

Varicose Veins Surgery

Introduction

We expect you to make a rapid recovery after your procedure and to experience no serious problems. However, it is important that you should know about minor problems which are common after varicose vein procedures and also about more serious problems which can occasionally occur.

The section near the end of the booklet headed "What problems can occur after the procedure" describes these and we would particularly ask you to read this section.

What are varicose veins?

Varicose veins are veins under the skin of the legs which have become widened, bulging and tortuous. They are very common and do not caused long-term problems for most people.

Blood flows down the legs to the feet through arteries and back up through the veins. There are two main systems of veins in the legs – the deep veins and the superficial veins. The veins contain valves to prevent flow of blood back down the legs. If and when these valves fail blood can flow back down the legs. The resultant pressure causes the veins to dilate and become varicose.

In a proportion of patients the varicose veins may lead to further problems (see below). We cannot predict who will go on to develop "Complicated" varicose veins.

We do not know for certain why people develop varicose veins.

What problems can varicose veins cause?

Varicose veins may be classified according to the problems associated with them:

1. Cosmetic
2. Symptomatic (the symptoms of varicose veins are many and varied but include aching, swelling and itching).
3. Complicated:
 - a. Skin changes such as:
 - i. Varicose eczema (an itchy rash associated with varicosities)
 - ii. Atrophie blanche (white scarring following healing of an ulcer)
 - iii. Lipodermatosclerosis (brown skin staining predisposing to ulceration)
 - b. Ulceration
 - c. Phlebitis (inflammation and formation of small blood clots)
 - d. Bleeding

How can varicose veins be treated?

Varicose Vein treatment is currently subject to strict criteria. Only patients with "Complicated" varicose veins are eligible for treatment under current guidelines.

This booklet focuses on the management of varicose veins with surgery. Other booklets deal with catheter and foam treatments of varicose veins.

It is usual in modern practice for you to have a detailed ultrasound scan of your veins prior to surgery. This may be performed by your surgeon or their colleagues in the Department of Clinical Measurements.

You will be given a general anaesthetic (put to sleep) and a small cut made in your groin(s) or at the back of your knee(s) depending on where your varicose veins are situated. A fine catheter will be used to strip the main vein out of your thigh or calf and small stab incisions used to remove smaller veins.

After the operation your wounds will be closed and dressed. Bandaging is applied either to knee level, or to the groin depending on your procedure. Arrangements will be made for your dressings to be removed the following day and replaced with a compression stocking.

The procedure is usually performed as a day-case although overnight stays are occasionally required.

What are the alternatives to surgery?

These will have been discussed with you by your surgeon. In essence they are:

1. No treatment other than compression
2. Catheter treatment:
 - a. Radio Frequency Ablation
 - b. Laser
 - c. Mechanicochemical ablation (Clarivein)
3. Foam sclerotherapy (which may be used in conjunction with catheter therapy)

What happens before the operation?

Prior to your admission for surgery you will have a pre-assessment appointment to ensure you are in the best condition for the safest possible surgery.

On the day of your admission you will be seen by your surgeon or a member of their team. Your varicose veins will be marked and you will be asked to sign a consent form.

You do not need to shave the legs prior to surgery – this will be done in theatre if required.

After the operation

Will it be uncomfortable?

We use local anaesthetic to infiltrate your wounds before you wake up and recommend you have simple painkillers available at home for after your discharge (paracetamol and ibuprofen are ideal).

It is expected that you be able to walk comfortably after your surgery.

Will I have dressings or sutures?

We use dissolvable sutures as routine so there will be no sutures to remove. Typically your groin wound will be glued. The tiny incisions on your legs will be closed with paper strips.

You can shower after 48 hours.

What do I need to know about my stockings?

These are provided for your comfort. You can wear them all of the time, some of the time or never depending on whether they help you or not. You can wear them for as long or short a time as you choose.

What about activities following surgery?

We are keen for you to return to normal activities as soon as possible after surgery, much of which comes down to common sense. You can do whatever is comfortable. If something is uncomfortable, take painkillers and try again or try again at another time.

The exception is driving. We advise you do not drive for a week following surgery. After this you can drive when – in your judgement – you are safe to control the vehicle.

Likewise you can return to work and sports etc as soon after your surgery as you feel comfortable.

We generally advise against long-haul flights for 4 weeks following venous surgery in order to minimise the risk of Deep Vein Thrombosis (DVT). Short haul flights are less of a problem. Generally, if you need to fly soon after surgery we recommend compression stockings, plenty of clear fluids to avoid dehydration and that you walk as much as possible.

What problems can occur after the operation?

Minor complications include:

1. Discomfort
2. Lumps at the site of your wounds which settle rapidly
3. Infection (please report any redness, tenderness, increasing wound pain or fluid discharge to your GP)
4. Scarring (we aim to keep this to a minimum but it cannot be completely avoided)
5. Swelling (usually temporary as the deep veins accustomise to the increased blood flow)

Serious complications are extremely rare after surgery. They include:

1. Damage to major structures (other blood vessels and nerves)

2. Deep Vein Thrombosis (please report any significant swelling of the leg or increasing pain to your GP)
3. Nerve damage:
 - a. Fine nerves run close to the veins and can be damaged during surgery. This may result in patchy numbness which may or may not resolve
 - b. More major nerves accompany the veins along the inner thigh and back of the calf. If these are damaged you may develop numbness over the inner calf / foot or the back of the calf / lateral foot.

Will my varicose veins come back?

Varicose veins can recur either because of reformation of the original veins, or formation of new veins. These can be treated on their merits if required.

What should I do if there is a problem?

If there is an acute problem it is best to contact your GP first.

Failing this you should attend the Emergency Department at the Royal Devon and Exeter Hospital.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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