

Coventry & Warwickshire Vascular Unit

Varicose vein surgery



What are varicose veins?

Veins are the blood vessels that carry blood back to the heart. Varicose veins are abnormally swollen (dilated) 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.

Before your operation

You may be called for a pre admission visit to make sure you are fit for the operation. The surgery is usually carried out as a day case. However, if you are having both legs operated on, if you are having repeat varicose vein surgery or if you have any medical problems, it is usual to remain in hospital overnight.

A special scan of the leg may be needed before the operation, and your consultant will explain the scan to you.

Your surgeon may suggest that if you are taking the contraceptive pill, it should be stopped one month before the operation. This is to reduce the risk of a blood clot (thrombosis). It is very important that you think about other contraceptive methods during this period.

Coming into hospital

You will be asked to come in either the day before, or the morning of, your operation. Please bring with you any medicines you are taking. The surgeon, who is to perform your operation, will mark the position of your veins, and the doctor who will give your anaesthetic, will also see you before the operation.



Patient Information

The operation

This is usually carried out under a general anaesthetic. The most common operation involves a cut in the groin over the top of the main varicose vein. This is then tied off where it meets the deeper veins. If possible, the main varicose vein on 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 then closed with a stitch, usually hidden under the skin. The other veins, marked before the operation, are then pulled out of tiny cuts. Some surgeons may use injections for this part of the operation. These are then closed with adhesive strips or stitches. Some other veins may be affected, especially one behind the knee.

A dressing will be placed on the cut in the groin, and your leg will be bandaged up to the top of the thigh. The bandages put on at the time of operation must stay on your leg until your consultant advises you to remove them.

Going home

For the first week sit with your feet raised so that your heels are higher than your hips to help drain the excess fluid from the tissues and assist healing. Three times a day take a short walk (a few hundred yards will do, but more if you wish) to avoid stiffness of the muscles and joints. Slight discomfort is normal. Occasionally, severe local twinges of pain may occur in some patients and may continue for some months. In the first week after the operation you may need to take a mild painkiller such as Paracetamol to relieve discomfort. When you remove the bandages, you may bath or shower, and remove the dressings. Wash the wounds with a non-perfumed product and pat dry carefully – do not rub. Cover the small incisions with Elastoplast strips and put on the stretch stocking. You may need to change the Elastoplast strips after your daily bath/shower for about seven days.

You should wear the stocking day and night for the first week, after which you may leave it off at night. You will need to wear it during the day for at least a further week.

What next?

Before you leave hospital, the ward nurse will explain possible arrangements for the removal of your skin staples or stitches, if necessary. **You should avoid driving for about one week after the operation because, in an emergency, your response time may be affected. It is essential that you are able to perform an emergency stop without pain. If in doubt delay driving until you feel more confident.**

Complications to look out for

Sometimes a little blood will ooze from the wounds during the first twenty four to forty eight hours, and this usually stops on its own. If necessary, raise the leg and press on the wound firmly for ten minutes. If bleeding continues after doing this twice, phone your GP or the ward.

Occasionally hard, tender lumps appear near the operation scars or in the line of the removed veins. These can even appear some weeks after the operation and need not be a cause for concern. However, if they are accompanied by excess swelling, redness and much pain, they may represent a wound infection and you should see your GP.

Rarely, there is numbness around the wound or ankle. This is unavoidable and is due to pulling on nerves during the operation. It usually settles after some weeks or months. The scars on your legs will continue to fade over many months.

Return to normal activity

You can return to work when you feel sufficiently well and comfortable, generally after about a week to ten days. If you have had both legs operated on at the same time and you have a number of scars on each leg, it will probably be three to four weeks before you are able to carry out most normal activities. If you have a job that involves much standing and your varicose veins were particularly severe, you may need up to six weeks off work. Your GP will advise you about returning to work considering your progress after the operation.

You will have been warned that not every visible vein will disappear as a result of your operation and there is a chance that, in the future, further varicose veins may develop, as you are clearly prone to them. Taking regular exercise, the avoidance of becoming overweight and wearing light support tights or stockings will all help to prevent you being troubled by varicose veins in the future. In addition, if you are a smoker it is important that you make an effort to stop completely, as continued smoking is likely to damage other veins, causing them to become varicosed.

Review after Surgery

You will normally be seen in the outpatient clinic by the consultant in the weeks following surgery. You will have the opportunity at this appointment to ask your consultant any questions or discuss any aspects of your treatment. **Please contact your consultant's secretary if you have any questions or concerns in the meantime** Telephone 024 7696 4000 (hospital switchboard) and ask for your consultant's secretary.

Useful Contacts

Coventry Patient advice and Liaison Service (PALS): +44 (0) 800 0284203

South Warwickshire Hospital PALS: +44 (0)1926 600054

George Eliot Hospital PALS: +44 (0) 24 7686 5617

Coventry & Warwickshire County Vascular Unit

In conjunction with The Vascular Society of Great Britain and Ireland

www.vascularsociety.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5569 and we will do our best to meet your needs.

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