

## V03 Varicose Veins Surgery

### What are varicose veins?

Varicose veins are enlarged and twisted veins in the leg. They are common and affect up to 3 in 10 people.

More women than men ask for treatment, with just over 3 in 10 women being affected between the ages of 35 and 70. Varicose veins tend to run in families and are made worse by pregnancy and in people whose job involves a lot of standing.

Your surgeon has recommended varicose veins surgery. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

### How do varicose veins happen?

Veins carry blood up the leg and back to the heart. When we stand up, our blood has to be pumped 'uphill' against gravity. Our calf muscles act as a pump and the veins contain many one-way valves to help the upward flow.

Both legs contain a system of deep veins, which are buried within the muscles of the leg, and a system of superficial veins which run just underneath the skin.

Sometimes weaknesses in the walls of the superficial veins cause them to enlarge.

The valves then fail to work properly and blood can flow in the wrong direction.

The result is a build-up of pressure in the veins, which bulge out as varicose veins (see figure 1).

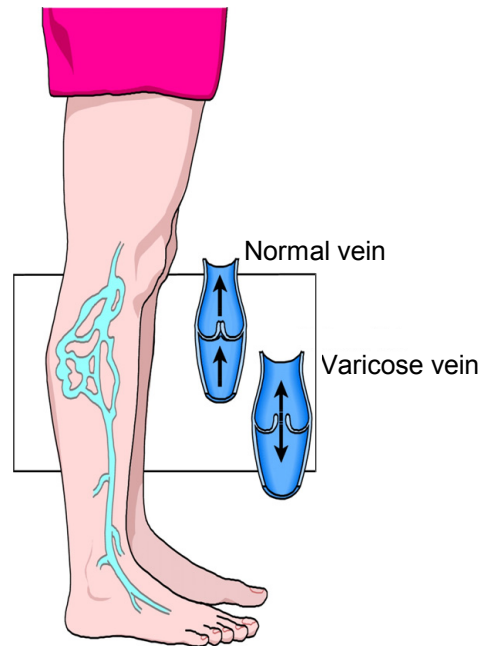


Figure 1

The cause of varicose veins

When the veins enlarge, the valves fail and blood flows backward

### What are the benefits of surgery?

You should no longer have varicose veins, and your symptoms should improve. Surgery should help prevent the symptoms and complications that varicose veins cause. It is not possible to cure varicose veins. Over time, new varicose veins will appear.

Varicose veins surgery will not remove fine thread veins. If you are having surgery purely for cosmetic reasons, you need to ask your surgeon if an operation will help. This will give you realistic expectations and will avoid disappointment with the final result.

## Are there any alternatives to surgery?

There are other treatments such as injections (foam sclerotherapy), radiofrequency ablation (RFA) or endovenous laser ablation (EVLA). Your surgeon can discuss these options with you.

Support stockings can often prevent the veins from getting worse and ease aching.

## What will happen if I decide not to have the operation?

The varicose veins are unlikely to go away without treatment. The following problems may arise.

- Unsightly appearance.
- Itching, aching and pain.
- Pigmentation (dark discolouration) of the skin around the ankle.
- Inflammation (phlebitis).
- Ulcers (or sores), which are unusual but can be caused by some types of varicose veins.
- Bleeding from varicose veins.

## What does the operation involve?

Before the operation, your surgeon will mark the veins on your leg and will show if a cut needs to be made in your groin or at the back of your knee. You may have a Doppler ultrasound (or Duplex scan) of your legs.

Varicose veins surgery is usually performed under a general anaesthetic. However, a variety of anaesthetic techniques are possible. Even if the operation is performed under a general anaesthetic, local anaesthetic may be injected around the cut. These commonly-used techniques are effective at reducing pain after surgery and your anaesthetist can discuss the options with you. The operation usually takes between twenty minutes and two and a half hours. Your surgeon may disconnect the superficial veins from the deep veins through a cut in your groin or the back of your knee. They will probably make many small cuts, called avulsions or phlebectomies, along the length of the varicose veins where the veins have been marked (see figure 2).

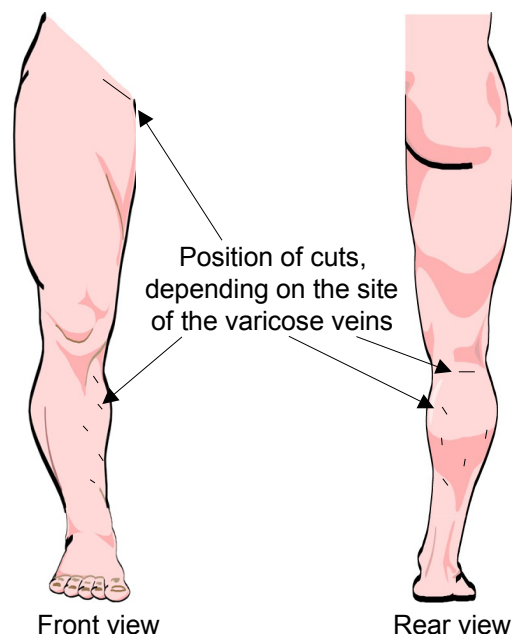


Figure 2

Common sites for cuts in varicose vein surgery

Often the main varicose vein is 'stripped out' using a special instrument.

Your surgeon will then close the wounds with stitches, although the small cuts often do not need stitching. Your leg may be dressed with a tight bandage or similar dressing to reduce bleeding and bruising.

## What should I do about my medication?

You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on **warfarin**, **clopidogrel** (Plavix) or **aspirin**. Follow your surgeon's advice about stopping this medication before the operation.

If you are on hormone replacement therapy or the oral contraceptive pill, your surgeon may recommend that you stop these medications before your operation. If you are stopping the contraceptive pill, make sure you use another form of contraception.

Before stopping any medication, you should always ask the advice of your surgeon or doctor.

## What can I do to help make the operation a success?

### • Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to [www.gosmokefree.co.uk](http://www.gosmokefree.co.uk).

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to [www.eatwell.gov.uk](http://www.eatwell.gov.uk).

### • Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to [www.eidoactive.co.uk](http://www.eidoactive.co.uk).

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

## What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

## 1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## 2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.

- **Bleeding** during or after surgery. This rarely needs a blood transfusion or another operation but it is common to get bruising of the leg. You may also feel a lump under the skin caused by bruising and this may take a few weeks to settle.

- **Infection in a surgical wound** (risk: 3 in 100), which may need treatment with antibiotics.

- **Unsightly scarring** of the skin. The scarring will be red at first but will gradually fade to a fine white line.

- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. Nurses will encourage you to get out of bed soon after surgery and may give you injections to reduce the risk of blood clots. If you have had a deep-vein thrombosis in one of your legs, let your surgeon know as this often means surgery should not be performed on that leg.

## 3 Specific complications of this operation

- **Developing a lump under a wound caused by blood collecting** (haematoma) (risk: 3 in 100).

- **Developing a lump under the wound in the groin caused by fluid collecting** (seroma) (risk: 1 in 200). This can lead to the fluid leaking. The risk is higher if you have surgery for varicose veins that keep coming back.

- **Numbness or tingling** around some of the small cuts or in the leg (risk: 1 in 10). This may be permanent.

- **Damage to nerves** leading to weakness in the leg or foot (risk: 1 in 1,000). This sometimes improves but can be permanent. The risk is higher if the small saphenous vein has been treated. The small saphenous vein runs up the outside and back of your leg to the bend in the knee.
- **Continued varicose veins.** It is not usually possible to remove every single varicose vein.
- **Swelling of the leg** if blood does not drain from the leg properly. This is most likely to happen if there is a problem with the deep veins, such as a deep-vein thrombosis, or if you have a cut in your groin to treat varicose veins that keep coming back.
- **Major injury** to the main arteries, veins or nerves of the leg. This is rare.

### How soon will I recover?

#### • In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer. If you do go home the same day, **a responsible adult should take you home in a car or taxi, and stay with you for at least 24 hours.**

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

#### • At home

When you go home you may have bandages on your legs. A member of the healthcare team will arrange for you to have your bandages removed. You may then need to wear support stockings. A member of the healthcare team will discuss this with you.

Once at home you should be as active as possible. When you are resting, keep your legs raised on a stool.

#### • Returning to normal activities

You should be able to return to work after one to two weeks but this may vary depending on your type of work. Some people may take longer to recover.

As long as your wounds have healed, you should be able to carry out normal activities as soon as you are comfortable. For some people, this could be a day or two after surgery. For others, it may take up to four weeks to return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

You should not drive for at least 48 hours after your operation or if you are taking painkillers that make you drowsy. Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

#### • The future

Most people make a full recovery. If surgery was performed for ulcers, these should gradually heal. Skin pigmentation will not disappear but should not get worse. You should notice that the varicose veins have gone as soon as the support stockings or bandages are removed.

Varicose veins come back, either in the same place or in other parts of the leg (risk: 3 in 10 after 2 years).

### Summary

Varicose veins are a common problem and can lead to complications if left untreated. Support stockings can help to control symptoms but will not remove the varicose veins.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

## Further information

- NHS smoking helpline on 0800 169 0 169 and at [www.gosmokefree.co.uk](http://www.gosmokefree.co.uk)
- [www.eatwell.gov.uk](http://www.eatwell.gov.uk) – for advice on maintaining a healthy weight
- [www.eidoactive.co.uk](http://www.eidoactive.co.uk) – for information on how exercise can help you
- [www.aboutmyhealth.org](http://www.aboutmyhealth.org) - for support and information you can trust
- Vascular Society of Great Britain and Ireland at [www.vascularsociety.org.uk](http://www.vascularsociety.org.uk)
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)

## Acknowledgements

Author: Mr Bruce Braithwaite MChir FRCS  
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## Local information

You can get information locally from your Consultant.

The Trust's switchboard number is 0844 811 8110.

You can also contact:

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