Dr Richard Ward-Harvey
VASCULAR AND ENDOVASCULAR SURGEON

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Open Varicose Vein Surgery

("Stripping", "perforator ligation", and "avulsions")

These are general guidelines for your information and need not apply to specific cases.

About the treatment:

Varicose veins arise from problems with the valves in the superficial veins in the legs. These valves usually ensure that the blood can only go up (against gravity) back towards the heart. In your legs, these valves are not working (they are "incompetent") and so the blood is pushing down toward the feet, blowing out the veins, and potentially causing symptoms in the feet/ankles/shins, such as aching and swelling, or even skin pigmentation, eczema or ulceration.

Historically the mainstay of treatment for varicose veins has been to surgically "strip" one or both of the main superficial veins of the thigh (the long or short saphenous veins), to stop that head of pressure bearing down on the foot. Although there are now other alternatives to this procedure (such as radiofrequency ablation or injection sclerotherapy), it remains a very effective operation and may be the best procedure for you, depending on your individual circumstances.

Please note that you still have plenty of ways the blood can get out of your leg via the deep venous system, which is working normally (we will have demonstrated this with the ultrasound you will have had, if you have been deemed to be suitable for varicose vein surgery). Many patients ask whether destroying veins will cause a circulation problem. In fact, you *already have* the circulation problem, with blood constantly going *backwards* through the superficial system of veins. By removing this system, the blood is all forced to go *forwards* (ie out of the leg, back to the heart) through the deep system, improving the circulation of blood out of the leg.

Before your procedure:

Please ensure you bring your compression stocking(s), as you cannot have the procedure without them.

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The procedure:

You will receive a general anaesthetic, then Dr Ward-Harvey will make a small (less than 5cm) incision in the groin and/or behind the knee, depending on where the reflux of blood is coming from. He then passes a slender plastic "stripper" down the incompetent vein, ties the vein to it, then pulls it out from a small incision below the knee, with the vein coming with it. He will then make a number of tiny nicks (approx 2mm) in the skin over a number of your visible varicose veins and pull them out through the skin. Your leg is then placed in a compression bandage or full length stocking. The vast majority of patients are discharged home on the same day.

Afterwards:

For the first week after the operation, please take frequent short walks (walk at least 10 minutes at a time at least 5 times a day). When sitting, elevate the legs with the knees slightly bent. Try to avoid standing still for any length of time. Please continue to stay mobile. The worst thing you can do is become inactive after the treatment, as this will increase your likelihood of developing clot problems.

If you need pain killers, usually paracetamol will be sufficient, but you can also supplement this for a few days with an anti-inflammatory (e.g. ibuprofen) from your chemist.

Most people have 7 days off work after the surgery, but depending on how you are feeling, you can go back any time from 2 days to two weeks.

After 48 hours you can remove the bandaging and have a shower. You will have two or three layers of bandaging, and may have some gauze swabs where the incisions were. You can put all this in the bin. Keep the stocking though. You will notice bruising. The amount varies between patients, but all patients have some bruising and swelling. This will worsen for the first week then gradually fade over the next 1-2 months.

After removing the bandaging, the stocking should be worn during the day for a further 2 weeks (i.e. feel free to remove it for bed and showering). If you are having trouble with getting your stocking on, try using rubber washing-up gloves. Talcum powder can also help. If your stocking is hurting you, please let us know.

The bandaging and stocking help to reduce the postoperative bruising and swelling of the leg, but do not completely eradicate either. Wear the stocking until the leg is completely comfortable on standing (often up to 3-4 weeks).

Any dressings that have been applied, usually just on the groin or behind the knee, should stay in tact for 5-7 days, but should then be removed. You may notice an area in the centre of the translucent dressing which looks whitish and opaque. This is a normal reaction with this kind of dressing, as it takes up moisture from the wound.

If you develop a tender swollen calf, please let us or your GP know straight away, so that you can get an ultrasound scan to rule out Deep Vein Thrombosis.

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If you have any concerns that your recovery is not proceeding as expected, please call the rooms and we can discuss what to do.

Complications:

-Most patients cope very well with vein surgery and suffer few (if any) ill effects. Dr Ward-Harvey will discuss with you any specific details about your particular veins or risk factors which make you any more or less likely to have problems. The following complications are detailed for transparency so that you are aware that venous surgery is not immune from ill-effects, no matter who performs the procedure.

-**Anaesthesia**: You will be having a general anaesthetic, which is very safe for the vast majority of people, but may be more risky if you have other significant medical problems.

-Pain: The procedure inevitably leads to some bruising and swelling, especially in the thigh. This is usually easily managed with simple analgesia (paracetamol +/- ibuprofen) for the first few days, then settles down.

-**Bleeding**: You may have a little bleeding from some of the small wounds in your legs. This bleeding usually stops very quickly with the compression bandaging, but if not, please put local pressure on the bleeding point and elevate your legs for 10 minutes.

-Bruising: It is usual to have bruising. This mainly occurs in the thigh, but can also occur around the tiny incisions over the calf. It worsens for the first week, then gradually improves over the next 1-2 months.

-**Infection**: Rarely, patients can have a postoperative wound infection around one of the wounds, most commonly the groin wound. If you develop increasing pain or redness at one of the wounds, please see your GP or Dr Ward-Harvey as soon as possible, to be assessed and perhaps to start antibiotics.

-**Residual veins**: Varicose vein surgery is a very effective procedure. However it may be that there are a couple of residual visible veins left after the treatment. Often these will become less prominent over the next few months, now that they no longer have such high pressures in them, and nothing further may need to be done. If they remain an issue, Dr Ward-Harvey will discuss other options for treatment, which are highly likely to be simple injections of the veins.

-**Nerve damage**: Rarely the nerve running next to the saphenous vein (the saphenous nerve or the sural nerve) may be traumatised by the vein stripping procedure, causing either temporary or permanent skin numbness or even long-term pain in the inner aspect of the calf.

-**Recurrent veins**: Despite documented complete treatment of varicose veins, up to 20% of patients may experience recurrent varicose veins many years after the treatment. This is usually due to new venous pathways forming, and the valves in these veins not working. Fortunately it is much less likely that recurrent veins are symptomatic, and if you require treatment, usually all that is required are some injections. Please let Dr Ward-Harvey know if you think you are getting some new veins.

-**Deep Venous Thrombosis**: This occurs in less than 1% of patients, and is largely prevented by wearing stockings and mobilising.

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Airline Travel:

Although the risk of blood clots is relatively low with varicose vein surgery, we do not advise patients to undertake long distance air travel within six weeks of treatment. Short flights may be acceptable, but if you have any doubts please discuss them with Dr Ward-Harvey.