



Information for
patients and
carers

Understanding Varicose Vein Surgery

What are varicose veins?

There are two main systems of veins in the legs:

Deep veins - Located deep within the muscles of the legs. The leg muscles squeeze the deep veins during walking, carrying most of the blood back up the legs to the heart.

Superficial veins - Located just under the skin, they are less important than the deep veins and can form varicose veins. Veins have one-way valves which allow blood to be carried up the leg towards the heart. These valves can become damaged which causes a back flow of blood which increases the pressure in the veins. The increased pressure causes the veins to widen, bulge or twist. This is referred to as varicose veins.

Varicose veins often run in families and as you get older, they are more likely to occur. They may also be caused by pregnancy or weight gain; both increase the pressure on the leg veins. Varicose veins can also appear because the deep veins in the leg have been blocked by blood clots in the past.

What are the symptoms of varicose veins?

- Aching, swollen legs
- Itching and/or a rash (varicose eczema)
- Skin changes such as brown discolouration
- Ulceration of the legs or threat of ulceration (a break in the continuity of skin)
- Phlebitis (sometimes called thrombophlebitis), is inflammation in the veins and overlying skin
- Bleeding through the skin

What are the aims of surgery?

The aims of surgery are to reduce the pressure in the skin veins which will relieve your symptoms. For those with ulcers it will help

healing the wounds. For those with skin changes around the ankles or previous ulceration, reducing the pressure prevents worsening of the skin change and usually reduces the risk of further ulceration. For these patients, the addition of support stockings further protects the skin around the ankles.

What are the alternatives?

Compression hosiery can often relieve the symptoms of discomfort from varicose veins, but do not treat or remove the underlying problem.

Lifestyle changes i.e. weight loss, exercise, avoiding prolonged standing/sitting.

Other procedures available to treat varicose veins include:

- Radio frequency ablation – radio frequency energy delivers heat to the diseased veins through a small opening in the skin. This causes the vein wall to shrink and seal closed
- Foam sclerotherapy/Endo-venous chemical ablation – injecting surface veins with foam to make them seal and close
- Injection sclerotherapy – injecting the surface veins with a chemical to make them seal

The surgeon will have discussed treatment options with you during your clinic visit and advised that surgery to strip your veins is the most appropriate treatment.

Before coming into hospital

Please have a bath or shower but do not shave the operation site (this will be done in theatre).

Coming into hospital

Varicose vein surgery is performed as a day case, meaning you come in and go home the same day. This will be offered to those

who are fit and have someone to stay with overnight. People with more complex needs or who live alone may require an overnight stay in hospital. This will be discussed with you during your consultation with your surgeon. The procedure is usually performed under general anaesthetic (meaning you will be asleep throughout the procedure); therefore you will need to be nil-by-mouth for a certain amount of time before your operation. These instructions will be sent to you with your admission letter. You should bring all your current medications with you.

When you arrive you will be met by a member of the nursing team who will assist you to get ready for theatre. The surgeon who will be performing your operation will visit you before the procedure to discuss your operation, the procedure may change from your initial consultation if the surgeon feels this is necessary based on your clinical condition. The surgeon will mark up your veins with a waterproof pen, agreeing with you, which veins will be removed. You should ensure that all your varicose veins are marked. The anaesthetist will also visit you, and explain the anaesthetic to you.

The operation

A small plastic tube (called a cannula) is placed in the back of your hand. The anaesthetic is injected through the cannula and you will be asleep within a few seconds. While you are asleep, local anaesthetic will be used around the groin incision and the incision on the back of the knee. When you wake up the incisions should be numb. Sometimes a drip is placed into a vein through the cannula to give you some fluids during and following surgery.

The operation may vary a little from case to case depending on the location of the varicose veins. The operation involves a cut being made in the groin over the top of the main varicose vein. The vein is then tied off at the point where it meets the deeper veins (this is known as ligation).

Blood can still flow up the leg along the other deeper unaffected

veins. A wire is then inserted into the vein and passed down to knee level. At knee level a second cut is made and the vein is pulled out. This procedure is known as stripping. The ligation and removal of the long saphenous vein deals with the cause of the varicose veins and should prevent recurrence. The other veins marked before the operation are then pulled out through tiny cuts. Once the veins have been removed the larger cuts will be closed with a stitch which lies underneath the skin and does not need to be removed. The smaller incisions are not usually stitched but may be closed with steri-strips (small adhesive strips that can be removed by soaking them in water).

A dressing will be put over the cut in the groin and your leg will be bandaged firmly up to the top of the thigh. This will help reduce the amount of bruising and will also help to reduce any bleeding from the smaller incisions (which can commonly occur over the first 24-48 hours). The bandages put on during the operation will stay on your leg until you are advised to remove them by your surgeon. If there is a different type of bandage applied it will be explained to you before discharge on the day.

After the operation

After the operation you will be taken to the recovery area where you will be monitored until you are awake. You will then return to the day-case unit where your nurse will monitor your observations (blood pressure, pulse, temperature, oxygen levels and breathing rate). You may feel some discomfort in the leg and will be offered pain relief as appropriate. You will be allowed to eat and drink as soon as it is safe to do so. Your nurse will discuss with you when it is appropriate for you to go home. Occasionally patients do not recover in time to go home and may need to stay overnight. If the nurses have any concerns about your recovery they will contact your surgeon and someone will assess you and decide if you need to stay longer for observation.

At Home

- Usually the first bandage is applied in theatre (this is called a crepe bandage) and usually stays in place for 24-48 hours.
- You will be measured for and supplied with surgical compression stockings. These are usually worn for 1-2 weeks after the bandage is removed

You will be advised when to remove your bandage and apply the stockings before you are discharged.

You may feel some pain or discomfort in your leg which can steadily increase from the second day until it reaches its peak around days 8-10. This will settle down but you may need to take some mild painkillers during this time. Occasionally the leg may become inflamed causing discomfort and lumpiness around the vein (known as phlebitis), this should settle down within a month. If you experience severe pain or the leg becomes red, swollen/ inflamed or hot to touch you should seek medical attention.

Regular daily exercise such as going for a walk or using an exercise bike to provide a return to normal activity is recommended. To rest after the operation raises the risk of developing blood clots in the deep veins (deep vein thrombosis or DVT).

You should be able to recommence driving after one week if your leg is not too uncomfortable and you feel confident to drive.

You can bath or shower once the wounds have healed up (this is usually after one week) - bathing/showering too soon can cause bleeding to the wound sites.

You should be able to return to work after 1-3 weeks after surgery, depending on your job. Your surgeon will discuss this with you. We advise patients not to undertake long haul flights (over four hours) or long-distance coach or car journeys for 4 -6 weeks (Short flights may be acceptable but you should discuss this with your surgeon first.

You are not routinely followed up after this operation, however if the surgeon feels it is appropriate you will have a follow up appointment arranged usually for 6-8 weeks after your operation.

Possible complications

Bleeding - the wounds can ooze in the first 12-24 hours which usually stops independently. If necessary press on the wound for 10 minutes and the bleeding should stop.

Wound infection - Occasionally wounds become infected and require treatment with antibiotics. Serious infections are very rare. If you are concerned that your wound may be infected see your GP.

Fluid leak from groin wound - Occasionally the groin incision may leak blood stained or clear fluid. This usually lasts a few days when it is bloodstained. Sometimes, clear fluid collects under the groin incision. It may be contained beneath the skin or it may leak through the incision (this is known as a lymph-leak). This occurs infrequently mainly following re-operation on the groin. If there is leakage from the groin, it may take up to 6 weeks to settle.

Deep Vein thrombosis (DVT) or pulmonary embolism (PE) - This is a complication in any surgery. Those patients with extensive varicose veins associated with skin changes are possibly at more risk but it is still a relatively low risk. Post-operatively wearing surgical stockings for 2 weeks will help to minimise the risk.

Nerve injuries - These are uncommon occurring in about 1 in 20 cases. Two skin nerves are particularly at risk: the first picks up sensation from the top of the foot, and the second from the outer border of the foot. Other unnamed nerves may also sometimes be damaged leading to reduced sensation anywhere in the leg. The reduced sensation may be very noticeable at first, but normally diminishes with time and is not usually a problem in the longer term.

Chest infection - Chest infections can occur after such surgery which will require antibiotics and possibly physiotherapy. You are at a

higher risk of developing a chest infection if you smoke.

Recurrent varicose veins - Recurrence of varicose veins occurs in about 1 in 10 patients over a ten-year period. Sometimes further treatment may be required.

What can I do to help myself?

Once you are home you should try and return to normal as soon as possible. Although it will cause discomfort, taking regular exercise, such as walking, will allow for a quicker recovery.

If you do have any concerns regarding your recovery do not hesitate to contact your GP or the hospital for advice.

Contact details

Should you require further advice or information please contact:

Vascular Specialist Nurses:

Preston/ Chorley site - 01772 523757 or via switch board on 01772 71655 and ask for bleep 4605 or 4606.

Blackpool site: Via switch board 01253 300000 and ask them to contact the Vascular Specialist Nurse.

Royal Lancaster hospital: Via switch board 01524 65944 and ask them to contact the Vascular Specialist Nurse.

Furness General: Via switch board 01229 870870 and ask them to contact the Vascular Specialist Nurse.

Vascular secretaries:

Preston/ Chorley/ Blackpool/ Lancaster/ Kendal /Furness General Hospital:

Via switch board: 01772 716565

Wigan Wrightington and Leigh:

01942 264057 01942 822068

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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