

Open Varicose Vein Surgery

What Are Varicose Veins?

Varicose veins are veins under the skin of the legs which have become widened, bulging and twisted. They are very common and do not cause medical problems in most people.

Normally blood flows down the legs through the arteries, and back up the legs through the veins. There are two main systems of veins in the legs – the deep veins which carry most of the blood back up the legs to the heart, and the veins under the skin, which are less important and which can form varicose veins.

All these veins contain valves which should only allow the blood to flow upwards. If the veins become widened and these valves no longer work properly. Blood can then flow backwards down the veins and produce a head of pressure when standing, walking, or sitting. Lying down or “putting your feet up” relieves this head of pressure and usually makes the legs feel better.

Before Your Operation

A scan (venous duplex) will be needed before the operation to confirm which treatment you are suitable for, and this will be explained to you. Your surgeon may suggest that if you are taking the oral contraceptive pill, it should be stopped one month before the operation. This is to reduce the risk of thrombosis.

It is very important that you think about other contraceptive methods. You will be asked to attend the pre-admission clinic 1-2 weeks prior to your operation to ensure you are fit for surgery, allowing time for a number of pre-operative tests which may include blood tests, a cardiogram (ECG) and chest x-ray.

The operation is usually performed as a day-case, unless there are any medical or technical reasons, which require you to be admitted the day before the operation. However, if you are having both legs operated upon, or surgery for recurrent varicose veins or you have medical problems, you may have to stay in hospital overnight after the operation.

Coming into Hospital

Please bring with you any medicines you are currently taking. You will be admitted by one of the nurses who will check your personal details in your nursing records. The surgeon who will perform your operation will visit you and mark the position of the veins on your leg(s).

You will also see the anaesthetist. Ask the surgeon or the anaesthetist if you have any specific questions. You will be asked to sign a consent form by the surgeon to give your permission for the operation.

The Operation

Your operation will be carried out under a [general anaesthetic](#) where you're asleep. The commonest operation is where a cut is made in the crease of the groin over the top of the main varicose vein. This is tied off where it meets the deeper veins. If possible, the main varicose vein in the inner aspect of the leg is then stripped out. Blood can still flow up the leg

along deeper, unaffected veins. The cut in the groin is closed with a dissolvable suture, usually hidden under the skin.

Varicose veins marked before the operation will be pulled out via tiny cuts. These tiny cuts can be closed with adhesive strips or sutures under the skin. Some other veins may be affected, especially behind the knee and these veins will be removed if necessary.

A dressing will be placed over the cut in the groin and/or the cut behind the knee, and your leg will be bandaged up to the top of the thigh. The bandages applied at the operation will stay on for 2 days and thereafter you will be advised to wear compression stockings for 2 weeks during the day and night and a further 2 weeks during the day only.

What are the risks/complications?

Deep vein thrombosis/Pulmonary embolism; A possible serious complication after treatment for varicose veins (laser treatment or an operation to treat varicose veins) is a blood clot.

This usually occurs in the legs and is called a deep vein thrombosis (DVT). Sometimes a small part of the clot can break off and travel to the lungs; this is called a pulmonary embolism (PE).

The risk of a clot is about 1% (1 in 100). The risk of a fatal clot is 1 in 10,000.

Symptoms include:

- Increased or new pain or swelling in the leg.
- Pain the calf or thigh, rather than over the surgery site.
- Shortness of breath.
- A sharp pain in the chest which is worse when you breathe in.
- Coughing up blood.

If you experience any of the above, you must seek urgent medical help. Either go the Accident & Emergency Department or dial 999.

Before you have your operation your risk of developing a blood clot will be assessed by hospital staff. If you are considered to be at high risk of having a clot the healthcare staff may offer you additional treatment. This may include:

- Anti-embolism stockings to wear on your legs. This helps squeeze your legs to help keep the blood moving.
- Medication to help to prevent clots. This is usually a daily injection and it may be necessary to continue with the treatment at home.

Before or on admission you will be given a leaflet called "Preventing Blood Clots in Hospital, What You Should Know." Please read this and keep it for future reference.

You can reduce the risk of having a blood clot by keeping as mobile as possible. This means walking and moving your legs and ankles.

You should also keep well hydrated.

If your hospital admission has been planned several weeks in advance and you are taking HRT or a Combined Oral Contraceptive Pill, please talk to your GP or Consultant as he/she may consider advising you to stop them temporarily before your surgery.

This is to reduce the risk of thrombosis. However, it is **very** important that you think about other contraceptive methods.

Sometimes a little blood will ooze from the wounds during the first 12-24 hours; this usually stops on its own. If necessary, press on the wound continually for 15 minutes with your leg elevated, if bleeding continues after doing this twice, phone your GP.

Usually hard, tender lumps appear in the thigh together with some bruising. These do not usually appear for 4 or 5 days after the operation and they can last for 3-4 weeks. It is sometimes quite extensive and may take a month or more to settle. However, if excess swelling, redness and much pain accompany them, this may represent a wound infection particularly at the site of the groin incision and may need treatment with antibiotics, you should see your GP.

Some numbness and/or tingling around the wound site or in the leg are not uncommon; this is usually due to some bruising of the nerve, which settles down after some weeks or months. It may however be permanent. The incision, although initially very visible, will subside to become virtually invisible within 9-12 months.

These risks/complications will be explained and discussed with you when the surgeon asks you to sign the consent form for the operation.

Going home

Before being discharged from hospital you will be given instructions about when to visit your GP's surgery for the removal of dressings and stitches if there are any to be removed. If the Surgeon has used a dressing on the groin, this can be removed after 48 hours. The groin wound can be washed and gently dried from 48 hours after the operation, to keep the area fresh and clean. You should not get the adhesive strips on your leg wet for 10 days. So care will be needed when washing. 10 days after the operation you can remove the strips yourself, this is often easiest in the bath or shower which helps to loosen them. After that time there is no restriction at all in taking a shower or bath.

The bandages applied at the operation will stay on for 2 days and thereafter you will be advised to wear compression stockings for 2 weeks during the day and night and a further 2 weeks during the day only. During the first week after your operation, try to avoid prolonged standing, or sitting with the foot on the floor continuously for longer than about half an hour at a time. If you are sitting or resting for any length of time try to elevate your foot either on a stool or couch or on your bed.

The discomfort is normal which at their worst on the 8th-10th days but usually resolves 12-14 days after the operation. Occasionally, severe local twinges of pain may occur in some patients and may persist for some months. In the first week after the operation, you may need to take a mild painkiller such as paracetamol to relieve discomfort.

It is advisable not to drive within 24 hours of a general anaesthetic. You should be safe to drive or as soon as you feel confident that you can make an emergency stop. If you have had both legs operated on you may find it difficult to drive for nearer 2 weeks. However, please check with your Insurance Company, as individual policies vary with individual companies.

Regular exercise reduces the risk of developing blood clots in the deep veins. Daily exercise such as going for a walk or using an exercise bike gently to provide a gradual return to normal activity is recommended.

If you require a sick certificate for work please ask a member of staff before discharge. You can return to work when you feel sufficiently well and comfortable; this is generally about 5-7 days. If you have had both legs operated upon at the same time and you have a number of scars on each leg, it will probably be 2 weeks before you are able to undertake most normal activities. If your job involves prolonged standing (without the opportunity to walk about) or driving, then you should wear the support stocking/s if you return to work within two weeks of the operation.

When can I fly?

It is the recommendation of the Vascular Surgeons that you leave a gap of 4 weeks before your surgery/procedure if you have been on a flight.

Following the procedure it is recommended that you wait 4 weeks before flying either short or long haul. This is because both varicose vein surgery and flying have a small risk of deep vein thrombosis. If these two risks overlap then the overall risk is increased.

Points of contact:

Vascular Specialist Nurses

Norfolk & Norwich University Hospitals NHS Foundation Trust

Tel: 01603 287844 or 01603 647971 (Monday to Friday 9am-5pm)

Further information and support:

Vascular Surgeons (Secretaries):

Miss F J Meyer	01603 287136
Mr M P Armon	01603 287552
Mr DR Morrow	01603 286442
Mr R E Brightwell	01603 287394
Mr M S Delbridge	01603 286434
Mr P C Bennett	01603 286263
Mr W Al-Jundi	01603 287552
Professor P W Stather	01603 647289

NHS 111 service out of hour's advice

Vascular Surgical Society of Great Britain and Ireland

Tel: 020 7205 7150

Web address: www.vascularsociety.org.uk

Circulation Foundation

Tel: 020 7205 7151

Web address: www.circulationfoundation.org.uk

For help giving up smoking

Contact your local NHS Stop Smoking Service Smoke free Norfolk on 0800 08 54113 or your GP surgery, pharmacy for local support.

The NHS National Stop Smoking Helpline and website are a source of advice, help and support visit www.smokefree.nhs.uk.

