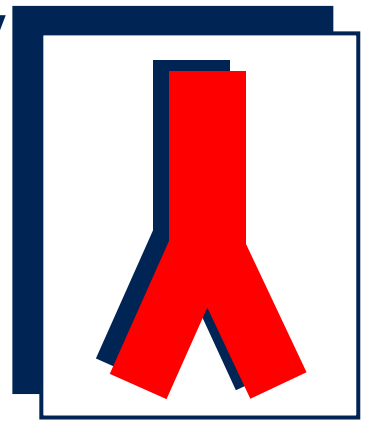


# Will Butcher – Vascular Surgery

## Patient information

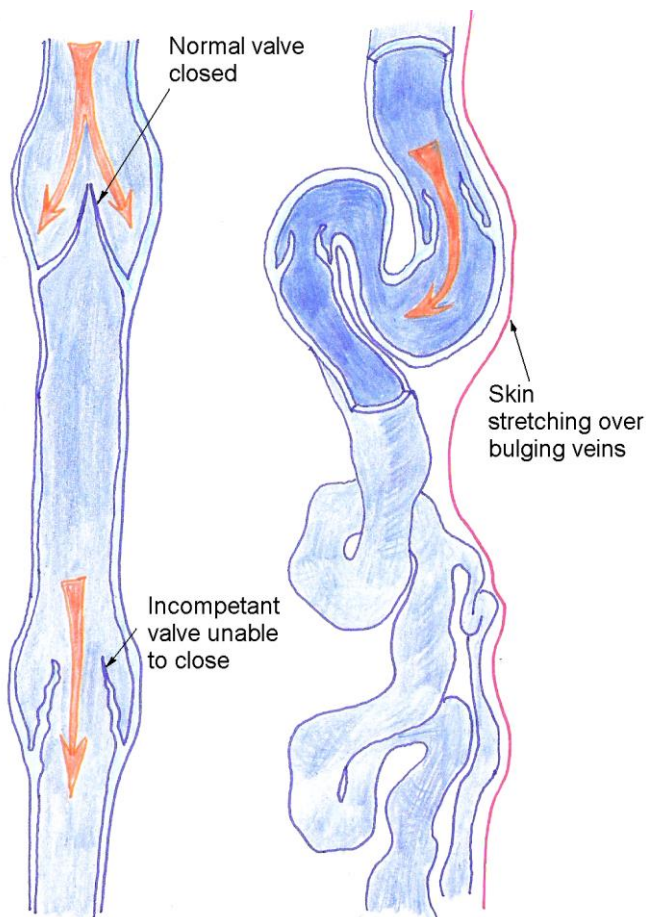
### Information to help you understand radiofrequency ablation for varicose veins



There are three treatments for varicose veins available

- Surgery
- Endovenous surgery
- Injection Sclerotherapy

This information sheet is about endovenous surgery, and will help you to understand the operation and what to expect afterwards.



#### Do I really need this operation?

You are having this operation to deal with your varicose veins. In reality the majority of people will suffer little harm from their varicose veins. Apart from a small group, there is no real NEED to have the veins treated. Usually people request treatment to deal with discomfort or the unsightly nature of the veins. You and your surgeon have decided that

endovenous surgery is the best way of dealing with your veins. This surgery is also known as "radiofrequency ablation".

#### What preparation is necessary?

Sometimes blood tests are required. A pre-operative duplex scan (jelly scan) of the veins is required before surgery.

#### Will I have to stay in hospital?

Depending on what time of day the operation finishes, you may be able to go home on the same day. Most patients will be able to go home on the same day. Occasionally a patient is not well enough and will therefore stay over for reasons unrelated to the surgery. Some people do not have enough support at home and are also kept over night

#### What sort of anaesthetic will I have?

Most people will have this operation under a general anaesthetic and therefore you should not eat for 6 hours before the operation. Some people who take regular medication should still take this before the surgery. If you have any doubts you should ask. If you regularly use Anticoagulant (Blood thinning medication), this may need to be stopped pre-operatively, you should ask your doctor about this.

#### Before the operation

You will get a call detailing what is required, and we will explain what time and where to arrive. You will come along to the day surgery ward where you will be met by a member of the nursing staff. Later the surgeon and anaesthetist will see you.

The Surgeon will go through the operation one last time. If you have any questions you should bring them up now. He or she may ask you to sign a consent form if this has not been done, or at least confirm your consent. He or she will mark the veins on your leg(s). This is done so that we can be sure what needs to be removed once you are under an anaesthetic. It is important that you are comfortable that all the veins are marked. If the surgeon has missed some you should bring this up.

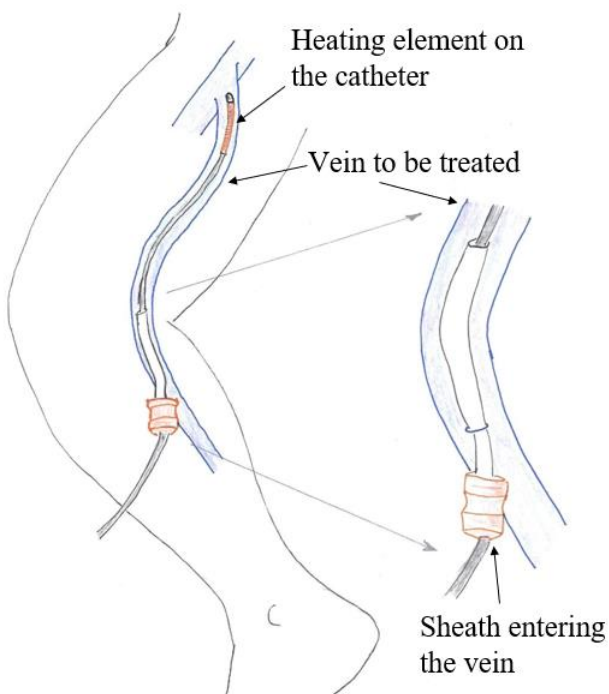
The Anaesthetist will ask some questions about your medical history just to check you are fit and to make any decisions regarding the anaesthetic that you will have.

### What will happen during the operation?

When your turn comes, you will be walked through to the operating room where the anaesthetist will put a needle into your arm or hand and give you an anaesthetic. This can be quite a frightening time, but rest assured modern anaesthetics are very safe.

### What exactly does the operation involve?

The operation takes between 30 and 90 minutes depending on how many systems are being treated. Using ultrasound for guidance, a catheter is inserted into the vein we are treating usually around the knee or sometimes at the ankle. Using ultrasound the catheter is followed to the groin where the vein we wish to treat joins the deep system. Once in place the vein is surrounded by a weak local anaesthetic solution before the catheter is used to burn the vein at multiple levels. Essentially this destroys the vein which becomes scar tissue in time. The ugly prominent veins are then removed through a series of tiny cuts in the leg. A firm bandage is then applied to the leg.



### After the surgery:

Immediately after the operation you will go through to the recovery area where you will slowly wake up. The recovery nurse will make sure that any pain you

have is under control before moving you to a temporary ward area.

Once you are able to get up, and have passed urine you may go home. Usually this takes between 3 and 5 hours, although some patients will need to stay overnight.

Pain killers - All patients are sent home with a selection of pain killers, which will be explained to you before you leave. You should plan to take 2 paracetamol tablets every 6 hours for the first few days. Stronger medication can then be used to top up if required. Most patients do not need much after the first four or five days are past

Dressings – The leg (or legs) will have have a bandage on it, try not to get this wet. On the second day or so you will come to the rooms where the bandage will be removed and a stocking fitted.

The wounds - If some of the small wounds bleed these can be treated with a small sticking plaster under the stocking. If it is minor, try not to worry about it, if it is more troublesome or prolonged you may need to come along to the hospital or go to your GP or practice nurse for help. The scars will look purple or red at first and will fade to a neat white colour over 4-6 months.

Sutures - Usually there are no stitches involved in this surgery.

Washing – It will not really be possible to wash properly for the first few days. When you are more comfortable the stocking can be removed and the leg washed gently. It is quite usual for there to be some residue of blood and the antiseptic solution left on your leg after the surgery.

Bruising and lumpiness - This is quite normal and should settle down over 4 to 8 weeks.

Mobilising - Although your leg(s) will be painful, you should be able to walk even on the day of your surgery. Regular short walks are better than long tiring walks. You should plan a regular walk every day, and keep as active as your discomfort allows. You should be back to normal mobility within a week or 10 days

Work - Most people need about 4 or 5 days off work and it takes about 6 weeks for the leg(s) to feel completely normal again.

Driving: There are no particular rules about driving after this sort of surgery. In general, you should be

able to safely depress the pedals and perform an emergency stop before starting to drive again. Most people feel ready after about a week. It might be wise to go for a short safe drive with someone you trust before making the decision to start driving. If in doubt check with your own doctor.

Stockings - After the dressings are removed you will have a pair of stockings to wear. You should wear these day and night for 5 days. After this just wear them during the day for another 3-4 weeks. If the bruising continues longer than this you may find the stockings help to reduce any discomfort caused by the bruising. They help to reduce bruising and oddly seem to be very effective at reducing pain after the surgery. Once a week or so has passed you will not really do any harm if you wish to not wear the stockings, but you may find that the legs ache a bit.

## **COMPLICATIONS**

Unfortunately although surgery of this type is very safe, all surgery may have complications:

### **What WILL happen after the surgery?**

Bruising - initially there will be a some bruising, this may be a little overwhelming, but rest assured the bruising, though impressive, is normal. By six weeks the vast majority of patients are thrilled. Bleeding - any bleeding is minor, but it is quite normal to have some oozing from the wounds when the dressings are changed.

Swelling – this is normal and will settle down with time.

### **What MIGHT Happen?**

Nerve injury – Rarely a nerve running alongside one of the veins stripped may be injured. If this does happen, it usually affects a sensory nerve and causes some numbness around the ankle. It does not affect walking, and mostly settles down within a few weeks.

Infection – You might get an infection in any of the wounds we make. The risk is rare. If any of the wounds become red and painful they may be infected. As long as this is mild it should settle down soon, if the redness persists or you start to feel unwell you should see your GP or come to hospital as you may need antibiotics. A very few patients will need an operation to drain an infection in the groin or elsewhere.

DVT – a clot in the deep veins, this is rare and can occur with any surgery. We do give an injection to try

and prevent this, but it may still occur in 1 of 500 patients.

Anaesthetic complication – no operation is completely safe and anaesthetic accidents can happen. The risk is of the order of 1 in 10,000.

## **Follow up**

I will normally arrange to see you in the rooms about a day or two after your surgery. At this visit I will remove the bandage and apply a stocking. If you live far away or have help at home sometimes this will not be necessary. I will also arrange to see you about 4 week after the surgery.

## **More information**

The first sensible step is to discuss your problem with your GP or surgeon, they will be best positioned to explain what to expect.

If you need more information you can go to one of these vascular organisation's websites:

The Australia and New Zealand Society for Vascular Surgery.

[www.anzsvs.org.au/patientinformation/](http://www.anzsvs.org.au/patientinformation/)

The Vascular Surgical Society for Great Britain and Ireland.

[www.vascularsociety.org.uk/patients/](http://www.vascularsociety.org.uk/patients/)