EURACARE

PATIENT INFORMATION FORM

VARICOSE VEIN SURGERY

What are varicose veins?

Varicose veins are abnormally swollen (dilated) veins that you can see just below the surface of the skin. Approximately 30% of the population have varicose veins. Smaller veins in the skin itself are sometimes called "thread" or "spider veins". Although these may be unsightly they are not the same as varicose veins.

Blood flows down the legs through the arteries and back up through the veins. The deep veins carry most of the blood up towards the heart; the veins under the skin are less important and can form varicose veins. All veins contain valves which allow blood to only flow towards the heart. Failure of the valves allows blood to flow back downwards and produces pressure. This excess pressure leads to swelling (dilation) of the veins.





vein

(vein with faulty valves)

What problems can they cause?

Aching pain in the leg that is worse when standing for long periods is a common complaint and this may improve with surgery. Episodes of phlebitis or "inflammation" may be prevented by surgery. Patients with leg ulcers may benefit from surgery. Itching can be caused by varicose veins but there are often other causes. Swelling of the legs or night cramps are rarely helped by surgery.

Before your operation.

You may be asked to attend for a pre-admission visit before your actual date of admission to make sure you are fit for surgery or a history may be taken over the phone. The operation is usually performed as a day-case. On rare occasions, some people may be required to stay in hospital overnight.

Coming into hospital:

- If you come into hospital on the day of your operation you will be received in the ward by the nurse who will take note of your personal details.
- You will be visited by the surgeon who is to perform your operation, who will draw the position of the veins on your legs with a marker pen.
- The doctor who will give you your anaesthetic (the anaesthetist) will also see you before the operation

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- Many people are concerned about anaesthetics, so please tell the anaesthetist if you have any specific worries so that he/she can reassure you and answer any questions.
- Please bring into hospital any tablets or medicines that you are taking and show them to the nurse.

The operation.

- This is usually performed under a general anaesthetic.
- The most common operation is where a cut is made in the groin or behind the knee.
- The vein is then "tied" off where it meets the deeper veins, sometimes the vein in the thigh may also be removed ("stripped").
- Blood can still flow up the leg along the deeper unaffected veins.
- The cut in the groin is closed with a stitch hidden under the skin.
- The other veins marked before the operation are then pulled out of tiny cuts. These are closed with adhesive strips or a stitch.
- A dressing is placed on the cut in the groin and your leg will be bandaged up to the top of the thigh. For some patients this will be removed the following day, and be replaced with a stocking. For other patients the bandage will remain in place for 5 days. You will be advised about this before you leave hospital. You need to wear clothing and footwear that can be put on over the bandages for going home in.

Complications

- Sometimes a little blood will ooze from the wounds during the first 24-48 hours. This usually stops on its own. If necessary press the wound for 10 minutes, rest in bed and raise the leg/legs. If bleeding continues after doing this twice, you should contact your GP.
- Occasionally hard, tender lumps can appear near the operation scars or in the line of the removed veins. These
 can appear even some weeks after the operation and need not be a cause for concern. However, if they are
 accompanied by excess swelling, redness and increased pain, they may represent a wound infection and you
 should see your GP.
- Approximately 2 people in 100 will get a wound infection. The wound in your groin is particularly at risk and you should pay particular attention to hygiene in this area.
- Numbness around the wounds and reduced sensation to parts of the leg is common. This is due to nerve damage and usually settles after some weeks or months. The scars on your legs will continue to fade for many months.
- You will have been told that not every visible vein will disappear because of your operation and there is a 10% chance that further surgery for recurrence of varicose veins will be required.
- There is usually extensive bruising to the leg, particularly down the inner side of your thigh. The bruising usually lasts no more than 4 weeks but, in some people, can be longer.

Going home

- Most people describe their leg as being sore and uncomfortable when they get home and this can get worse to begin with before it gets better. Usually after two weeks the discomfort has resolved. Often, no painkillers are required.
- Regular daily exercise is recommended, such as a daily walk or an exercise bike, to provide a gradual return to normal activity.

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- You will be able to drive 48 hours after the operation so long as you're not too uncomfortable and can perform an emergency stop.
- You can bath or shower 48 hours after the operation
- You should be able to return to work between 1-3 weeks after the operation depending on the type of work you do. Your surgeon or GP will be able to advise you on this.
- As you are clearly pre-disposed to varicose veins; wear light support stockings, take regular exercise and avoid being overweight. This will help prevent you from being troubled in the future.

Finally:

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives.



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