

Varicose vein surgery

Introduction

This leaflet tells you about varicose vein surgery. It explains what is involved the benefits and possible risks. It is not meant to replace discussion between you and the vascular team, but can act as a starting point for discussion.

What are varicose veins?

They are abnormally swollen veins that are visible just below the surface of the skin. Varicose veins are caused by a fault in the one-way valve inside the vein. These valves normally only allow the blood to flow up the leg towards the heart. If the valves leak, then blood can flow down (particularly when you are standing up). This reverse flow causes pressure on the veins which swell and become varicose.

Varicose veins often run in the family and as you get older, they are more likely to occur. They may also be caused by pregnancy or weight gain. Both increase the pressure on the leg veins. Occasionally, varicose veins appear because the deep veins in the leg have been blocked by blood clots some time in the past.

Why am I having this surgery?

You may be experiencing any of the following symptoms:

- Aching, swollen legs
- Itchiness
- Ulceration of the legs or threat of ulceration
- Thrombophlebitis (inflammation in the veins and overlying skin)
- Bleeding through the skin. This is frightening, and may recur.

Is there an alternative to surgery?

If the varicose veins are small or not troublesome then your GP can simply prescribe compression stockings to reduce the swelling and aching.

Varicose veins can also be treated by injection sclerotherapy, in which a glue-like substance or foam is injected into your veins to seal them off. You'll then need to wear bandages for about two weeks. Although this works well for some small varicose veins, larger veins have to withstand a greater blood pressure, so if these valves are damaged, the varicose veins will usually reappear after a period of time. The skin may stain a brown colour due to injections.

What are the risks and complications of surgery?

- You will get some bruising, and have a small scar in the groin and/or back of your knee and some smaller scars in the calf.
- Occasionally, hard, tender lumps appear near the operation scars in the line of the removed veins. These are nothing to worry about. However, if they are accompanied by excess swelling, redness and severe pain, you may have a wound infection and you should contact your GP or the ward at once.
- Very occasionally, there is numbness around the wound or ankle. This is unavoidable and is due to the nerves being pulled during the operation. The numbness usually fades after some weeks or even months. The scars on your legs will also continue to fade over time.
- You will have been told not to expect every visible vein to disappear following your operation and there is a chance that in the future, further varicose veins may develop. The taking of regular exercise, maintaining a sensible weight, and the wearing of light support tights or stockings will all help prevent you being troubled by varicose veins in the future. However, there is no foolproof way of preventing varicose veins.

What are the benefits?

Your varicose veins will be removed and your symptoms should improve.

What will happen before the operation?

You will need to have an ultrasound scan of your legs prior to surgery to check the deep and superficial veins, to ensure there are no blood clots and to check which veins are not working properly.

You will have a pre-operative appointment to ensure you are fit for surgery and may have a blood test and an ECG (heart rate check). You will also have your weight and blood pressure checked and have swabs taken to test for MRSA.

You will not need to bring your normal medications with you but do bring a list of the medications that you are currently taking.

Where will I have my operation?

You will have your surgery at the West Berkshire Community Hospital in Thatcham. You will come in on the morning of surgery at 8.00am to the Day Surgery Unit.

On the day of your operation

A doctor will explain what happens during your operation and you will have the opportunity to discuss any queries or concerns you have before you are asked to sign a consent form. You may be visited by the anaesthetist who will explain the anaesthetic to be used. The surgeon who is to perform your operation will visit you to mark the position of the veins. You will be advised:

Not to eat for at least six hours before your operation. You are allowed clear fluids such as water, black tea up to two hours before.

You may be given a pre-anaesthetic medication on the ward. This will be approximately one hour before the operation. A nurse will then accompany you to theatre. The operation will take approximately 45 minutes to an hour.

What happens during the operation?

The operation is usually done under a general anaesthetic (you will be asleep throughout). The operation involves a cut being made in the groin over the top of the main varicose vein. The vein is then tied off at the point where it meets the deeper veins. Blood can still flow up the leg along the other deeper unaffected veins. The cut in the groin is then closed with a stitch, usually hidden under the skin. The other veins marked before the operation are then pulled out through tiny cuts. Some other veins may be affected, especially ones behind the knee.

A dressing will be put over the cut in the groin and your leg will be bandaged firmly up to the top of the thigh. This will help reduce the amount of bruising. The bandages put on during the operation will stay on your leg until you are advised to remove them by your specialist.

What happens after the procedure?

You will be taken to the recovery area until you wake up. You will then return to the ward where you will be made comfortable. A nurse will check your blood pressure and pulse regularly until the effects of the anaesthetic have worn off.

You will be allowed a drink when you are fully awake and you can build up to a light diet when you feel able.

Slight discomfort is normal. Occasionally, severe local twinges of pain may occur in some patients and may continue for some months. In the first week after the operation you may need to take a mild painkiller and anti-inflammatory medicines like ibuprofen.

Discharge advice

- **Wound care** – Sometimes a little blood will ooze from the wounds for the first day or two. This usually stops on its own. If necessary, press gently on the wound for 10 minutes. If bleeding continues after doing this twice, telephone your GP or the ward for advice. The bandages will usually be removed the day after your operation and you will be able to bathe (your doctor or nurse will advise you if you need to keep the bandages on for longer). You will have to wear a support stocking for around nine days. It should be worn when you are up and about but can be removed at bedtime and when you have a bath.
- **Activity** – You should resume normal activities as soon as possible. For the first week, when you sit down, you should sit with your feet elevated so that your heels are higher than your hips. This helps to drain any excess fluid from the tissues and assists healing.

- **Work** – You are likely to need two weeks off work. The ward can advise you and can supply you with a medical certificate to cover your hospital stay and convalescence. Your GP can then review your health and provide further certificates if required.
- **Driving** – You will probably be fit to drive after a few days, providing you feel alert and can do an emergency stop comfortably. Please check with your motor insurance company before you start driving again.
- **Follow-up** – Hospital follow-ups are usually not necessary. Your GP will be sent a letter after your discharge from hospital so that he/she has details of your operation and can help you with any future problems.

Will my varicose veins return?

Doing regular exercise, maintaining a sensible weight and wearing light support tights or stockings will all help prevent you being troubled with varicose veins in the future.

What do I need to do after I go home?

Your dressing may be removed before you leave hospital. If you still need a dressing when you go home we will arrange for a practice nurse at your GP surgery or district nurse to change it regularly. It is fine to have a shower when you go home.

You should be able to gradually resume normal activities as soon as you feel well enough. Avoid heavy lifting and frequent stretching at first.

If there is any swelling or discharge from the wound when you are at home, please contact your GP.

Useful numbers

Royal Berkshire Hospital

Vascular Clinical Nurse Specialists, Tiina Winson and Nora Lengyel, 0118 322 8627.

Surgery Clinical Admin Team (CAT3), Royal Berkshire Hospital 0118 322 6890.

Adult Day Surgery Unit 0118 322 7622

Pre-op Assessment Unit 0118 322 6812

Useful website addresses

www.vascularsociety.org.uk Tel: 020 7869 6936

www.circulationfoundation.org.uk Tel: 020 7304 4779

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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