Varicose Vein Surgery

Varicose veins are veins that have become enlarged and twisted. Small varicose veins are sometimes called "spider veins." Valves in the veins help move blood from the leg to the heart. If these valves are damaged, blood flows backwards. The blood backs up into the veins in the leg near the skin surface. The veins expand and get larger because of increased pressure against the inside walls of the veins. People who are on their feet for long periods are at higher risk for this problem. It is also commonly seen during pregnancy or in those who are overweight.

Varicose vein surgery is done to remove enlarged veins. This helps reduce pain, aching, and the risk of bleeding and blood clots that can form in these veins. Surgery can also improve the cosmetic appearance of the affected area. There are several surgical methods that can be used. Your caregiver will discuss the method that is best for you based on your specific needs. Treatment usually does not mean a hospital stay or a long, uncomfortable recovery. Less invasive techniques most often allow varicose veins to be dealt with on an outpatient basis.

BEFORE THE PROCEDURE

If you are using any "blood thinner" medicines or medicines for arthritis, they may need to be stopped temporarily before the procedure. Make sure you discuss this with your caregiver before surgery.

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies.
- Medications taken including herbs, eye drops, prescription medications, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Use of aspirin or blood-thinning medicines.
- History of bleeding or blood problems.
- Previous problems with anesthetics or Novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- Previous surgery.
- Other health problems.

RISKS & COMPLICATIONS OF THE PROCEDURE

- Blood clots in deep veins (*thrombophlebitis*).
- Infection.
- Ulcer of the skin (breakdown of skin).
- Recurrent varicose veins.
- If receiving Sclerotherapy (see below), the following are uncommon but possible:
  - Temporary stinging or painful cramps where the injection was made.
  - Temporary red, raised patches of skin where the injection was made.
  - Temporary small skin sores where the injection was made.
  - Temporary bruises where the injection was made.
  - Spots around the treated vein that usually disappear.
  - Brown lines around the treated vein that usually disappear.
  - Groups of fine, red blood vessels around the treated vein that usually disappear.
  - The treated vein can also become inflamed or develop lumps of clotted blood. This is not dangerous.

THE PROCEDURE

Several types of surgery are available for safe and effective treatment of varicose veins:

- **Sclerotherapy**. Your caregiver injects small and medium sized varicose veins with a solution that scars and closes those veins. In a few weeks, treated varicose veins should fade. Some veins may need to be injected more than once. Sclerotherapy is effective if done correctly. Sclerotherapy does not require anesthesia and can be done in your doctor's office.

- **Laser surgeries.** Doctors use lasers on smaller varicose veins. Laser surgery works by sending strong bursts of light onto the vein, which makes the vein slowly fade and disappear. No incisions or needles are used. The whole procedure usually takes less than 45 minutes.
- **Catheter-assisted procedures.** This procedure is usually done for larger varicose veins. In one of these treatments, your caregiver inserts a thin tube (*catheter*) into an enlarged vein and heats the tip of the catheter. As the catheter is pulled out, the heat destroys the vein by causing it to collapse and seal shut.
- **Vein stripping.** This involves removing a long vein through small incisions. This is an outpatient procedure for most, but not all people. Removing the vein does not affect circulation in your leg because veins deeper in the leg take care of the larger volumes of blood.
- **Ambulatory phlebectomy.** Your doctor removes smaller varicose veins through a series of tiny skin punctures. Local anesthesia is used in this outpatient procedure. Scarring is generally minimal.
- **Endoscopic vein surgery.** You might need this operation only in a severe case involving leg ulcers. Your caregiver uses a thin video camera and inserts it into your leg to close varicose veins. The doctor then removes the veins through small incisions.

AFTER THE PROCEDURE

- You may be asked to wear a compression stocking for 3 to 5 days. This will insure that the treated vein(s) stays closed.
- If you were taking any "blood thinner" medicines or medicines for arthritis, talk to your caregiver about when these can be restarted.

HOME CARE INSTRUCTIONS

- You may need to elevate the treated leg for part of the day for the first 2-3 days after treatment
- You may need to continue using compression stockings to lower the chance of developing recurrent varicose veins.
- Restart regular prescription and non-prescription medicines as per your caregiver's instructions.

SEEK MEDICAL CARE IF:

- An oral temperature above 100.5º F (38.1º C) develops, not controlled by medication.
- You notice increasing pain not adequately controlled with medicine prescribed.
- You notice pus or oozing of fluid from any incision site 2 or more days after the surgery.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is increased pain or swelling in the calf of your leg.
- You notice red-streaking starting at an incision site and extending above or below that site.
- An oral temperature above 102º F (38.9º C) develops, not controlled by medication.
- You have sudden onset of chest pain, shortness of breath, difficulty breathing, or begin coughing up blood.
- You develop unexplained abdominal pain.
- You have increased bruising or develop sudden swelling in a joint.

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