

Procedure Information Sheet - Ligation and Stripping for Varicose Veins

Introduction

- Peripheral veins have valves which prevent the reflux of blood and facilitate venous return to the heart. Venous valvular insufficiency or calf muscle pump malfunction may lead to reflux of blood, resulting in venous hypertension and dilated veins, known as varicose veins.
- Patients may also have calf/ankle swelling, tiredness/heaviness in legs, distending pain, skin changes, thrombophlebitis, ulcer or even bleeding. Surgery may be warranted to relieve symptoms, reduce the occurrence of complications, or enhance the recovery of complications.

Procedure

1. Under general, spinal or local anaesthesia.
2. A small incision (2-3cm) is made at the groin.
3. The connection between the deep vein and the great saphenous vein is ligated. Another incision is made below the knee level. A stripper is then passed along the great saphenous vein to strip the vein.
4. Multiple small stab wounds (0.5 to 1 cm) are then made to avulse varicose veins at the calf region.
5. Most people will be able to walk independently and return home on the day of the procedure.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. You may be admitted on the day of the procedure. Preliminary tests including electrocardiogram, chest X-ray and blood tests will be arranged if necessary.
3. After marking the varicose veins, a local anaesthetic cream will be applied onto your thigh or leg if necessary.
4. Shaving at the groin/leg if necessary.
5. Fast for 6 hours before the operation if the operation is performed under general anaesthesia.
6. Intravenous infusion, premedication of antibiotic may be required.

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Possible risks and complications

A. Complications related to anaesthesia.

B. Others Complications:

1. Wound haematoma and bruising.
2. Wound infection.
3. Deep vein thrombosis.
4. Neuritis resulting in paraesthesia.
5. Recurrence of varicosities.

Post-operative information

A. Hospital care

1. After general anaesthesia, you may feel dizzy, tired or weak. These will subside gradually. You can resume usual activities gradually under the instruction of health care professional. Deep breathing and coughing exercise are helpful to prevent pneumonia.
2. After local anaesthesia, you may resume usual activities after rest.
3. Continue using compression bandaging or graduated compression stockings after the procedure.
4. You should elevate your operated limb and perform ankle/calf exercise to promote venous return.

◆ ***Wound care***

1. Keep wound dressing clean and dry. Change dressings at the clinic as instructed by your doctor.
2. Mild bruising may occur over the thigh and leg region. They will resolve gradually.
3. Take the pain killer prescribed by your doctor if necessary.
4. Stitches will be removed 7 to 10 days after the procedure.

◆ ***Diet***

1. Resumption of normal diet depends on the individual situation/progress.
2. In general, well-balanced diet is recommended after the procedure unless you are on any special diet such as a diabetic or renal diet.

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B. Home care after discharge

Continue preventing / reducing recurrence of varicose veins:

1. Avoid prolonged standing or sitting.
2. Activate the calf muscle pump to promote venous return, e.g. ankle/calf exercise, walking.
3. Elevate the leg on a stool during the day; raise the leg above the heart level in bed.
4. Put on graduated compression stockings during daytime (below knee compression stockings: 20-30mmHg at ankle).
5. Avoid strenuous excises within 2 weeks after the procedure.
6. Follow up as instructed by your doctor.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____