

**Patient
Information**

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 causes an increased pressure inside the vein which causes the vein to stretch and become swollen.

Symptoms may include aching, throbbing, itching, 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 of 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 (long saphenous vein) 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 groin cut and removed or stripped out using a small plastic wire to below the level of the knee.

Reference No.

GHPI0204_04_20

Department

Vascular

Review due

April 2023

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Varicose veins are 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.

The wounds are dressed and the leg is bandaged.

Benefits

- 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.
- To improve the appearance of the veins.

Side effects

- Bruising and swelling may take several weeks to completely settle.
- Lumpy, tender areas where the veins were removed can last for several months.

Risks

- These are rare 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.
- Burning or altered skin sensation in the leg happens in less than 1 in 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 100 cases. This may cause swelling of the leg and leg pain often described as cramp. This will require urgent treatment.
- Pulmonary Embolism (PE) 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.

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Alternative treatments

- Elastic compression stockings
- Foam sclerotherapy injections
- Laser treatment or radio frequency ablation.

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

Wound care

Following the procedure, to help reduce bruising you will have bandages on your leg(s) to cover the wound(s). These should be left on for several days, the clinician looking after you will inform you of how long to keep them 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 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.

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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

Some patients may be given a follow up appointment to be seen in the surgical clinic.

If you are not given a follow up appointment and 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/conditions/varicose-veins/

NHS 111

Tel: 111

Content reviewed: April 2020