosis.* Phlebology. 2012;27 Suppl 2:61-72. doi: 10.1258/phleb.2012.012S37. Review. PubMed PMID: 22457306

Bhogal RH, Moffat CE, Coney P, **Nyamekye IK** *Can foam sclerotherapy be used to safely treat bilateral varicose veins?* Phlebology. 2012 Feb;27(1):19-24

Newman JE, Meecham L, Walker RJ, **Nyamekye IK** *Optimising Treatment Parameters for Radiofrequency Induced Thermal Therapy (RFITT): A Comparison of the Manufacturer's Treatment Guidance with a Locally Developed Treatment Protocol.* Eur J Vasc Endovasc Surg. 2014 Jun;47(6):664-9

Goodyear SJ, **Nyamekye IK** *Radiofrequency ablation of varicose veins: Best practice techniques and evidence.* Phlebology. 2015 Nov;30(2 Suppl):9-17

## Presentations in Venous Disease

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**I have made or supervised the following venous presentations:**

**Nyamekye I** *Neovascularisation as a cause of recurrent varicose veins: a histological study.* Vascular Surgical Society of Great Britain and Ireland 1996

**Nyamekye I** *How I manage venous leg ulcers.* IV Imperatives in vascular surgery 2005

**Nyamekye I** *What is neovascularisation and why does it follow open surgery.* UK Vein Conference 2005

**Nyamekye I** *What factors affect return to normal function after varicose veins surgery.* Imperatives in vascular surgery 2006

**Nyamekye I** *Update on Endovenous Laser ablation for truncal varicose veins.* Vascular and Endovascular Controversies update. 31st Charing Cross Symposium 2009

**Nyamekye I** Office based vein course: *presentation on Radiofrequency induced Thermal Therapy.* 32nd Charing Cross Symposium 2010

**Nyamekye I** British Association of Sclerotherapist at the Venous Forum of the Royal Society of Medicine: **Foam Sclerotherapy**, EVLA and RFA 2010

**Nyamekye I** **Pathophysiology of leg ulceration**. Venous Forum Autumn meeting 2010

**Nyamekye I** Office based vein course: **presentation on Radiofrequency induced Thermal Therapy**. 33rd Charing Cross Symposium 2011-2015

**Nyamekye I** **Pharmacomechanical thrombolysis for Acute Iliofemoral DVT**. Venous Forum of the Royal Society of Medicine: 2012

**Nyamekye I** **Iliofemoral DVT: Medical treatment, percutaneous Thrombectomy or Lysis**. Association of Surgeons of Great Britain & Ireland 2012

**Nyamekye I** VENOUS CONTROVERSIES: **Benefits of bipolar radiofrequency technology**. 36th Charing Cross Symposium 2015

**Nyamekye I** **Rational anti - DVT prophylaxis for ambulatory varicose vein procedures**. VS 2015 Venous Forum Session 2015

Bhogal R, **Hickey NC**, **Nyamekye I** **Selective venous duplex imaging detects all clinically relevant DVT after varicose veins surgery**. Venous Forum of the RSM Brighton 2005

Robinson SJ, **Nyamekye I** **Ultrasound guided foam sclerotherapy for symptomatic varicose veins -our early experience**. Joint Meeting of West and East Midlands Surgical Societies, Coventry 2006

Grainger S, Cooper K, **Hickey NC**, **Nyamekye IK** **How successful is the use of foam sclerotherapy for small saphenous varicose veins?** Venous Forum of the RSM Best Paper Prize Bristol 2007

Bartlett D, Senter V, **Nyamekye I** **Early Outcomes Following Ultrasound Guided Foam Sclerotherapy (UGFS) for Treatment of Symptomatic Varicose Veins**. Venous Forum of the RSM Bristol 2007

Bartlett D, Senter V, **Nyamekye I** **Ultrasound guided foam sclerotherapy for treatment of symptomatic varicose veins**. Annual Scientific Meeting -Association of Surgeons of GB & I, Manchester 2007

Moffat CE, Bhogal R, **Nyamekye I** **Ultrasound Guided Foam Sclerotherapy: Does increasing Foam Volume increase the risk of complications?** Venous Forum of the RSM Best Paper Prize, RSM 2008

Bhogal R, Moffat CE, Coney PM, **Nyamekye I** **Foam Sclerotherapy for bilateral varicose veins: bilateral vrs interval unilateral procedures**. Venous Forum of the RSM 2008

Davies RSM & **Nyamekye I** **Mid-Term results of ultrasound-guided Foam Sclerotherapy for for the treatment of saphenous truncal incompetence**. Venous Forum of the RSM 2009

Mittal S & **Nyamekye I** **Endovenous Laser ablation: can the presence of residual varicosities be predicted preoperatively?** South West Vascular Surgeons 2010

Mittal S, **Nyamekye I** **A comparison of the new Radiofrequency Induced Thermal Therapy Device with other endovenous treatments**. Venous Forum of the RSM 2010

Torrance A, Mittal S, **Nyamekye I** **A comparison of patient satisfaction following Foam sclerotherapy, Endovenous laser ablation and RadioFrequency ablation for long saphenous truncal incompetence** Venous Forum of the RSM 2010

Torrance A, Mittal S, **Nyamekye I** **Is there local evidence to support international guidelines on maximum foam volume usage in Foam Sclerotherapy?** Venous Forum of the RSM 2010

Calderbank P, Torrance A, **Nyamekye I** *Radiofrequency Thermal Ablation for Saphenous Trunk incompetence-with and without phlebectomy of varicosities: Early results.* Venous Forum of the RSM 2010

Griggs R & **Nyamekye I** *Patient preferences for varicose vein treatment.* S W Vascular Surgeons, 2011

Merker L, Toby D, **Nyamekye I** *Iliofemoral DVT and Post Thrombotic Syndrome: Are Guidelines being Followed?* South West Vascular Surgeons 2012

Merker L, Toby D, **Nyamekye I** *Iliofemoral DVT and Post Thrombotic Syndrome.* Venous Forum of Royal Society of Medicine 2012

Newman J, **Nyamekye I** *Optimising treatment parameters for Radiofrequency Induced Thermal Therapy (RFITT): a comparison of two different treatment protocols.* Venous Forum, RSM 2013

Meecham L, Walker R, Newman J, **Nyamekye I** *Long Term Outcomes after Foam Sclerotherapy for Primary Great Saphenous Vein Incompetence.* Venous Forum of Royal Society of Medicine, 2013

Li Y, **Nyamekye I** *Time to Intervention and Patient Outcomes Following Operative Treatment of Bleeding Varicose Veins.* Venous Forum of Royal Society of Medicine, 2014

Bone L, **Nyamekye I** *A Comparison of Venefit, RFITT and EVRF.* Venous Forum, RSM, 2014

Ghali C, Goodyear S, **Nyamekye I** *DVT following radiofrequency ablation: does proximity to the SFJ matter?* Vascular Society/ Venous Forum Session. 2015

## Varicose veins

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Varicose Veins are veins that have become lumpy, widened bulging or twisted. Varicose veins can manifest themselves with a number of low grade symptoms from aching, pain, itching and ankle swelling and some people live with them for many years without any medical problems however incompetent valves will never improve and the varicose veins will get worse over time causing both cosmetic concerns and increased discomfort.

Veins contain valves to allow blood to flow one way to the heart and stop blood flowing back down the leg. When these valves stop working properly (incompetent valves) blood can flow backwards down the vein causing pressure within the vein which then dilate and become varicose.

Raised pressure can also cause the development of spider veins and discoloured areas which look like bruises or eczema, if this damage to the skin is allowed to progress an ulcer may develop so skin changes are a good reason to seek expert advice.

## Complications from varicose veins can also lead to:

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**Thrombophlebitis.** This is where the veins are inflamed causing blood to flow inefficiently and therefore be prone to clotting causing the vein to be hard and tender

**Bleeding.** Uncommon but alarming. Small, very superficial veins (we call them High Pressure Reticular Veins) dilate under high pressure and may bleed quite dramatically. The highest pressure is low down around the ankle and foot. An area of high pressure reticular veins here is called Corona Phebectatica Paraplanteris. These veins are a sign of significant venous insufficiency, are quite disfiguring and often bleed.

**Deep Vein Thrombosis.** DVT can lead to varicose veins and skin damage so if any of these symptoms are presenting you should ask for a referral to a vascular surgeon

**Skin Damage.** High venous pressure in varicose veins eventually impairs the effective nutrition and oxygenation of the skin and fat in the lower leg. This leads to Lipodermatosclerosis (LDS) – scarring of the fat (narrowing the ankle profile) and skin (producing brown patches). This is permanent and may precipitate:

**Ulceration.** High venous pressure is the commonest cause of leg ulcers, the most feared complication of varicose veins.

*It is difficult to predict who is going to develop serious complications from their veins, but those with incompetent valves and severe venous reflux in one or more truncal veins are probably at higher risk.*

The Vein Clinic offers many treatment options to suit your condition. **The vein clinic treatment pathway** starts off with a consultation with either of the vascular surgeons at the clinic where your problem and your desired result is listened to, followed by a clinical examination of your legs.

We then give you a duplex ultrasound scan where we diagnose the cause of your varicose veins using accurate, non-invasive scanning. The findings of the scan are then discussed with you and a treatment plan for your varicose veins is formed dependent on your specific varicose problem.

- **Truncal veins** are usually by endothermal ablation, under local anaesthetic as an ambulatory patient.
- **Varicose tributaries**, the visible varicose veins themselves are treated by by micro-phlebectomies and/or foam sclerotherapy, if necessary. Usually at the same treatment session as the truncal ablation.
- **Thread veins** (reticular veins or telangiectasia) are treated by micro-injection sclerotherapy. May be performed with other treatments, or independently if very extensive.

After the procedure you will have a Post-Procedure Holistic Outpatient Assessment, including:

- Consultation to determine if your requirements have been met
- Duplex Ultrasound Scan – to confirm that the truncal vein has been successfully ablated.
- End of Pathway if perfect result, or plan for further intervention if needed (typically for thread veins)

**DON'T SUFFER VARICOSE VEINS IN SILENCE - LET US HELP YOU,  
MOST TREATMENTS ARE WALK IN WALK OUT  
CONTACT AN EXPERT NOW**