



Varicose Vein Open Surgery

What is this operation?

There are two different types of operations that may well have been recommended for you by your consultant dependent upon the pattern of your varicose veins. These operations are a sapheno-femoral ligation or a sapheno-popliteal ligation. Both will involve stripping of the vein during surgery and therefore require a general anaesthetic.

Why is this operation being offered?

This operation will be offered to our clients who have varicose veins.

What happens before your operation?

Before you undergo open varicose vein surgery a number of investigations and assessments will have been performed. Once the decision has been taken to proceed towards open surgery further investigations may be required to assess your overall fitness to undergo open surgery. These may include:

- Blood test
- ECG

Once the decision has been made to proceed to surgery an admission date will be agreed between yourself and your surgeon. A pre-admission visit may be required to complete paperwork and undertake blood tests or other allied tests required prior to undergoing a general anaesthetic. Please bring all your medications to your pre-admission review.

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What happens on the day of admission?

These procedures are carried out as day cases. You will be told the time to arrive for your surgery and greeted by the medical staff upon arrival. The consultant will check with you that you fully understand what you are undertaking and ask you to sign your consent form for the procedure.

You will be asked to stand and the consultant will mark your veins with a marker pen or use a USS to confirm their location.

You will be visited by the consultant anaesthetist to discuss your anaesthesia before you are prepped for theatre.

Please do not stop any of your normal medications unless specifically instructed to by your surgeon

If you smoke we strongly encourage you to stop as soon as possible to reduce the risk of peri-operative complications.

What do I need to bring when I come into hospital?

You should bring the following items with you at the time of admission:

- All your normal medication
- A set of comfortable loose clothes for discharge

What happens during the operation?

You will be taken to the theatre by the theatre staff and undergo your anaesthesia as previously discussed with your anaesthetist. Once you are asleep you will be prepared for theatre that may involve shaving if hair removal is required.

For a sapheno-femoral ligation you require a groin skin incision and for a sapheno-popliteal operation and incision is made behind the knee. The operation in both cases involves dissecting the faulty vein off the deep veins to restore normal blood flow. The main truncal vein is stripped down the leg and out through a small incision in the lower leg. Stab avulsions (phlebectomies) of residual varicosities may be required.

The wounds are closed with absorbable sutures that do not require removal. Your wounds will be infiltrated with local anaesthesia to reduce any post-operative pain as much as possible.

Bandages or stockings will be applied in theatre as per your consultant's preference for your operation. Whilst you wake from your anaesthesia you will be held in a recovery area until able to return to the ward.



What are the risks?

The vast majority of patients undergoing varicose vein surgery do not suffer any significant complications. The majority of post-operative anxiety relates to the extent of bruising in the leg which is often significant and entirely normal for this type of procedure.

Possible complications of open varicose vein surgery include;

- Early complications:
 - Local
 - Wound related (rare): typically related to the groin wound
 - Bleeding/oozing:
 - Sometimes where the vein is stripped in the thigh during sapheno-femoral junction ligation a lumpy feeling will remain for the first 1-2 months post surgery where blood has filled the tissue void and gradually reabsorbs.
 - Infection
 - Fluid collection
 - Injury to surrounding structures
 - During sapheno-femoral junction ligation: Nerve damage causing numbness in the ankle and calf region. This resolves in the majority of cases
 - During sapheno-popliteal junction ligation: Sural nerve injury following this surgery is very rare. If it occurs it may be noticed by the client as either pins and needles or numbness around the outer ankle region immediately following the surgery. This will often fully resolve with time.
 - Residual varicose veins:
 - Occasionally after the initial operation there may remain residual varicose veins. These can be often treated with local injections during follow-up.
 - Small spider veins may temporarily become more prominent most varicose vein surgery.
 - Blood clot in leg (deep vein thrombosis (DVT)):
 - You will receive a dose of heparin during your surgery to reduce the risk of peri-operative DVT. It is important clients follow post-discharge recommendations of regular mobilisation, compression stockings etc.. to mitigate the risk of DVT during the first six weeks post surgery.
 - Damage to the deep venous system: This is extremely rare and our surgeons have not encountered this as a complication of their surgeries.
 - Systemic
 - Systemic complications are rare from this type of surgery

- Late complications
 - Recurrent varicose veins:
 - If your surgeon reviews your leg 10 years post-surgery he/she will identify recurrent varicose veins. These most likely will not be to the same extent as before your surgery and may not be causing symptoms, but the brutal reality of varicose vein surgery is that they do recur over time.
 - Scarring
 - There will be a scar evident in the groin (sapheno-femoral junction ligation) or behind the knee (sapheno-femoral junction ligation). this will gradually fade with time to a fine white line. However if the client sunbathes the scar will not tan thereby becoming more prominent in the summer months.

What happens after the operation?

The majority of clients are discharged from hospital within 4 hours of recovering from the general anaesthetic.

What happens when I go home?

You will be discharged with appropriate post-operative instructions on your care to help reduce complications. You will be able to walk after your procedure and after the nursing staff have checked your blood pressure and dressings.

- You should not drive home and should arrange appropriate transport.
- You must have an able bodied person with you for 24 hours with full access to a telephone in case of emergency.
- Your leg may be uncomfortable once the local anaesthetic has worn off and your leg will be slightly swollen. You will be given painkillers to take home with you and you should follow the instructions on the packet.
- You should wear your compression stocking for two weeks. During the first week day and night, during the second week day only.
- We recommend that you take a minimum of three 20 minute walks each day for the first 4 weeks post-procedure.

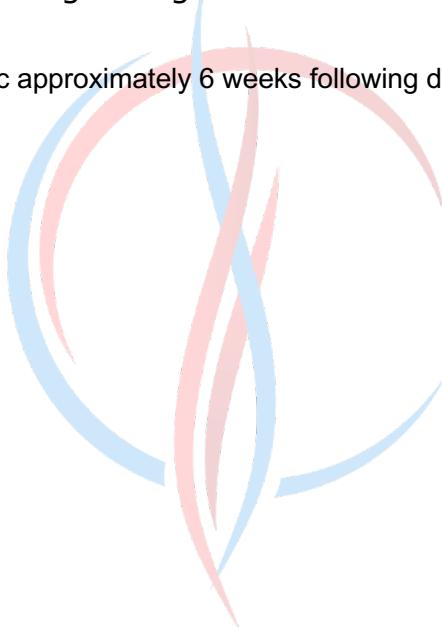
When Will I be able to drive or return to work?

We advise that you do not drive for at least 7 days after surgery and you should only drive when you are pain free and able to safely perform an emergency stop.

You can usually return to work after 2 weeks depending upon your recovery and the type of work that you do. Avoid strenuous exercise for a few days and then gradually build up the amount you do. We do not advise any form of air travel for at least six weeks after the procedure.

Will I need to see the surgeon again?

You will be reviewed in clinic approximately 6 weeks following discharge.



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