

**Qualifications:****MB ChB***University of Birmingham***MD***University of Birmingham***FRCS (Eng)***Royal College of Surgeons of England***GMC Number:****2855453***Entry into the GMC Specialist Register for Surgery***Specialities:****Vascular Surgery**

## Nicholas Hickey

### Consultant Vascular and Endovascular Surgeon

#### Surgical Training

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I grew up in Worcester and attended The Kings School. I studied Medicine at the University of Birmingham, graduating in 1984 with the Sampson Gamgee Memorial Prize in Surgery. After undertaking junior doctor hospital training posts and teaching anatomy at the Medical School I was appointed to a rotating registrar post in surgery in the West Midlands, passing as a Fellow of the Royal College of Surgeons of England in 1988. I obtained a Sheldon Clinical Research Fellowship and began a 2 year research post at the University of Birmingham and Selly Oak Hospital. This resulted in the award of the Patey Prize by the Surgical Research Society and the higher degree of Doctor of Medicine in 1991. I began performing vascular duplex ultrasound at the Selly Oak vascular laboratory during this time (1988-90).

My surgical training continued in General and Vascular Surgery in Worcester and Stourbridge and I was then appointed a Lecturer in the University of Birmingham, with specialist training in Vascular Surgery at the Queen Elizabeth and Selly Oak Hospitals. I was awarded a travelling fellowship by the Royal College of Surgeons to obtain further specialist training in the USA at Harvard University.

#### Consultant Practice

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I was appointed Consultant Vascular Surgeon in Worcester in 1994 and, with 5 colleagues, continue to provide a vascular service to the people of Worcestershire and Herefordshire.

I soon developed a keen clinical, research and development interest in the treatment of varicose veins. Initially, my aim was to try to make varicose vein surgery less traumatic and more 'minimally invasive'. I introduced the techniques of Micro-Phlebectomy and PIN-Stripping to Worcestershire. I performed and published studies that demonstrated that the use of tourniquets reduced bleeding and bruising associated with surgery and that the use of pre-operative local anaesthetic infiltration reduced operative bleeding and post-operative pain. I also introduced micro-sclerotherapy for thread veins and small varicose veins and continue to offer this technique in my outpatient clinic.

In 1995 I began advanced training in Venous Duplex Ultrasound Scanning and in 1998 purchased a portable scanner to accurately assess varicose veins in clinic and to precisely direct surgical treatment.

Isaac became a colleague in 1999 and obviously shared my interest in improving varicose vein assessment and treatment. We formed **The Vein Clinic Limited** in 2003. There then followed a revolution in the way varicose veins were treated with the introduction of Ultrasound-Guided Endovenous interventions. In 2003 we began performing Ultrasound-Guided Foam Sclerotherapy, Radiofrequency Ablation in 2004 and a year later Endovenous Laser Ablation.

We were amongst the first specialists in the UK to embrace these new treatment methods. We were early converts because it was clear to us that they represented a quantum leap in the safe, effective treatment of venous disorders and allowed low-risk, ambulatory management of varicose veins with obvious advantages to our patients. Over the last 10 years, we have continued to develop and refine these procedures.

I became particularly interested in Endovenous Laser Ablation and regularly train consultants from all over the country in this technique. 5 years ago I introduced the Biolitec 'Painless' Laser, further refining the procedure, reducing post-operative discomfort and speeding up recovery. I trained in Clarivein mechano-chemical ablation but still prefer Laser as my first-line treatment choice for truncal vein ablation.

I am now very experienced in endovenous interventions. I have been asked to speak about modern varicose vein treatments at national and international scientific meetings and am the trainer for Biolitec Endovenous Laser Ablation (ElveS) at the Charing Cross International Symposium Venous Workshop.

The vast majority of patients we see with varicose veins can now be assessed in a one-stop outpatient clinic and treated with minimally-invasive endovenous interventions under local anaesthetic in an ambulatory setting.

I consult at Spire Southbank Hospital and BMI Droitwich Spa Hospitals and undertake treatments at these hospitals and Kidderminster Treatment Centre

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## National activities

In 2004 I contributed to the NICE Clinical Knowledge Summary in Varicose Veins.

I sat (as one of three vascular surgical specialists) on the NICE Guidelines Development Group for Varicose Veins from 2011 -2013. We published the NICE guidelines on the diagnosis and management of varicose veins in 2013.

I am a member of the the Trial Steering Committee for the HTA-funded 'Graduated compression as an Adjunct Pharmacoprophylaxis in Surgery' (GAPS) trial.

I regularly review scientific papers on the management of varicose veins for the British Journal of Surgery and Phlebology

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## NHS post

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

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## Professional Societies

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

- Vascular Society of Great Britain and Ireland
- 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, with the following areas of specialist interest:**

- Colour venous duplex ultrasound imaging
- Endovenous Laser Ablation
- Endovenous Radiofrequency Ablation (Venefit, previously VNUS Closure)
- Ultrasound-Guided Foam Sclerotherapy
- Microinjection Sclerotherapy
- Minimally invasive Varicose Vein Surgery

## Publications in Venous Disease

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**I have published the following venous studies:**

**A prospective, randomised trial of tourniquet in varicose vein surgery**

Sykes TCF, Brookes P, **Hickey NC**

Ann R Coll Surg Eng 2001; 83: 222-223

**A randomized, controlled trial of preoperative infiltration with bupivacaine and adrenaline in varicose vein surgery**

Franks SC, Harmston C, **Hickey NC**

Phlebology 2006; 21: 28-31

**Varicose vein surgery performed by a surgical care practitioner**

**Hickey NC**, Cooper K

Phlebology 2009; 24: 43-45

**The diagnosis and management of varicose veins in the legs: summary of nice guidance**

Marsden G, **Hickey NC** et al, on behalf of the Guideline Development Group

BMJ 2013; 347: f4279

**A cost-effectiveness analysis of surgery, endothermal ablation, us-guided foam sclerotherapy and compression stockings for symptomatic varicose veins.**

Marsden G, Perry M, Bradbury A, **Hickey NC**, Kelley K, Trender H, Wonderling D, Davies A

Eur J Vasc Endovasc Surg 2015 Dec;50:794-801

## Presentations in Venous Disease

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

MIDLANDS VASCULAR SURGICAL SOCIETY, March 1999

**A Prospective Randomised Trial of Tourniquet in Varicose Vein Surgery**

T Sykes, **N C Hickey**

ASSOCIATION OF SURGEONS OF GREAT BRITAIN AND IRELAND, May 1999

**A Prospective Randomised Trial of Tourniquet in Varicose Vein Surgery**

T Sykes, **N C Hickey**

VENOUS FORUM - ROYAL SOCIETY OF MEDICINE, June 1999

**A Prospective Randomised Trial of Tourniquet in Varicose Vein Surgery**

T Sykes, **N C Hickey** (Presentation prizewinner)

MIDLANDS VASCULAR SURGICAL SOCIETY, March 2004

***Preoperative Infiltration with Adrenaline Reduces Bleeding associated with Varicose Vein Surgery***

S Franks, **N C Hickey**

VENOUS FORUM - ROYAL SOCIETY OF MEDICINE, March 2004

***Preoperative Infiltration with Adrenaline Reduces Bleeding associated with Varicose Vein Surgery***

S Franks, **N C Hickey** (Abstract published Phlebology 2004; 19: 100)

VENOUS FORUM - ROYAL SOCIETY OF MEDICINE, March 2005

***Benefit of a Surgical Care Practitioner in Day-Case Varicose Vein Surgery***

**N C Hickey**, K Cooper (Abstract published Phlebology 2005; 20: 100)

VENOUS FORUM - ROYAL SOCIETY OF MEDICINE, MARCH 2005

***Specialist Nurse One-Stop Varicose Vein Assessment in a Treatment Centre Clinic***

W Hayes, **N C Hickey** (Abstract published Phlebology 2005; 20: 99)

WEST MIDLANDS SURGICAL SOCIETY, May 2006

***Early Experience with Ultrasound-Guided Foam Sclerotherapy for Varicose Veins***

D Loader, **IK Nyamekye**, **N C Hickey**

VENOUS FORUM - ROYAL SOCIETY OF MEDICINE, March 2007

***Foam Sclerotherapy for Short Saphenous Varicose Veins***

S Grainger, K Cooper, **N C Hickey**, **IK Nyamekye** (presentation prize winner)

VENOUS FORUM - ROYAL SOCIETY OF MEDICINE, March 2007

***Ultrasound-Guided Foam Sclerotherapy - Early Results***

D Bartlett, **N C Hickey**, **IK Nyamekye**

WEST MIDLANDS SURGICAL SOCIETY, Nov 2007

***Endovenous Laser Ablation of the Long Saphenous Vein without Adjuvant Sclerotherapy***

C Moffat, **N C Hickey** (Abstract published Ann R Coll Surg Eng 2008; 90:352)

THE UK VEIN CONFERENCE 2007

***New Treatments for Varicose Veins - the Team Approach***

**N C Hickey** (invited speaker)

VASCULAR SOCIETY OF GREAT BRITAIN AND IRELAND, Nov 2007

***New Treatments for Varicose Veins - the Truth***

**N C Hickey** (invited speaker)

VASCULAR SOCIETY OF GREAT BRITAIN AND IRELAND, Nov 2007

***Conventional Varicose Vein Surgery -The Case Against***

**N C Hickey** (invited speaker)

EUROPEAN SOCIETY FOR VASCULAR SURGERY (Amsterdam), Sept 2010

***Multi-disciplinary Care of The Vascular Patient - the UK perspective***

**N C Hickey**, W Hayes (invited speakers)

VENOUS FORUM - ROYAL SOCIETY OF MEDICINE, April 2011

***A National Overview of Service Provision for Venous Disease: Possible Implications of Government Policy***

**N C Hickey** (invited speaker)

ISPOR 17th ANNUAL EUROPEAN CONGRESS (Amsterdam), Nov 2014

***A cost-effectiveness analysis of interventions for symptomatic varicose veins***

G Marsden, **N C Hickey** et al

IMPERIAL VEIN COURSE - LONDON, Jan 2015

***Current Evidence and management of Superficial Venous Disease***

**N C Hickey** (invited speaker)

37th CHARING CROSS INTERNATIONAL VASCULAR SYMPOSIUM, April 2015

***Endovenous laser ablation using the Biolitec 1470nm radial fibre***

**N C Hickey** (invited demonstrator)

## 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**