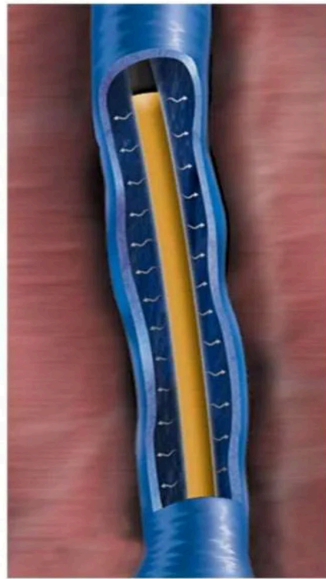
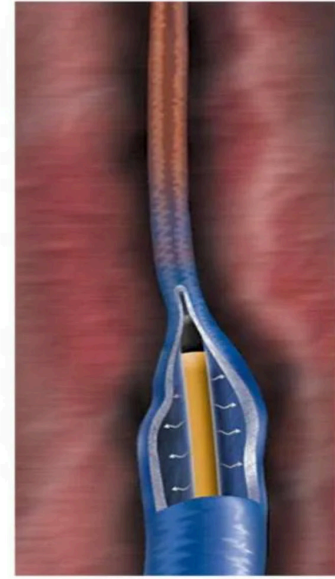


Catheter inserted into vein



Controlled heat collapses vein



Catheter withdrawn, closing vein

Why Is The Operation Necessary?

Varicose veins are swollen veins on the surface of the leg. These occur because of increased pressure in the veins, usually due to damaged valves. This increased pressure in the veins can cause symptoms like aching, throbbing or tired legs or lead to more serious problems like inflammation of the veins, bleeding, swelling, darkening, and thickening of the skin and non-healing wounds called ulcers.

What Is The Procedure?

The procedure can either be performed in the doctor's procedure room or in the hospital. A fine catheter is placed up the centre of the main vein with the faulty valves. The vein is then sealed from the inside using heat so that there is no longer any blood flow or pressure. The vein shrivels up with time. The enlarged branches are removed through small micropuncture wounds using vein hooks. This is called phlebectomy or multiple avulsions.

Are There Any Alternative Treatments Available?

Varicose veins can be managed non-operatively with elastic compression stockings, elevating the legs when resting, losing weight, and keeping active. Stockings can control symptoms and swelling and may prevent progression of skin issues. They need to be worn whenever you are up and about. A common problem is that many patients do not

find them very comfortable or tolerable, especially in hot weather.

The traditional open trendelenberg and strip procedure where the main vein is disconnected from the deep vein via a cut in the groin and the vein is stripped from the thigh is still performed in certain clinical scenarios. It is more invasive, and the recovery period is longer.

Varicose veins can also be treated with sclerotherapy which involves injecting an irritant into the vein to cause it to block off and shrivel up.

Is The Operation Safe?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However, there are risks involved with all surgery even if these risks may be small.

What Are The General Risks Related To This Procedure?

There are risks for developing complications which are general, and which may occur with any surgical procedure. These complications include infection, bleeding, pain, wound breakdown, or deep vein thrombosis.

Deep vein thrombosis can occur in any procedure lasting

> 30 min and risk is relative to the size of the operation and the degree of immobility following the operation. This usually presents with pain and swelling in the leg out of proportion to what is normally expected. Dvt occurs very rarely (0.5%) Post vein surgery, but is the most serious potential problem

What Are The Specific Risks Related To This Procedure?

1. Pain and bruising: although this is a minimally invasive procedure, there is some discomfort and bruising, mainly related to the phlebectomy sites. During the 2nd week, a feeling of tightness or stiffness in the thigh related to the sealed main vein is common.
2. Numbness and tingling around the phlebectomy sites occurs in up to 40% of patients. 99% Of this goes away with time
3. Tract haematoma: hard lumps under the skin are usually due to blood that has oozed and solidified in the tract of the vein removed. This can take 6-8 weeks to flatten out

and disappear.

4. Recurrence: this operation does not prevent varicose veins coming out in the future.

The leg may take 6 months or more after the operation to reach its best. You must appreciate that the leg can seldom be made 'completely normal'. The operation tries to limit the damage done and improve the cosmetic appearance. The damage already done may improve slightly. Usually the symptoms caused by the varicose veins are very much improved.

What Are The Anaesthetic Risks Involved?

The anaesthetist will interview and examine you and ask about chest and heart troubles, dental treatment, and any previous anaesthetics. The anaesthetic itself, and the risks associated with anaesthesia will be explained.

What Do I Need To Do Before The Operation?

You should not eat anything at least 6 hours before the operation and can drink clear fluids (water, apple juice) until

Before you agree to the procedure make sure you know:

- The name of the procedure
- The reason you are having the procedure
- What results to expect and what they mean
- The risks and benefits of the procedure
- What the possible side effects or complications are
- When and where you are to have the procedure
- Who will do procedure and what that person's qualifications are
- What would happen if you did not have the procedure
- Any alternative procedures to think about
- Who to call after the procedure if you have questions or problems
- How much will you have to pay for the procedure

3 hours before the operation. You should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as xarelto, warfarin, or other blood thinning medicines before the operation.

Do not use moisturizer on your legs on the morning of the procedure. Do not shave your legs the day before as this increases the risk of skin infection. The legs will be shaved by a nurse using clippers prior to the procedure.

What Happens When I Get To The Hospital?
Please report to the hospital reception on time for your admission. Bring along all the documents that may be required such as your medical aid card, ID, and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation.

If you are not clear about any part of the operation, ask for

more details from the surgeon or from the nurses. One or both legs, including the groin area will be shaved. You may be issued with compression stockings that will help prevent blood clots in your legs. You will be taken on your bed to the operating suite by the staff.

You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

How Long Does The Operation Take?
Usually about 1 hour for one leg and 1.5 Hrs for two legs.

What Happens When I Wake Up?
After the operation is completed, you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may have some pain, and your legs will be bandaged firmly.

Will I Have Pain?
There will be some pain in the leg when you wake up or the feeling returns. This can be treated with pain medication. Please let the nursing staff know if you are in pain.

How Soon After The Operation Can I Eat?
You can eat and drink as soon as you recover from the anaesthetic

How Soon After The Operation Can I Get Out Of Bed?
You can get out of bed as soon as you are fully awake, or the spinal anaesthetic has worn off. Occasionally blood will ooze through the bandages once you stand up. Do not be alarmed. Call a nursing sister who will re-inforce the bandage

How Long Will I Stay In The Hospital?
Most patients are discharged the same day. You can go home once you are fully awake (or the legs have regained their full strength), are not nauseous and have had something to eat, the pain is under control, and you are mobile.

What Happens When I Am Discharged From The Ward?
Your surgeon will determine when you are ready to go home. You will be given medication for pain for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms for 7-10 days post discharge. You should ask for a sick certificate if you need this for your employer.

What Should I Be Aware Of When I Get Home?
There are very few problems that arise after this type of surgery that only become apparent after you go home. Wound pain or redness, or any increasing swelling in your leg should be reported to your doctor. If you are unsure, then phone the doctor's rooms for advice

The Wounds
The avulsion wounds are closed with sterile micropore, which may show some staining with old blood in the first 24 hours. There are no stitches. An elastic stocking may be used to replace the crepe bandage, which is applied after the operation, usually the next day.

There is always some purple or yellow staining of the skin from bruising which fades away in 3 to 4 weeks. This is often seen in the upper thigh. There may be some swelling around the ankle that lasts a week or two. Using the elastic stocking as required controls it. There may be some lumpiness under the skin where the veins have been removed. This settles down.

Washing
If used, the elastic stocking can be removed for washing. Avoid getting the leg wet for the first 24 hrs as the sterile micropore may come off and cause the little cuts to gape. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you want.


How Soon Can I Start Exercise?
You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within 1-2 days and full exercise after 3-4 weeks.

How Soon Can I Drive A Car?
You cannot drive on the same day as the procedure. If the leg feels comfortable, you can drive within 1-2 days. There are no restrictions for driving once you have recovered.

How Long Will I Be Off Work?
It is often possible to return to work within 4 days where this is essential. Everyone should be able to return to a light job after about 1 week and any heavy-duty job within 2-3 weeks.

General Advice
Treating varicose veins is something of a running battle. Sometimes new veins appear, or veins, which were not noticed before operation, become more obvious afterwards. Make sure that all the veins that trouble you are marked with the skin pencil. Ask the surgeon about any problem vein.

Veins that are small and appear after the operation can be treated by injection. Although rare, small spider veins may appear in the skin over the area where the veins have been stripped out. It is not possible to predict or prevent this.

They can be injected. If you have any problems or queries, please ask the nurses or doctors. 

What About Payment?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost. Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account. Although accounts may be submitted to the medical aid, the patient is responsible for payment.