

Varicose Vein Surgery

Surgical Services Directorate Vascular Unit
Information for Patients and Carers



University Hospitals of Leicester

NHS Trust



Caring at its best

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1 What are Varicose Veins?

Veins are blood vessels that carry blood back to the heart. Varicose veins are abnormally swollen veins that are visible just below the surface of the skin. Smaller veins in the skin itself are sometimes called 'thread veins' or 'spider veins.' Although these may be unsightly they are not the same as varicose veins.

2 Why am I being offered this surgery?

You have been offered this surgery because you and your consultant have agreed that your leg symptoms may be helped by surgery.

3 What is the success rate of the surgery?

The success rate of surgery for patients whose varicose veins have damaged the skin is 90%. It cannot be guaranteed that the condition of your skin will improve, or that your ulcer will heal or not come back. But nonetheless the success rate is high.

With operations for varicose veins that ache, the success rate is 80-85%. It is not possible to remove every varicose vein and most patients will be left with one or two smaller varicose veins.

4 What are the potential risks involved?

Roughly 1 in 20 people who have varicose vein surgery will temporarily have some numbness and tingling in the inside or the outside of the ankle because the nerves that supply the skin in this area have been bruised. Less commonly, the nerves may be permanently damaged and patients will be left with a small area of numbness on the inside or outside of the ankle. This occurs in about 1 in 100 patients.

Roughly 2-3% of patients will develop an infection after varicose vein surgery. Although this can be painful, it is not usually a serious problem and can be successfully treated.

Roughly 1% of patients may suffer from a small leak of fluid from the groin. This may take a number of weeks to resolve but always does so.

In about 1 in 1000 patients (0.1%), the operation is complicated by a thrombosis (blood clot) in one of the major leg veins. This would cause swelling and pain in the calf. It is usually treated by thinning the blood with medication. But very rarely, perhaps in 1 in 10,000 (0.01%) patients overall, a blood clot may go to the lung which potentially could be fatal.

There is a very small risk of permanent marks being left on the skin in the areas where the veins are marked prior to surgery.

5 What is the chance that your varicose veins will come back?

Varicose veins may come back after varicose vein surgery, either because new veins have formed or because the original veins that were removed have come back. The chances of your varicose veins coming back at 10 years are 20% - so 1 in 5 patients who have varicose vein surgery will again have varicose veins after 10 years.

6 Before your operation

Your surgeon will suggest that if you are taking the oral contraceptive pill, it should be stopped one month before your operation. This is to reduce the risk of thrombosis (blood clots) in the leg. However, you must use other contraceptive methods until you restart your usual contraceptive pill, which will be 4 to 6 weeks following surgery. If you are on HRT (hormone replacement therapy) then you must stop this four weeks before surgery. You will be able to restart your HRT 4 to 6 weeks following surgery.

You may be asked to come for a pre-admission visit about one week before your actual operation date to make sure you are fit for the operation. It will also be necessary to take some swabs (using a cotton bud) from your nose and skin to identify any pre-existing MRSA infection (see separate information letter).

The operation may be performed as a day case. However, if you are having both legs operated upon, you live alone, or you have any medical problems, it is usual to remain in hospital overnight.

7 Coming into hospital

If you are coming in as a day case admission, then you will be given an advice sheet before your admission which explains day case surgery and the arrangements you will need to make.

You will receive a letter telling you which hospital and which ward you will be admitted to.

Please bring with you all the medicines that you are currently taking. You will either be admitted to the ward the day before your operation or the day of your operation. On admission one of the nurses will check your personal details and give you an identity wristband. The surgeon will visit you and mark the position of the veins. Some patients will also have a scan of the vein behind the knee to mark its position.

8 What should I bring in with me?

You should bring:

- All your usual medication
- Nightwear & slippers
- Toiletries
- Towel
- A small amount of money

Whatever you bring into hospital with you is your responsibility and the trust accepts no responsibility for any items lost or broken during your stay.

9 No Smoking Policy

Smoking is not allowed in any hospital building. There are smoking shelters for patients and visitors outside the hospital and staff will be able to direct you to the nearest one.

10 Mobile phones

The use of mobile phones is restricted in some areas. Please check with the nurse in charge before you use your phone.

11 Ward visiting times

Please check with the ward you are admitted to about visiting times.

12 The operation

The operation is performed under a general anaesthetic in most cases. The most common operation is where a cut is made in the groin over the top of the main varicose vein. This is then tied off where it meets the deeper veins. The varicose vein is stripped out and the cut in the groin is closed with a stitch. The other veins which were marked before the operation are then pulled out through tiny cuts. Blood can still flow up the leg along deeper, unaffected veins.

13 Going home

Wounds

Your team nurse will advise you about your wounds and removal of stitches (unless they are dissolvable). If necessary your wounds will be checked and the stitches removed by the practice nurse at your local surgery.

If necessary your wound dressing will be changed before you go home. If your wound becomes very red, hot and painful or starts to produce a discharge it may be a sign of infection that may require a course of antibiotics. Visit your GP to discuss this.

Patients with crepe bandages	Patients with panelast bandages (pink)
Your bandages will be removed after 24 hours	These bandages should be left on for 5 days
You will be fitted with a support stocking. This stocking should be worn for 2 weeks and may be taken off at night if you wish.	If you are able, you can soak these bandages off in the bath. If not, we will arrange for a nurse to remove them.

13 Going home (continued)

Discomfort

You will be given painkillers to take home if required. Some bruising is to be expected and may take a number of weeks to disappear.

Exercise

You are advised to take as much exercise as possible within the limits of your comfort. Take a short walk three times a day. When resting, lie with your heels higher than your hips to aid drainage of excess fluid and assist healing. It is also advisable to avoid standing for long periods.

Sex

You may resume sexual relations when your wounds are healed and within the limits of your comfort. You must use other contraceptive methods until you restart your usual contraceptive pill, which will be 4 to 6 weeks after surgery.

Driving

You should avoid driving for at least one week after the operation. It is essential that you are able to perform an emergency stop without pain.

If you require further advice on driving regulations or you drive for a living, please contact the DVLA.

Flying

It is not advisable to fly for at least six weeks before or after surgery. Contact your airline for more specific advice.

Work

You can return to work when you feel sufficiently well and comfortable, generally after about two weeks. Depending on your occupation, you may need longer to recover. Check with your GP if you are concerned. If you need a sick note, please ask the nursing staff before you go home from hospital.

14 Outpatient follow up

After varicose vein surgery, most patients have no problems and therefore do not need to come back to the outpatient clinic.

If at any time after discharge you are concerned about any symptom or problem you should normally contact your GP.

Alternatively you can contact:

Leicester Royal Infirmary
Ward 21

0116 258 5429 or
0116 258 6571

Nurse Specialist

0116 258 5440

Your questions

[illegible]

If you would like this information in another language or format, please contact the Service Equality Manager on 0116 258 4382

ਆਪਨਿ ਯਦਿ ਐ ਲਿਫਲੇਟੋਰ ਅਨੁਵਾਦ - ਲਿਖਿਤ ਭਾ ਅਡਿਓ ਟੇਪ' ਐ ਚਾਨ, ਤਾਹਲੇ ਅਨੁਗ੍ਰਹ ਕਰੇ ਸਾਰ੍ਵਿਸ਼ ਇਕੁਆਲਿਟੀ ਮਿਆਨੇਜ਼ਰ ਡੇਭ ਬੇਕਾਰ' ਐਰ ਸਾਥੇ **0116 2584382** ਨਾਂਬਰੇ ਸ਼ੋਗਾਸ਼ੋਗ ਕਰਨ ।

यदि आप को इस लीफ़्लिट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डैब बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 2584382 पर सम्पर्क कीजिए ।

ਜੇ ਤਮਨੇ ਆ ਪਤ੍ਰਿਕਾਨੂੰ ਭੇਜਿਤ ਅਥਵਾ ਟੇਪ ਉਪਰ ਆਖਾਂਤਰ ਜੇਹੰਨੂੰ ਭੋਖ ਨੇ ਮਫੇਰਆਨੀ ਕਰੀ ਤੇਐ ਐਕਰ, ਸਰਵਿਸ ਓਕੁਆਲਿਟੀ ਮੈਨੇਜਰਨੇ **0116 2584382** ਉਪਰ ਸੰਪਰਕ ਕਰੋ.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriiir, Maamulaha Adeegga Sinaanta **0116 258 4382**.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੈਬ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116, 2584382 ਤੇ ਸੰਪਰਕ ਕਰੋ ।

Eğer bu broşürün (kitapçığın) yazılı veya kasetli açıklamasını isterseniz lütfen servis müdürüne 0116 258 4382 telefonundan ulaşabilirsiniz.