

Kettering General Hospital

NHS Foundation Trust



VARICOSE VEIN SURGERY

Information



What are varicose veins?

Veins are blood vessels that carry blood back to the heart.

Varicose veins are abnormally swollen veins that are visible just below the surface of the skin.

Smaller veins in the skin itself are sometimes called “thread veins” or “spider veins”. Although these may be unsightly, they are not the same as varicose veins.

Surgery?

Your surgeon has recommended that you have surgery for your varicose veins. The operation is usually performed as a day case.

However, if you are having surgery to both legs, or if you have any other medical condition, it is usual to remain in hospital overnight.

Before your operation

You will normally be asked to attend a pre-assessment clinic, usually 1 – 2 weeks before surgery is planned. You will be seen by senior nursing staff and, where necessary, medical staff.

A detailed history will be taken you will be examined and all necessary investigations, such as blood tests, will be carried out. It is important to bring a list of all medicines and doses, including herbal remedies to this clinic.

Women taking the oral contraceptive pill may need to stop this prior to surgery. Please discuss this with your General Practitioner or Consultant for an individual plan to be made.

Normally the operation is carried out under general anaesthetic.

On the day of admission, you will be seen by the surgeon, who will need to mark, with a felt tip pen, the position of your varicose veins. The anaesthetist will also visit you and give you details of the anaesthetic.

Please feel free to ask any questions.

The operation

The most common operation is where a cut is made in the groin over the top of the main varicose vein. This is then tied off where it meets the deeper veins.

If possible, the main varicose vein on the inside of the leg is then stripped out. Blood can still flow up the leg along the deeper unaffected veins.

The cut in the groin is closed with a stitch, usually hidden underneath the skin. The other veins, marked before the operation, are then pulled out of tiny cuts. These are then closed with adhesive strips or stitches.

Some other veins may be affected, especially ones behind the knee. We know this from the duplex scan done before diagnosis. If this is the case you will have a scar at the back of your knee.

A dressing will be placed on the cut in the groin and your leg will be bandaged up to the top of the thigh. These bandages will be removed the next day on the instruction of your consultant. After removal, you will be given a support stocking to wear. These normally should be worn continually for 48 hours and then during the daytime only for 2 weeks. You will be advised of any other special instructions.

Discharge

You will be given information about stitch removal (if any) prior to leaving the hospital and it is advised to go to your practice nurse for this if necessary.

You should avoid driving, for at least 10 days after surgery, because in an emergency your reactions will be slower.

Before driving it is essential that you are able to perform an emergency stop without pain and it is also advisable to check with your motor insurance company.

Swimming and cycling are allowed after the dressings/stitches have been removed at approximately 10 days.

For the first week, sit with your feet elevated, so that your heels are higher than your hips, to aid drainage of excess fluid from the tissues and assist healing.

Do **not** put pressure onto calf muscles and never cross your legs.

This is to help prevent deep vein thrombosis (DVT).

DVT is the formation of blood clots in the deep veins of the leg. Putting pressure on your calf increases this risk as does lack of movement. It is, therefore, important to walk after surgery.

Start off with short walks 3 times a day, increasing as the days go on. This will avoid stiffness of muscles and joints. Try to walk as normally as possible DO NOT LIMP.

If you experience pain, mild painkillers, such as paracetamol should be taken to relieve discomfort. In some patients, local twinges may persist for some months.

You should not get the adhesive strips on your leg wet for the first 3-4 days. Care will be needed when washing. If the wound becomes red and itchy these may need removing earlier.

Other things to know

Blood may ooze from the wounds during the first 12–24 hours and sometimes slightly longer. This usually stops on its own. If necessary, apply pressure to the wound for approximately 10 minutes. If bleeding continues after doing this twice, telephone your GP or the out of hours surgery.

Occasionally hard, tender lumps appear near the operation scars or in the line of the removed veins. These can appear some weeks after the operation and need not be a cause for concern. However, if excess swelling, redness and much pain accompany them, they may represent a wound infection and you should see your GP.

Extensive bruising and swelling may appear after surgery – do not worry this always clears completely in a few weeks.

There may be numbness on the inside of your leg, calf, wound or ankle. This is unavoidable and is due to pulling on nerves during the operation. It usually settles after some weeks or months. The scars on your legs will continue to fade for many months.

Returning to normal activity

You can return to work when you feel sufficiently well and comfortable, generally about 7 - 10 days. If you have had both legs operated upon at the same time and you have a number of scars on each leg, it will probably be 2 - 3 weeks before you are able to undertake most normal activities.

If you have a job that involves much standing and your varicose veins were particularly severe, you may need up to 3 - 4 weeks off work. Your GP will advise you about returning to work depending upon your progress after the operation.

You will have been warned that not every visible vein will disappear as a result of your operation and there is a chance that in the future, further varicose veins may develop, as you may be disposed to them.

The taking of regular exercise, the avoidance of becoming overweight and the wearing of light support tights or stockings will all help prevent you being troubled by varicose veins in the future.

Specific instructions

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Further information about the Trust is available on the following websites:

KGH Website - www.kgh.nhs.uk
NHS Choices - www.nhs.uk

If you need this information in another format or language, please telephone 01536 492510.