Bleeding Varicose Veins
Surgical Repair

Surgery can be used to repair varicose veins that have caused bleeding. The first goal is to stop the bleeding. Then, the aim is to keep the bleeding from happening again. To do this, the vein can be:

- Removed.
- Sealed off.

Varicose veins are a sign that blood is not flowing to the heart as it should. Instead the blood has pooled in the veins because the small valves in the veins no longer prevent back flow of blood. This causes the veins to get bigger. These bigger veins push toward the surface of the skin. The skin over the veins becomes very thin. Even a small injury to a varicose vein can cause bleeding. Bleeding might result from:

- A scrape from bumping a piece of furniture.
- A nick from shaving.

Surgery is one way to keep the bleeding from happening over and over.

The body has many veins. Some veins are very deep and cannot be seen. Closing or removing a few that are close to the surface will not cause a problem. There will still be plenty of blood flowing throughout your body.

BEFORE SURGERY

- Two weeks before your surgery, stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter NSAIDs. Also stop taking vitamin E.
- If you take blood-thinners, ask your health care provider when you should stop taking them.
- You might be asked to wear pressure stockings for a few days before the surgery.
- You might be asked to wear a boot that is like a cast (*Unna boot*). It will help any open sores to heal better.
- Do not eat or drink for about 8 hours before your surgery.
- You might be asked to shower or wash with a special antibacterial soap before the procedure.
- Arrive at least an hour before the surgery or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- If this will be an outpatient procedure, you will be able to go home the same day. Sometimes people stay overnight in the hospital after the surgery. Ask your surgeon what to expect. Either way, make arrangements in advance for someone to drive you home.

LET YOUR CAREGIVER KNOW ABOUT:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Other health problems.

THE SURGERY

Several methods can be used to treat varicose veins that have caused bleeding. The best one for you will depend

on the location and size of the veins. Discuss the options with your surgeon. Make sure you understand what the procedure involves. To prepare for varicose vein surgery:

- You will change into a hospital gown.
- You will be given an IV; a needle will be inserted in your arm. Medication will be able to flow directly into your body through this needle.
- You might be given a medication to help you relax (*sedative*).
- One of two methods will keep you from feeling pain:
  - You may be given a drug that will put you to sleep during the surgery (*general anesthetic*).
  - The area around the veins will be numb, but you will remain awake (*local anesthetic*).
- The procedure options include:
  - Ablation. This method uses heat to close varicose veins. A thin tube (*catheter*) is threaded into the vein. High frequency electrical current heats the walls of the vein. This destroys them. The procedure is sometimes called radiofrequency ablation.
  - Laser treatment. A cut (*incision*) is made in the skin near the vein. The surgeon uses a laser (high-energy light beam) to destroy the walls of the vein. The procedure takes about 30 minutes.
  - Ambulatory phlebectomy. Tiny cuts are made in the skin over the veins. Then, the vein is removed, section by section. This can take several hours. Ambulatory means that you will be able to walk as soon as the procedure is done. "Phleb" means vein and "ectomy" means to remove by surgery.
  - Stripping. The surgeon will make a small incision near the vein. Then, the vein will be tied off. This shuts off the blood supply. The vein can then be removed.

RISKS AND COMPLICATIONS

Possible problems vary, depending on the method that was used. In general:

- Short-term possibilities include:
  - Excessive bleeding.
  - Pain.
  - Redness or tenderness at the treatment site.
  - Swelling of the leg or ankle.
  - Loss of feeling (*numbness*) in the area treated. Tingling also is possible.
  - A pooling of blood in the wound (*hematoma*).
  - Infection.
  - Slow healing.
- Longer-term possibilities include:
  - Scarring.
  - Skin damage or changes in color.
  - Damage to blood vessels in the area.
  - A return of bleeding. The same vein or another may bleed again. New treatment, or surgery, may be needed.

AFTER THE SURGERY:

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked every so often.
- You might be given more pain medication. Your leg may be wrapped, or you may be given compression stockings or a bandage. They are elastic. The pressure helps prevent bleeding in veins that have been cut.
- Some surgeries are outpatient procedures. That means you will go home the same day. If not, you will be moved to a hospital room for an overnight stay.
- Before you go home, you will be taught how to care for the dressing (medicine and bandage). You also will be told what you should and should not do while your veins heal. For instance, you might need to walk a lot to prevent blood clots (thick clumps of blood that can block the flow of blood).

PROGNOSIS

Surgical treatment for varicose veins usually works. Sometimes bleeding does return, or a different vein bleeds. Be sure to talk to your health care providers about what you can do to keep this from happening.

Document Released: 05/06/2010 Document Re-Released: 03/14/2011
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