



VARICOSE VEIN OPERATION

BRIEF DESCRIPTION

Varicose vein surgery is designed to remove the visible or troublesome varicose veins and remove the cause of such veins. This entails tying off the superficial vein feeding the varicosities from the deep Veins and removing the connection between that point and the varicosities themselves. Depending on the type of Varicose Veins you have, either a small incision in the groin or behind the knee will be used to ligate the faulty vein. The faulty vein in the thigh will be removed ("stripped") using a second incision near the inner side of the knee. There will be tiny cuts made over the varicosities themselves for their removal.

WHY IS THIS OPERATION NECESSARY?

Varicose veins may be removed for cosmetic reasons. Some varicose veins may be complicated by clotting ("Superficial Vein Thrombosis"), bleeding, or inflammation. This may manifest as redness, itching or a rash in the lower leg, and may be associated with skin darkening or even ulcers. If these problems exist, then removal of the varicose veins will allow the problems to resolve.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Compression bandages and stockings may be used for the vein problems mentioned above but are only effective when on the leg. Creams and tablets have very marginal benefits effect on varicose veins. Injection of foam ("sclerotherapy") may be appropriate for some varicose vein problems. Alternatives to stripping include Laser or Radio-frequency Ablation procedures. These last two do away with the need for a groin cut and stripping of the vein, but you would still need removal of the varicosities

themselves. Injection of varicosities is only a reasonable alternative if the varicosities are completely isolated with no feeding vein, or if there are some veins left behind after surgery that you want dealt with.

IS IT SAFE TO HAVE THIS OPERATION?

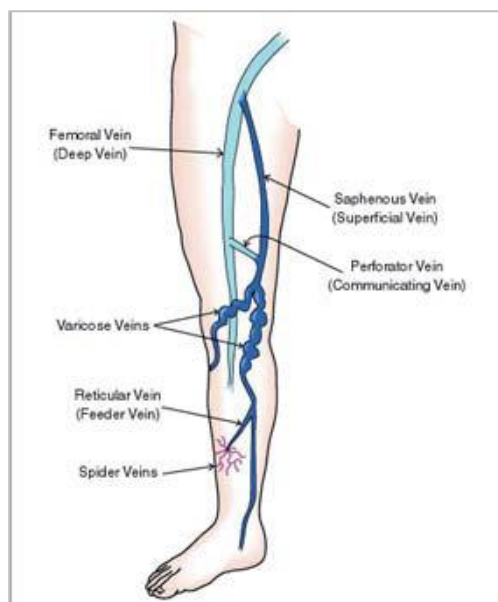
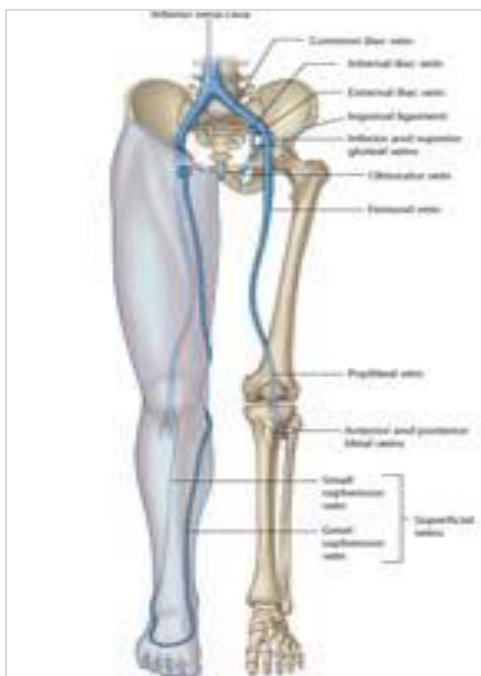
Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result however there are risks involved with all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

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing general complications which occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The commonest complications are wound infection or abscess formation in a wound. This may be treated with antibiotics or may require a small drainage procedure. Bruising may be impressive, but is expected, and will wear off. Injury to nerves which run with the veins being removed occurs in a small percentage of patients. This may cause patches of numbness or pins and needles in the area of skin the nerve supplies. This may recover and is usually an irritation rather than a major problem. Deep Vein Thrombosis occurs very rarely after Varicose Vein Surgery but is a major problem when it does. It may



require surgical removal ("thrombectomy") if it is severe. There may be some lumpiness under the skin where the veins have been removed. This settles down. 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?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please 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.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood loss in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley 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?

Between 30 minutes and 2 hours, depending on the number of areas operated upon.

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 experience some pain, and your legs will be bandaged firmly.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

As soon as the anaesthetic has worn off and you feel comfortable.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You will remain in bed until the morning after surgery.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually overnight.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain. You will be given instructions on the dressings and how to care for the wounds. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

If there is increasing wound pain or swelling, if you notice fresh blood on the dressings, you must contact the surgeon immediately. If your leg swells up suddenly, or becomes blue or very painful, call your surgeon.

HOW SOON CAN I START EXERCISE?

You should not exert yourself much until your surgeon allows you to. You should walk as much as you can every day.

HOW SOON CAN I DRIVE A CAR?

10 days.

HOW LONG WILL I BE OFF WORK?

Usually between 7 to 10 days.

