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Vascular

Varicose Vein Avulsions/ Phlebectomies

Post-Operative Care Information



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Professor Mark E. O'Donnell
Consultant Vascular and Endovascular Surgeon

Many thanks for attending for your varicose vein avulsion / phlebectomy procedure. It is important to take the necessary steps to ensure a smooth and successful recovery. To help guide you through this process, Professor O'Donnell has created a post-procedure care leaflet to provide you with important information and instructions to optimise your outcome.

What are Varicose Vein Avulsions/Phlebectomies?

Varicose vein avulsions are minimally invasive treatments for varicose veins that involves direct removal of your enlarged varicose veins through very small incisions after the administration of local anaesthetic injections. This treatment is often combined with Radiofrequency Ablation (RFA) and/or Foam Sclerotherapy. After the procedure, it is important to take good care of yourself to promote healing, reduce the risk of complications and get a great result.

Post-Operative Care

Here are some tips for your post-procedure aftercare. Please take time to read through the instructions carefully and if you have any post-operative questions, please contact your clinic; details are provided on pages 8 & 9.

Prescribed Medications & Pain Medication

Please continue to take all prescribed medications including blood thinners. Professor O'Donnell is aware that certain cardiovascular medications can lead to increased bruising effects. However, it is more important to ensure that your heart health is protected during your procedure. You do not need to fast prior to your procedure and a well-deserved refreshment awaits after your procedure. Professor O'Donnell and his varicose vein team will discharge you from the hospital approximately 1-hour following your procedure to ensure you are feeling well.

Local anaesthetic administered during the procedure will wear off after 4-6 hours. It is recommended that you should take your usual pain relief at home. Medication such as paracetamol will be sufficient. Take this medication regularly 4 times a day for 4 days following the procedure, even if you have no discomfort. Taking medication with meals and just before bed with a snack reduces the risk of stomach upset. Be sure to follow instructions and only take medication as directed.

Physical Activity & Walking

You should avoid heavy lifting, strenuous exercise and other activities that may put pressure on your legs for two weeks after the procedure. No gym, not even an upper body work-out, cycling, swimming, golf, yoga, pilates etc. for 2 weeks until the stockings are no longer required.

Walking is a low-impact exercise that can help improve circulation and promote healing. You should try to walk short distances regularly after the procedure but avoid standing or sitting for long periods of time. Mobilise gently around your house for the first 3 days. When you have removed the lower extremity dressings / bandages on post-operative day 3, you can then gradually build up your walking over the next 1-2 weeks where your compression stockings will need to be worn for a further 11 days (2 weeks in total).

Compression Stockings & Leg Dressings

Wound closure surgical tape strips (Steri-Strips) are used to close the small varicose vein avulsion incision sites followed by a small adherent dressing. There are no stitches applied during your procedure. Professor O'Donnell will personally apply multi-layer compression bandages which need to remain present for 3 days after your procedure. Prior to your first shower 3 days after your procedure (short duration and not too warm), it is recommended that you sit on a chair and initially take off your compression stockings as sometimes you can feel faint during this process. Having a family member in attendance is entirely appropriate if desired. Then gradually unravel each layer of the compression bandages that Professor O'Donnell applied. This can take up to 15 minutes. There is no requirement to take off the wound steri-strips and surface skin dressings at this stage. Please do not worry as these skin dressings may also be blood stained. This is to be expected following administration of local anaesthetic and completion of the vein avulsions. The skin dressings will often fall off in later showers or peel away thereafter when wet following further showering. If these steri-strips and dressings are still adherent to the skin after 7 days they may be personally peeled off by you and disposed.

Professor O'Donnell will supply you with an additional smaller set of compression stockings which are to be applied to your treated lower extremity after removal of your compression bandages following your first shower on post-operative day 3. The compression stockings are worn for a further 11 days (2 weeks in total). You can shower as often as you like from then on and reapply the stockings afterwards. The stockings are to be worn Day and Night for the first week and only during the daytime for the second week (can be removed at night when sleeping). Avoid hot baths, hot-tubs, saunas or any excessive heat sources to the treated lower extremities for 2 weeks post-procedure until stocking use is no longer required.

The stockings help to promote blood flow and prevent blood clots whilst minimising bruising to optimise your procedural result. Please note it is common for stockings to occasionally slip down as they loosen with continued wear. You may need to pull them up again occasionally but if this is persistent you may need a new pair or a smaller size. Please contact the clinic if required.



Patient Expectations & Post-Procedure Healing Process

All patients are different with variations in size and severity of surface area affected by their lower extremity varicose veins. Professor O'Donnell will provide you with an honest assessment of treatment coverage after your procedure where additional sclerotherapy procedures are sometimes/often required to optimise outcomes and treatment completion after your initial varicose vein avulsion/phlebectomy procedure.

Most patients are nervous prior to and during their procedure. Professor O'Donnell will always try to provide high-quality care in a very informal atmosphere. Most people leave after their procedure without any discomfort following administration of local anaesthetic during their varicose vein avulsion / phlebectomy procedure which only causes some stinging and pressure effects for the first few minutes. After two weeks when the compression stockings are removed, it is normal to see a lot of bruising and larger treated veins can be lumpy particularly if foam sclerotherapy was also performed during your procedure. Please do not be alarmed as this is what the procedure is designed to do.

At this stage, if you do have a lot of bruising, it is recommended to massage Arnica cream directly onto the bruises which acts to help reduce bruising (Arnica cream can be purchased in your local pharmacy or via online sources). General moisturiser such as E45 cream can be massaged vigorously (as if "kneading bread") on to the affected sites that are lumpy. You should aim to massage affected areas for 10-15 minutes every day.

It is not uncommon for the treated veins to throb after a few weeks as the treatment effect evolves. Please do not worry about this which can sometimes reduce your ability to vigorously massage the treated areas. Reduce pressure for a period of time and gradually increase pressure applied as discomfort settles. If this inflammation effect is causing continued discomfort and if it is safe for you to take oral anti-inflammatory medication, Professor O'Donnell recommends that you take oral anti-inflammatory medication such as Ibuprofen 200mg 3 times a day (with meals to avoid irritation to your stomach) for 1-2 weeks. Alternatively you could use Ibuprofen gel on the affected areas (it is important you do not take oral Ibuprofen and use Ibuprofen gel together, select one method only). Both of these medications can be obtained over the counter from your pharmacist.

Bruises and lumps can persist for many months after your initial procedure. It is also normal to experience some tightness in the thigh or back of the calf areas following your varicose vein treatment. Please try not to worry about this. Professor O'Donnell recommends continued vigorous massage with both moisturiser and Arnica cream as you will continue to heal and results will continue to improve in the 12 months after your procedure. However, most patients see significant improvement, settling of bruises and satisfactory healing progress by 3 months where Professor O'Donnell will usually have you appointed for a scheduled post-operative review consultation.

Complications

Although complications are rare, it's important to watch for signs of infection, bleeding or other problems. If you notice any unusual symptoms, please contact your clinic; details are provided on pages 8 & 9.

Altered Sensation & Numbness

Certain treatment areas in the lower extremity can develop altered sensations and numbness after varicose vein avulsion / phlebectomy treatment in particular the skin incision areas at the thigh, knee or calf area. The completion of sclerotherapy during the same procedure can also result in altered skin sensation and numbness which is more common in areas below the mid-shin around the foot and ankle where the skin is more sensitive. Although this generally settles, it can sometimes take a number of weeks or months. Continue to regularly massage the area with moisturiser to de-sensitise the areas.

Venous Thromboembolic (VTE)

Although procedural related VTE complications are rare after varicose vein avulsions, deep vein thrombosis (DVT) and pulmonary embolism (PE) can still occur in 0.5% to 1% of treatments. Professor O'Donnell recommends continued mobilisation and use of compression hosiery to minimise VTE risk following treatment as well as a "one-off" injection of blood thinning medication enoxaparin during your procedure. However, it is still important to watch for symptoms of DVT which may cause significant swelling of your treated lower extremity, with throbbing, pain and warm/red discolouration. A PE could cause shortness of breath and/or chest pain.

Sun Exposure

It is recommended to limit sun exposure in the first 6 weeks after your treatment as this can result in prolongation of procedural bruising and an increased risk of skin pigmentation. It is prudent to try and ensure that you avoid sun exposure to your treated lower extremities until 6 weeks after treatment or after any subsequent review consultations with Professor O'Donnell in case further treatment is administered during the same consultation.

Phlebitis

Any increase in tenderness or redness of the treated areas can sometimes represent a phlebitis (vein inflammation) which can occur soon after the procedure or even a few months later. It is recommended to take oral anti-inflammatory medication such as Ibuprofen 200mg 3 times a day (with meals to avoid irritation to your stomach) for 1-2 weeks and only if it is safe for you to take oral anti-inflammatory medication.

If you have a history of previous phlebitis, Professor O'Donnell will have already advised you to take oral Ibuprofen tablets 3 times a day for 2 weeks post-procedure (with meals) as a preventative measure if it is safe for you to take Ibuprofen or an alternative anti-inflammatory.

Occupational Duties & Travelling

The completion of varicose vein avulsions represents a more invasive procedure than minimally invasive endovenous radiofrequency ablation and foam sclerotherapy. Whilst the majority of patients may be able to return to work whenever they wish after minimally invasive endovenous procedures, Professor O'Donnell would recommend a period of leave from occupational duties for 1 to 2 weeks particularly if such occupational duties include significant exertional activities. Please discuss this with Professor O'Donnell for advice anytime.

Driving may be recommenced on post-operative day 3 if you feel well after removal of bandages and re-application of compression stockings. Whilst there are no specific precautions for short-haul flying after treatment, it is not recommended to fly in the first 3 days while your lower extremity is still bandaged. If flight travel is required thereafter, it is recommended to keep yourself well hydrated, mobilise gently on the flight and wear your compression stockings if flying in the first 2 weeks after your procedure. Long-haul flights (over 4 hours) are best avoided in the first 4-6 weeks after your procedure.

Follow up

Professor O'Donnell will normally review you at his clinic approximately 3 months post-procedure to check on your progress and make sure your treatment outcomes are satisfactory. If you have any concerns, please contact your clinic.

Note: It is ok to re-schedule your clinic appointments with Professor O'Donnell.



Clinic Opening Hours & Contact Information



Kingsbridge Private Hospital Belfast

811-815 Lisburn Road, Belfast, BT9 7GX

Daytime | 028 9066 7878
Out of Hours | 028 9068 8867



Kingsbridge Private Hospital North West Ballykelly

Church Hill House, Main Street, Ballykelly, BT49 9HS

Daytime | 028 9066 7878
Out of Hours | 028 7772 3506



Kingsbridge Diagnostic & Treatment Centre Belfast

Building One, Dataworks, King's Hall Life Sciences Park, Belfast, BT9 6GW

Daytime | 028 9590 9605
Out of Hours | 028 9068 8867



Kingsbridge Newry Clinic Newry

Windsor Avenue, Newry, BT34 1EG

Daytime | 028 3025 7708 / 028 9066 7878
Out of Hours | 028 9068 8867



We wish you a smooth and speedy recovery and look forward to continuing to provide you with the highest quality healthcare.

Professor Mark O'Donnell & the Varicose Vein Clinic Team
at Kingsbridge Private Hospital Group.



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