



Open varicose vein surgery

Ligation, stripping and removal of varicose branches

At a glance

Open surgery removes or disconnects faulty superficial veins through small incisions. It is generally considered when anatomy, previous treatment or other clinical factors make a catheter-based treatment less suitable.

Why varicose veins develop

One-way valves normally help the used blood travel up the leg. When valves fail, blood flows backwards and pressure builds in surface veins. Symptoms can include aching, heaviness, swelling, inflammation, bleeding and skin changes.

What operation may be performed?

Ligation disconnects a refluxing vein, usually near the groin or behind the knee. **Stripping** removes a length of saphenous vein using a flexible wire. **Phlebectomy** removes bulging branches through small punctures. Your operation may involve one or more of these techniques.

Why is it safe to remove these veins?

The treated surface veins are not working efficiently. Most blood returns through the deep veins, which are checked with duplex ultrasound before treatment.

Alternatives

Depending on the ultrasound findings, alternatives may include Radiofrequency Ablation, VenaSeal glue, foam sclerotherapy, or compression for symptom relief. Sometimes open surgery is combined with another technique.

Your planned operation

The sites and number of incisions depend on the pattern of reflux and visible branches. Dr Ward-Harvey will explain which vein is being treated and whether surgery is expected to be day-only or require an overnight stay.



The operation and early recovery

Open vein surgery is usually performed in hospital under general or regional anaesthesia.

1

Before hospital

Follow fasting and medication instructions. Tell the team about anticoagulants, diabetes medicines, weight loss medications, allergies, previous clots and any change in your health.

2

Anaesthetic and incisions

After the anaesthetic, the target vein is tied off and, if planned, stripped. Bulging branches are removed through small punctures. Incisions may be closed with dissolving or removable sutures. No sutures will need to be removed unless you are specifically told so.

3

Dressings and compression

Dressings and bandages are applied. Bruising can be extensive where branches were removed.

4

Before discharge

You will mobilise once safe. Please arrange an adult to take you home and stay with you after a general anaesthetic, according to hospital instructions.

At home

- Walk little and often, increasing activity as comfort allows, and avoid prolonged immobility.
- Bandaging will be applied in theatre and should remain in place for two nights.
- It can be difficult to keep the bandaging up at the top of your thigh, due to the shape of the thigh pulling the bandaging down. There will be some tape applied in theatre which usually helps. Feel free to apply more tape at home if needed. Sometimes a small phlebectomy incision in the upper thigh may be exposed. If it is bleeding, apply pressure. Then apply a small dressing/Band-Aid.
- After two nights, remove all the bandaging at home, have a shower and fully dry the leg. Apply a few small dressings if any wounds are still bleeding a little.
- Then wear the compression stocking for nearly all the time you are awake for two weeks. You may take it off at night if you prefer, or you may wear it overnight. You may also continue wearing it for longer than two weeks if you wish.
- You may drive once you are wearing the stocking, are no longer taking medication that impairs you, and feel comfortable and able to perform an emergency stop safely.
- Return to work depends on the extent of surgery and your occupation. Many patients can return to light or office work after about one week; physically demanding work may require longer.
- Long-haul flying (over 3 hours) should be delayed for one month.

Results, risks and when to call

Surgery usually relieves symptoms from the treated veins, but does not prevent new varicose veins developing.

Expected effects

- Pain, bruising, swelling, tightness and firm areas under the skin.
- Lumpiness where branch veins were removed by phlebectomy; this will take several weeks or longer to settle.
- Small scars and temporary numb patches near incisions.
- Some residual varicose veins may remain after surgery. If needed, these can usually be treated in the rooms with ultrasound-guided foam sclerotherapy.
- There is also a separate risk of new or recurrent varicose veins developing years later because of an underlying genetic susceptibility. If this occurs, you are encouraged to return for another ultrasound scan and review.

Potential complications

- Bleeding or a haematoma; occasionally another procedure is needed.
- Wound infection, delayed healing or wound breakdown.
- Superficial thrombophlebitis, deep-vein thrombosis or pulmonary embolism.
- Sensory nerve injury causing numbness, tingling or neuropathic pain; this may be permanent.
- Lymphatic leakage or persistent swelling, particularly after revision groin surgery.
- Anaesthetic complications and, very rarely, injury to a nearby artery or deep vein.

Contact the rooms promptly

- Increasing wound redness, heat, discharge, fever or wound separation.
- Bleeding that does not stop with firm pressure.
- Marked leg swelling, a tender swollen calf, uncontrolled pain or a cold/pale foot.

Emergency symptoms

Call **000** for chest pain, shortness of breath, fainting, coughing blood or severe uncontrolled bleeding.

Follow-up

Attend the arranged review for wound assessment, suture removal if required, and discussion of any residual veins. Contact the rooms earlier if recovery is not progressing as expected.

Please call Gold Coast Vascular on **5597 1653** with concerns. This leaflet is general information and does not replace your hospital discharge instructions.