

Modern Day Varicose Vein Surgery

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Much progress has been made in Varicose Vein Surgery since your parent or grandparent had their Varicose Vein Surgery. Techniques have been refined, success rates greatly improved and complication rates greatly reduced. Finer equipment has resulted in excellent cosmetic results, modern anaesthetic technique allows for a safe procedure and modern analgesia provides excellent post-operative pain control with near normal mobilisation.

There are various situations where Varicose Vein surgery is the best option however for some patients the options of Injection Sclerotherapy and Endo Venous Laser Therapy will be discussed. If Varicose Vein Surgery has been recommended for you the indications for this will be given.

The procedure of Varicose Vein Surgery is covered by most Insurance Companies when done for medical reasons. Pre-Approval will need to be obtained from your insurance company.

PROCEDURE:

Pre Op Markings: On the day before, or the day of, your surgery Pre-Operative Marking using Duplex Ultrasonography may be performed.

Fasting: You will be informed of admission times to hospital the day before your operation and it is fine to have a meal 6 hours prior to this admission time. It is also acceptable to have water to drink up to 2 hours prior to the admission time.

Anaesthetic: The operation is usually performed under General Anaesthesia. This will be discussed with you on the day by the Anaesthetist.

The Operation: A 2cm incision may be required in either the groin or behind the knee and through this the larger leak in the vein is addressed and the vein stripped from either the thigh or the calf. Stripping the vein is important to do as this markedly reduces the risk of recurrence in the future. Stripping however produces a variable amount of bruising in the thigh or the calf but does fade after 2 – 3 weeks.

All visible veins on your legs will be removed through tiny stab incisions usually around 2mm in size. Using a special hook through this incision the veins are physically removed from your leg. Be reassured that removing all these abnormal veins does not compromise at all the function of your leg. The opposite in fact happens ie: the normal veins have a reduced work load after the diseased veins are removed.

Sometimes there are incompetent perforators which require a 1cm incision for ligation. The larger wounds are closed with dissolving sutures and the smaller wounds closed with steristrips. All of your steristrips are shower proof. You should not however soak in the bath for at least 2 weeks. At the end of the operation the legs are bandaged firmly in crepe bandages.

COMPLICATIONS

Infection: Is uncommon and is prevented by a single dose of intravenous antibiotic in theatre. Smokers are at a higher risk.

Bleeding: Oozing into the bandages occurs on the night of the operation and the next morning you are able to have a shower and most of this blood will be removed from the skin.

Scars: Every effort is made to make the scars as cosmetic as possible however they are visible for a few months and do go through a phase of pigmentation when they are noticeable as freckles down the leg and thereafter lightening (depigmentation) occurs. The cosmetic result can further be improved with the use of Bio-Oil after 2 weeks.

DVT: Deep Vein Thrombosis is a serious complication but this occurs very infrequently. The risk for most patients is dependent on the length of the operation and varies between 1 – 5 %. Smoking and the use of hormones increases the risk. Your risk for Deep Vein Thrombosis will be quantified. The risk is reduced by the following measures;

- 1) Early mobilisation – you are walked in hospital 2 -3 hours following the procedure to promote early circulation. This decreases the pooling of blood in the deep veins.
- 2) Each day following the operation 30 minutes of daily strolling is required. This can be either on the flat or the incline and may include occasional steps. The regular walking is an important part of recovery and with the use of anti-inflammatories is a relatively pain free process.
- 3) The use of Below Knee Compression Stockings is compulsory day and night for the first week following surgery. A post-operative check is then performed and if appropriate you can stop wearing stockings at this stage or you may be asked to wear it for a second week.
- 4) A small dose of Heparin is given in theatre. This is a blood thinner which reduces further the risk for blood clotting. If your risk is high then a course of post-operative heparin may be required.

Nerve Injury: The last complication is that of nerve injury. Approximately 5 % of patients develop patchy areas of numbness which are related to bruising or injury to the superficial nerves at the time of avulsions of the vein. This usually improves some months after the procedure.

IN HOSPITAL STAY

Overnight the legs will be bandaged firmly in crepe bandages. These will be removed the next morning and, following a shower, compression stockings are fitted. Appropriate pain relief and anti-inflammatories are given and instructions for home provided prior to discharge.

THE FIRST WEEK

Following discharge – at home the most important thing is frequent mobilisation which involves frequent walking at home combined with a longer 30 minute walk once a day. Periods of rest are also important and should be done at least twice a day where one sits and elevates the leg to prevent surgical swelling. Other frequent periods of elevation alternating with frequent mobilisation is encouraged.

Pain relief needs to be taken regularly. If the anti-inflammatories are stopped too soon stiffness in the leg can result. Keep the compression stockings on day and night until your first post-operative visit. Take the stockings off each day to have a shower. Following the shower dry the steristrips off with a hairdryer or in the sunlight, if any tapes are loose or lifting these should be replaced. Do not remove any steristrips prior to the first post-operative visit. Driving can be resumed 2 or 3 days later once you are comfortable and confident.

In the first week following surgery it is important to look out for signs of Deep Vein Thrombosis. This may present as a bursting type pain in your calf which is worse with walking to the point where you have to stop half way through your 30 minute walk to rest the calf before continuing with the walk. This is not normal and should be reported immediately to your Surgeon. If however the calf is uncomfortable at the beginning of the walk and eases up during the course of the walk this is more the normal situation.

Also look out for signs of Infection which include redness, tenderness, fever and a possible smelly discharge from any of the wounds. These complications are rare.

FOLLOW-UP

The first follow-up visit is 5 – 8 days Post-Operatively. This is usually with your Surgeon and at this visit Infection and Deep Vein Thrombosis is excluded. You will then be told when to remove the steristrips and how much longer to wear the stocking for. The second Post-Operative visit is 6 weeks following the operation and thereafter on a "as required basis."

PROGRESS

A week following the procedure some scar tissue will start to form in the areas where the veins have been removed. This will create some stiffness and lumpiness in the leg. At this stage you may require more anti-inflammatories if necessary. Working through this phase and mobilising as appropriate will keep this scar tissue on the stretch. Lumpiness is maximal at 4 weeks and thereafter softening occurs. At 8 – 12 weeks softening is complete.

Lastly the symptoms that were present prior to the operation which usually include aching and heaviness, restless legs, swelling especially around the ankle, cramping in the calf especially at night, itchiness of the skin will usually significantly improve or disappear following this surgery. You will usually be able to appreciate the improvement around 4 – 6 weeks following the procedure. The degree of physical activity can be gradually increased over the first few weeks to the point where after 6 weeks life is as normal and all physical activity including sport and exercise can be undertaken safely. If you are unsure of anything feel free to contact Vein & Laser on 410 0990 or your Surgeon directly.

There are some patients who have superficial Spider Veins which are not suitable for Surgery. These usually improve following the removal of the Varicose Veins however if they are still present 3 months later these can be injected for cosmetic reasons. The long term results following ligation of the junctions together with stripping of the veins and multiple avulsions is excellent. Occasional recurrences occur however and if new veins are noticed at any stage in the future presenting early for assessment will usually mean that these can be injected and no further surgery may be required.

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