



Gloucestershire Hospitals
NHS Foundation Trust

Varicose vein surgery

Introduction

This leaflet gives you information about varicose vein surgery and should help to answer any questions you may have.

What are varicose veins?

Varicose veins occur when there is a fault in the one-way valves inside the veins. These veins normally only allow blood to flow back to the heart. If the valves leak, when you stand the blood flows the wrong way. This increases the pressure inside the vein and causes it to stretch and become swollen.

Symptoms may include aching, throbbing, itching, swelling, varicose eczema, skin discolouration and/or ulceration, thrombophlebitis (clotting and inflammation of the veins) and occasional bleeding from the veins if knocked.

About your operation

You will come into hospital on the day of your surgery. On admission your details will be checked. A member of the surgical team will then mark your veins; however, it may not be possible to remove all these veins.

Varicose vein surgery is usually carried out under a general anaesthetic, so you will be asleep during the surgery.

The most common operation is where the superficial vein (great saphenous) is faulty and has leaking valves. This vein is the longest in the body and runs the length of

your lower limb (leg). The vein will be disconnected through a small cut in the groin and removed or stripped out to below the level of the knee using a small plastic wire.

Tributaries (branches) can be removed through small cuts over the swollen veins.

Less often, when the faulty vein at the back of the knee (short saphenous vein) has a leaking valve, it too needs disconnecting; this is performed through a cut at the back of the knee.

At the end of surgery, the wounds are dressed and the leg is bandaged.

Benefits of the surgery

- To improve the symptoms relating to your varicose veins.
- To allow any leg ulcers to heal more quickly and help to prevent future recurrence of the ulcers.

Risks

- Bruising is common; most patients experience this along the vein removed, along with swelling, which may take several weeks to completely settle.
- Lumpy, tender areas where the veins were removed can last for several months
- These are not common, but occasionally problems may develop with the wounds, such as bleeding, discharge or infection.
- Numbness on the skin around the wounds may occur

but usually settles within a couple of months. However, this can be permanent in 1 in every 20 patients.

- A burning or altered skin sensation in the leg happens in less than 1 in every 100 cases. This usually settles with time.
- Deep Vein Thrombosis (DVT, blood clot) in the leg is rare and may occur in less than 1 in every 100 cases. This may cause swelling of the leg and leg pain often described as cramp. This will require urgent treatment.
- Pulmonary Embolism (PE, blood clot in the lung) is extremely rare. This is a serious condition that happens when a blood clot breaks off in the bloodstream and blocks one of the blood vessels in the lungs. This may cause unexplained shortness of breath, chest pain, coughing or coughing up blood. This will require urgent treatment. Please attend the emergency department.

Alternative treatments

- Elastic compression stockings
- Foam sclerotherapy injections
- Radio frequency ablation
- Laser treatment (currently not available in the Gloucestershire NHS Foundation Trust)

If you need more information about any of the above treatments, please ask a member of the team looking after you.

Wound care

To help reduce bruising, bandages will be applied to your leg(s) to cover the wound(s). The clinician looking after you will tell you how long to keep the bandages on.

Once the bandages are removed you will need to wear an elastic stocking for a period of time, usually a week. The elastic stocking will help to reduce pain and bruising. You will be given the elastic stocking and further information before you are discharged.

Dissolvable stitches are used to close the wounds in the groin and behind the knee.

Butterfly strips (steri-strips) are sometimes used over the smaller cuts and can be removed with the bandages.

After the operation

Usually, you will be able to go home the same day as your operation, providing there is someone at home to look after you for the first night.

Please arrange for someone to collect you from the hospital.

From the day after your operation, you are advised to keep mobile and gradually increase the amount of exercise you take each day.

When you are resting you should put your leg up on a stool or settee. This will help to reduce any swelling.

You should not drive until you are able to perform an emergency stop comfortably and without hesitation. It is

advised to let your car insurance company know that you have had the operation.

Returning to work

You can return to work when you feel able. Most people take about 2 weeks off, but this will vary from person to person.

Medication

Pain relief should be taken regularly for the first few days. This will be discussed with you before discharge.

Bowels

Some pain relief can cause constipation. A diet high in bran, fresh fruit and vegetables is advisable. Contact your GP if constipation becomes a problem.

Follow up

We will not routinely make any arrangements to see you again in clinic.

If you have any concerns, please contact your GP who will decide whether referral to hospital is necessary.

Further information

National Institute for Health and Care Excellence (NICE)

Website: www.nice.org.uk/guidance/cg168

NHS online

Website: www.nhs.uk/conditions/varicose-veins/

NHS 111

Tel: 111

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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