NHS
West Suffolk
NHS Foundation Trust

Patient information

Varicose Vein Surgery

Surgery on the long saphenous varicose veins

Alternatives to standard varicose vein surgery include: injection sclerotherapy, VNUS Closure, Endovenus Laser Therapy, and ultrasound guided foam sclerotherapy which is the only one of these techniques currently available at this hospital.

Admission

Depending on arrangements you will either be admitted to your bed the day before surgery or morning of surgery. The ward nursing staff will show you to your bed and help to settle in. They will explain the preparations for theatre and show you where everything is. You should not have anything to eat or drink for six hours before the time surgery is due to start. Your surgeon will visit you prior to surgery to answer any last minute questions and to explain the procedure again. Your surgeon will then mark the position of the veins on your leg using a highlighter pen. At this point you should indicate any veins that you particularly want removing and these will be marked.

Anaesthesia

Surgery on long saphenous varicose veins is usually performed with you asleep under a general anaesthetic. In some circumstances surgery can be performed under local anaesthetic or regional anaesthesia but these techniques are usually reserved for people who are not fit enough for a general anaesthetic. Your anaesthetist will discuss the anaesthetic technique with you before the operation.

Putting you first

Surgery

The long saphenous vein starts at the groin, runs underneath the skin of the thigh and calf and ends in the foot. In the groin the long saphenous vein connects with the deep veins, namely the femoral vein and at this point a valve prevents high-pressure blood from the femoral vein entering the long saphenous vein. In varicose veins this valve has become leaky so the first part of the operation is to make an incision in the skin crease of the groin and dissect the junction of the long saphenous and femoral veins and disconnect them. At this point there are many branching veins coming off the long saphenous vein and these have to be disconnected also.

The long saphenous vein is then stripped to just below the knee to remove it from the thigh altogether. Research studies have shown that this manoeuvre reduces the chance of the veins growing back - recurrent varicose veins. Surgeons no longer strip the vein to the ankle because in the lower calf the vein runs very close to a nerve which can be damaged and cause a numb foot. Instead, it is safer to remove varicose veins in the lower leg by multiple small incisions (2-5mm long) and remove the veins through these - this is known as avulsions.

Finally, the groin wounds are closed using self-dissolving sutures inserted underneath the skin so they cannot be seen. The avulsion incisions usually heal well without any sutures because they are so small but occasionally paper 'Steristrips' are used to close these wounds. Very occasionally a stitch is required.

Compression bandages are then applied to the leg to prevent bleeding and bruising and the operation is over. The operation usually takes about 30-60 minutes per leg but you may be away from the ward longer because all patients spend a minimum of half an hour in the recovery room waking up from the anaesthetic.

After the operation

When you return to the ward you may feel drowsy, but you should not feel any pain or sickness. If you do, tell the nurse who is looking after you and they will give you a painkiller or something for sickness. Your leg will be bandaged firmly as explained above. You should remain in bed for the first 4-6 hours, if you require anything, use the nurse call button. Later, when the nursing staff are happy with your observations, you may sit up and later still get out of bed under supervision. Once you have woken sufficiently you can start drinking again and have something light to eat.

Discharge from hospital

The operation may be performed as a day case or an overnight stay. Self-adherent compression bandages or non-adherent crepe bandages are removed after 24 - 48 hours. Once the bandages are removed you will be given a pair of compression stockings to wear for the next 2 - 4 weeks or until the legs feel comfortable. The purpose of the stockings is to support the leg, to help blood flow through the deep veins of the leg and to reduce the amount of bruising and tenderness. Bleeding through the bandages or stockings can occur, this is not unusual and is nothing to worry about. Elevate the legs, apply continuous pressure to the point of bleeding for 10 - 20 minutes and it will stop. If you are still concerned, call the daytime number for the hospital on the information sheet or your GP. At night the stockings can be removed if this is more comfortable.

The small avulsion cuts on the leg will usually be closed with tape rather than stitches. The main cut at the top of the leg will be closed by dissolvable stitches underneath the skin. Try to keep these wounds dry for three days. After that you may take a shower but try to avoid soaking in a bath until after 5 days. The tape will come off the leg wounds but do not worry about this. Rarely, there may be some stitches to remove and the ward nursing staff will arrange for this to be performed.

Once at home

You will probably need 7-14 days off work, returning when you feel comfortable. Avoid driving until you are pain free and in full control of the vehicle (usually about 7 days). Walk as much as possible to keep the blood circulating in the leg. Avoid standing for any long period of time, avoid crossing your legs and elevate the legs when resting. You may resume sex when it is comfortable at about 2 weeks.

Complications

Potential risks and complications specific to vein surgery include, but are not limited to, the following:

Removing varicose veins inevitably produces some bruising and soreness. The severity depends on how many veins are removed. Sometimes it can take several weeks for all the bruising to settle completely.

Because the main wound is in the groin, this can become infected. If the wound becomes painful and red this may indicate infection which can usually be treated by a course on antibiotics. The same applies to other wounds.

Small nerves next to the veins can be disturbed leading to patches of numbness in the lower leg and foot in 10-20% of patients. This usually resolves over the first year after surgery but occasionally is permanent.

A thrombosis can occur in the deeper veins of the leg (DVT) and occasionally this can lead to a pulmonary embolus (blood clot to the lung). Blood clots on the lung can be fatal. This occurs in less than 1% of patients.

Once the main venous channels are removed by surgery the body tries to find an alternative route for the blood, so new veins in the leg may become prominent. Also veins tend to grow along the track left by the removal of the old veins to reconnect with the deep venous system. Because of these reasons varicose veins tend to recur given time. Recurrence may occur quickly within a year of the operation or slowly over 10-20 years.

The practice of medicine and surgery is not an exact science and reputable practitioners cannot properly guarantee results either expressed or implied. These procedures are highly advanced and discussion about them (including risks and benefits) should be with your specialist.

Please sign below to indicate you have read and understood this information sheet. Bring this sheet with you when you come to the hospital and hand it to your specialist.

Signature: …….

Name: ……

Date: ……

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website www.wsh.nhs.uk and click on the link, or visit the disabledgo website:

http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main