

Varicose Vein Surgery

Information and advice for patients

Vascular

What are varicose veins?

Varicose veins are enlarged and twisted veins in your leg.

Varicose veins are common, affecting up to 3 in 10 people. Varicose veins tend to run in families and are made worse by pregnancy and if you do a lot of standing.

Although your surgeon has recommended varicose vein surgery, it is your decision whether you wish to have the operation performed.

What causes varicose veins?

In the normal venous system, the veins in your leg carry blood back to the heart with the help of your calf muscle and foot pump. (the movement of your calf and foot muscles during exercise) The veins have a one way valve to ensure the blood flows upwards towards the heart against gravity. Damage to the valves in the veins can lead to the blood building up instead of being pumped back towards your heart. As a result the pressure in your veins increases. This can lead to swelling of the ankles and leg pain, aching in your legs, itchy skin and colour changes in the skin on your leg. Both legs contain a system of deep veins, which are buried within the muscles of your leg, and a system of superficial veins which run just under your skin. Sometimes weaknesses in the walls of the superficial veins cause them to enlarge. The valves then fail to work properly and the blood can flow in the wrong direction. The result is a build-up of pressure in the veins, which bulge out as varicose veins.

What are the symptoms of varicose veins?

The symptoms of varicose veins can include heavy, throbbing, aching, swollen legs. Some patients may experience itching and burning sensation, dry skin, varicose eczema (venous eczema) brown staining of the skin (haemosiderin staining). A few patients may have leg ulceration.

How are varicose veins diagnosed?

Varicose veins can be visibly seen on the legs, especially when you are in the standing position. Your doctor may have arranged venous duplex scan in the clinic or sent you to the X-Ray department to determine the best type of treatment for your varicose veins.

How are varicose veins treated?

The symptoms of varicose veins can be treated with compression hosiery. The varicose veins themselves can be treated with Radiofrequency ablation (RFA), laser treatment which we do not offer and varicose vein surgery Ultrasound guided foam sclerotherapy (UGFS). Your doctor has recommended varicose vein surgery.

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What are the benefits of surgery?

Your symptoms caused by your varicose veins should improve. It is not possible to cure varicose veins. Over time, new varicose veins will appear. Surgery will not remove fine thread veins. We do not offer cosmetic surgery for thread veins.

Are there any alternatives to varicose vein surgery?

Graduated Compression stockings can often help the symptoms caused by varicose veins and reduce the risk of complications that varicose veins can cause. There are other treatments such as ultrasound guided foam sclerotherapy (UGFS) (endovenous ablation) radiofrequency ablation (RFA) and laser treatment. Your surgeon will be able to discuss the options with you.

What are the side effects and risks of treatment?

The varicose veins are not likely to get better without treatment. They are however not dangerous.

The following problems may arise:

- Unsightly appearance
- Itching, aching and pain
- Pigmentation (dark staining) of the skin around your ankle
- Infection in your skin (cellulitis)
- Inflammation of your veins (phlebitis)
- Leg ulceration, which is rare
- Bleeding from varicose veins. This is rare.
- Your surgeon may be able to recommend an alternative treatment for you

What does the operation involve?

Before the operation the surgeon will mark the veins on your leg (with a pen) you are having surgery on and will show if a cut needs to be made on your groin or at the back of the knee. You may have a duplex scan of your legs.

The Surgeon/ healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You will be asked to confirm your name and the operation you are having done.

The operation is usually performed under a general anaesthetic but a local anaesthetic can be used. Your surgeon or anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The time for surgery will be discussed by your Consultant.

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Your surgeon may disconnect the superficial veins from the deep veins through a cut on your groin or the back of your knee. They will probably make many small cuts, called avulsions or phlebectomies, along the length of the varicose veins where the veins have been marked

Often the main varicose veins (the long or short saphenous vein) is stripped out using a special instrument. Your surgeon will close the cuts with stitches or special glue. The small cuts often do not need stitching. Your leg will be dressed with a tight bandage to reduce bleed and bruising.

What should I do about my medication?

Let your doctor know about all of the medication you take and follow their advice. This includes all blood thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter

If you take the combined oral contraceptive pill you will be advised to stop taking the pill 6 weeks before surgery

If you take the progesterone only pill (mini pill) you do not need to stop taking it.

What can I do to make the operation a success?

If you smoke, stopping smoking several weeks or more before your operation may reduce your risk of developing complications and will improve long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long term health. Before you start exercising, ask the healthcare team or GP for advice.

You can reduce your risk of wound infection by not shaving or waxing the area where a cut is likely to be made a week before the operation. Try to have a bath or shower, the day before or the day of the operation

What complications can happen?

Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

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General complications of any operation

Pain. The healthcare team will give you the medication to control the pain and it is important that you take it as you are told so you can move about as advised after surgery.

Bleeding during or after the operation. It is common for your leg to be bruised. Rarely, you will need a blood transfusion or another operation. You may feel a lump under your skin. This is caused by bruising and settles within a few weeks.

Infection of the surgical site (wound) (Risk 3 in 100). It is usually safe to shower after 2 days but you should check with the health care team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red sore or painful. An infection usually settles with antibiotics but you may need another operation.

Unsightly scarring of your skin. The scarring will be red at first and will gradually fade to a fine white line

Blood clot in your leg (Deep Vein Thrombosis DVT) (RISK 1 in 50). This can cause pain, swelling or redness in your leg, or the veins near surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you may have a DVT.

Blood clot in your lung (Pulmonary embolus). This is if a blood clot moves through your blood stream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest A/E.

Specific complications of this operation

- Developing a lump under a wound caused by blood collecting (Haematoma) (Risk: 3 in 100)
- Developing a lump under the wound in your groin caused by fluid collecting (Seroma) (Risk: 1 in 200). This can lead to fluid leaking. The risk is higher if you have surgery for recurrent varicose veins.
- Numbness or a tingling sensation around the small cuts, or in your leg (Risk:1 in 10) This may be permanent
- Damage to nerves, leading to weakness in your leg or foot (risk: 1 in 1,000) This sometimes improves but can be permanent. The risk is higher if the short saphenous vein has been treated. The short saphenous vein runs up the outside and back of your leg to the bend in your knee.
- Continued varicose veins. It is not usually possible to remove every single varicose vein.

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- Developing thread veins. These are also known as spider veins, telangiectasia or broken veins.
- Swelling of your leg, if blood does not drain from your leg properly. This is most likely to happen if there is a problem with the deep veins such as Deep Vein Thrombosis, or if you have a cut on your groin to treat recurrent varicose veins.
- Major injury to the main arteries, veins or nerves of your leg. This is rare.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will go home the same day. When you leave the hospital a suitable adult should take you home in a car or taxi and stay with you for at least 24 hours. You should have access to a telephone in case of emergency.

If you are worried about anything in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

You will not be given an out-patient appointment following your surgery.

If you had a leg ulcer prior to surgery you will need to continue with your compression bandages or compression stockings.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of blood clots, make sure you follow carefully the instructions from the healthcare team.

When you go home you will be wearing compression bandages on your legs/legs. The healthcare team will tell you when to remove your bandages, normally in 2 days. If you have a venous leg ulcer you will need to continue to wear your compression bandages/ hosiery/ compression wrap. The health care team will discuss this with you.

Once at home be as active as possible. When you are resting keep your legs raised on a stool/ sofa. You should be able to return to work in a few days, depending on your type of work. You may take longer to recover.

As long as your wounds have healed, you should be able to carry out normal activities as soon as you are comfortable. For some people this will be after one to two days. For others

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it may take up to four weeks to return to normal activities. Regular exercise should help you return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive for at least 2 days or while you are taking painkillers that may make you drowsy. Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor

The Future

Most people make a full recovery. If surgery was performed for venous leg ulcers, these should gradually heal. Skin discolouration will stay but should not get worse. Your veins should look better but there are no guarantees. Varicose veins return, either in the same place or in other parts of your leg s(risk: 3 in 10 in five years)

Flying

We do not recommend you fly for at least 6 weeks following varicose vein surgery.

Summary

Varicose veins are a common problem and can lead to complications if left untreated. Compression stockings can help to control the symptoms but will not remove the varicose veins. Surgery is usually safe and effective but complications can happen.

PROMS (Patient Related Outcome Measures)

If you decide to have varicose vein surgery /procedure you will be asked to complete a PROMS booklet. This is a government led initiative to assess how patient's legs and symptoms are before the procedure and you will be sent another questionnaire to your home address 3 months after the procedure to see if you have had any benefit from surgery/procedure. We are obliged to offer you the booklet to complete but you do not have to complete the booklet if you do not want to. This will not affect your treatment.

Contact details

If you have any questions or concerns about your condition please contact:

Vascular Nurses

0121 507 5909 Monday to Friday 9AM-5PM

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Further information

For more information about our hospital and services please contact our websites www.swbh.nhs.uk and www.swbhengage.com follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs

Sources used for the information leaflet

- EIDO Healthcare Ltd 2016
- National Institute for Health and Care Excellence, CG 168 Varicose Veins: Diagnosis and management; Published July 2013

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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