Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Varicose Veins

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Varicose Veins

Patient Information

Ward 3, Leigh Infirmary

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Welcome to:

Day Surgery

Ward 3

Leigh infirmary

The Avenue

Leigh

WN7 1HS

Ward 3, 7:30am to 8:30pm, Monday to Thursday, Telephone 01942 264260 or 01942 264261

This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home.

If there is anything you are worried about that is not covered in this leaflet, please feel free to speak to a member of staff.

What are varicose veins?

Varicose veins are veins close to the surface of the skin that have become enlarged and may look lumpy or blue through the skin.

Often varicose veins do not cause any symptoms but may appear unsightly. Frequently varicose veins cause aching, heaviness, or discomfort in the legs. Itching of the skin and swelling of the ankles also occur.

More severe symptoms are less common and are usually associated with complications of varicose veins. These include:

Thrombophlebitis - (inflammation).

Bleeding - if a prominent vein is injured, they can bleed heavily.

Chronic venous insufficiency - over a long period of time varicose veins can cause problems in the skin around the lower leg such as eczema, lipodermatosclerosis and venous ulcers in some cases.

Having varicose veins does not mean that you will definitely go on to develop complications or chronic venous insufficiency, but it is important to note that complications may arise if veins are left untreated for a long period of time.

What causes varicose veins?

Veins carry blood up the leg and back to the heart. When we stand up, our blood must be pumped “uphill” against gravity. Our calf muscles act as a pump and the veins contain many one-way valves to help the upward flow.

Both legs contain a system of deep veins, which are buried within the muscles of the leg, and a system of superficial veins which run beneath the skin. Failure of the vein valves means that blood can’t travel up the veins easily and is more likely to pool in the veins of the legs. This then causes them to bulge, and weaken further valves lower down the leg.

As many as one quarter of adults will develop varicose veins at some time during their life. Patients often report a family history of this condition.

Benefits of surgery

To alleviate, treat or prevent symptoms listed above.

Alternatives

Compression hosiery can often relieve the symptoms of discomfort from varicose veins, but do not treat or remove the underlying problem. Other procedures available to treat varicose veins include:

- Lifestyle changes i.e. weight loss, exercise, avoiding prolonged standing/sitting.
- Radio frequency ablation – radio frequency energy delivers heat to the diseased veins through a small opening in the skin. This causes the vein wall to shrink, and seal

closed.

- Foam sclerotherapy – injecting surface veins with foam to make them seal and close.

- Sclerotherapy – Injecting the surface veins with a chemical to make them seal due to scarring.

The surgeon will discuss with you, which options are available to you and the best way to treat your individual case.

What does the surgery consist of?

The surgeon will discuss the best way to treat your individual case. It can be a combination of the following:

1. Tying off the superficial vein at the groin known as **high ligation**.

A cut about 5cm long is made in the groin at the top of the main superficial vein (Long saphenous vein). The vein is then disconnected from the deep vein to stop the pooling.

1. Removing the superficial vein completely, this is called **'stripping'**. To remove the superficial vein a cut (approx.1cm in length) is made lower down in the leg. The vein is then carefully pulled out of the leg through the lower cut with the aid of a stripper.

2. Tying off or removing the surface veins known as **local ligation or avulsions**. Several tiny cuts a few millimetres in length or punctures with a large needle are made on your leg(s) to remove the smaller veins.

What sort of anaesthetic will I have?

Varicose vein operations are carried out either under a local or general anaesthetic. This will be discussed with you on the day of surgery. If you are having a general anaesthetic this means you will be fully asleep. If you are having a local anaesthetic, you will be awake, but local anaesthetic will numb the area where they are performing the procedure.

Are there any risks involved?

Surgical risks include:

- pain
- bruising
- bleeding
- scarring
- infection
- nerve injury
- reoccurrence
- blood clots

This is not a comprehensive list. Risks will be discussed with you when you sign your consent form. If you have any concerns, please discuss these with your surgeon.

General complications of any operation

- **Pain,** which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so that you can move about as advised.

- **Bleeding** during or after surgery. This rarely needs a blood transfusion or another operation, but it is common to get bruising of the leg. You may also feel a lump under the skin caused by bruising, and this may take a few weeks to settle.

- **Infection in the surgical wound** which may need treatment with antibiotics.

- **Unsightly scarring** of the skin. The scarring will be red at first but will gradually fade to a fine white line.

- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breath. Nurses will encourage you to get out of bed soon after surgery and may give you injections to reduce the risk of blood clots. If you have had a deep-vein thrombosis in one of your legs, let your surgeon know as this often means surgery should not be performed on that leg.

Specific complications of this operation

- Developing a lump under a wound caused by blood collecting.

- Developing a lump under the wound in the groin caused by fluid collecting this can lead to the fluid leaking. The risk is higher if you have surgery for varicose veins that keep coming back.

- Numbness or tingling around some of the small cuts or in the leg. This may be permanent.

- Damage to nerves leading to weakness in the leg or foot. This sometimes improves but can be permanent. The risk is higher if the short saphenous vein has been treated.

The short saphenous vein runs up the outside and back of your leg to the bend in the knee.

- Swelling of the leg if blood does not drain from the leg properly. This is most likely to happen if there is a problem with the deep-vein, or if you have a cut in your groin to treat varicose veins that keep coming back.

- Major injury to the main arteries, veins, or nerves of the leg. This is rare.

Can varicose veins reoccur?

It is not usually possible to remove every single varicose vein. Sometimes new varicose veins appear, or veins which were not noticed before the operation become more obvious afterwards. So, it is important that you make sure that all the veins that trouble you, are discussed with the surgeon prior to your operation.

Before you come into hospital

Please have a bath or shower. Please do not shave the operation sites; this will be done in the operating theatre if necessary.

How long will I be in hospital?

Wards 2 and 3 are day surgery wards with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan

Admission to hospital

On arrival to hospital, you will need to book in at the admissions desk, which is situated on the ground floor below Wards 2 and 3. You will then be directed to the ward; here you will

meet your nurse and other members of the team who are looking after you. The facilities and general routine of the ward will be explained to you.

Getting ready for the operation

You will be asked to put on a theatre gown. Prior to theatre your surgeon will see you. You will be asked to sign a consent form if you have not already done so, to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask. Your surgeon will mark the problematic veins on your leg/legs. You may be given a blood thinning injection called Heparin before surgery to help prevent blood clots forming in the veins of your legs (deep vein thrombosis DVT). You will be measured for compression stockings, which you will need to wear after your surgery.

You will also be seen by your anaesthetist; this is the doctor who will give you the anaesthetic and look after you whilst you are asleep.

(**Please note that you will be on a theatre list with several other patients, so be prepared for a wait.)**

After your operation

You will wake up in the recovery room; here specially trained nurses will be monitoring you closely and asking how you feel. On waking you will have a small clear oxygen mask in place; this will help the anaesthetic wear off. The nurses will check your blood pressure and pulse and make sure that you are comfortable. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest.

Back on the ward

Refreshments will be offered as soon as it is safe for you to have these. Your leg/legs will be elevated on pillows. The nurse will explain about some feet/leg exercises, which you will be encouraged to do whilst in bed and when you go home.

Bandages will be in place on your legs from toe to groin; this will help circulation and reduce oozing. Advice will be given to you on discharge relating to removal of bandages and wound care.

A dressing will be in place in the groin if your operation involved tying off the superficial vein (high ligation).

Pain control

Expect some discomfort/pain. You will be given strong pain killing and/or local anaesthetic drugs in theatre, which will reduce pain for the first few hours. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate.

On discharge you may be provided with pain-killing tablets, which you should take as prescribed and as needed thereafter, but do not exceed the stated dose. We advise that you obtain your own stock of over the counter pain killers to take post-op if required.

The wound

There will be some dressings in place to cover the small wounds on your legs and a dressing in your groin if high ligation was performed. The nurse will advise you regarding wound care on discharge. Paper dressings are often used on the leg wounds instead of stitches or are also used as well as stitches to the leg(s) and groin; if this is the case you will be advised not to get them wet. To help you feel clean and fresh, you may gently wash around the dressings on your legs each day until your wound has fully healed, and you are able to shower or bath. Your compression stockings must be replaced as soon as you have washed.

The legs(s) may appear quite bruised in places; this will fade and disappear in time. At first it may feel lumpy under the skin where the veins have been removed. These will usually disappear after several weeks. It may take three months or more for the results of the operation to reach their best. Sometimes there is swelling around the ankles, which can last a week or two. Wearing the compression stockings as directed, usually controls this. If you have any concerns regarding this, please see your G.P.

The ward will provide you with a district nurse referral form and contact numbers so that you can arrange for a wound check as required and for removal of your stitches/clips if necessary. If dissolving stitches have been used, these do not need to be removed.

Going home

You must make sure that an adult can take you home in a car or taxi. You will need to go home and rest. An adult must stay with you for the first 24 hours after your operation. Avoid alcohol for a minimum of 48 hours after surgery and whilst taking painkillers.

Here are some do’s and don’ts

Do’s

- Do wear your compression stockings. These should be worn for one week both day and night, then during the day only for a further week. (Total of two weeks.) Two pairs of stockings will be provided so that they can be washed. Wear your stockings correctly. Don’t fold them over at the top. You will find instructions with your pair of stockings regarding care and correct fitting.

- Do gently increase your activity over the first few days, little and often until you can do more each day. You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs. Take painkillers to ease any discomfort to enable you to do so, as

mobilization and walking is very important after this type of surgery.

- Do elevate your legs when resting, (feet higher than hips). This will help the blood flow. Don't let your feet hang over the end of a footstool as this causes pressure on the calves, which can affect circulation.

- Do the leg exercises you were taught in hospital whilst standing or sitting. These include circulating the feet, tensing, and relaxing the calf muscles. These help with circulation.

Don'ts

- Don't sit with your legs crossed as this can affect circulation.

- Don't stand in one position too long without moving your legs.

- Don't wear clothing which is too tight or restrictive around the legs.

Smoking

Smoking has many detrimental effects on your health. Following surgery, it increases the body's tendency to form blood clots and should be avoided. You will already have been advised to stop smoking prior to surgery. If you have not already done so and you wish to have access to stop smoking service, please ask the nurses.

What to look out for:

You should not experience severe pain, nausea and vomiting, excessive bruising.

If the wounds are showing signs of infection, i.e. increased pain, redness, swelling or discharge or you have a high temperature.

Please seek advice from your G.P.

You may also ring for advice by contacting one of the numbers at the top of this leaflet. Alternatively, the after-hours district nursing service is available from 7:00pm until 7:30am. Mobile 07860 794 654 or answer phone 01942 481155

If you experience any of the following, please seek medical advice by contacting or attending your local Accident & Emergency Department, Royal Albert Edward Infirmary, Wigan telephone 01942 244000:

- You have pain or swelling in your leg.
- The skin on your leg is hot or discoloured (red, purple or blue), other than bruising around the operation site.
- If your feet are numb or tingling.
- The veins near the surface of your legs appear larger than normal or you notice them more.
- Shortness of breath.
- You feel pain in your chest, back or ribs which gets worse when you breathe deeply.
- You cough up blood.

- Persistent bleeding.

- It may be several hours before you pass water. If you have difficulty, particularly if your bladder feels uncomfortably full but you still cannot pass water, you should attend your local Accident and Emergency department.

Returning to work

Depending on your treatment and type of job you should be able to return to work between one to two weeks after your operation. Please ask the doctor about your circumstances.

As long as your wounds have healed, you should be able to carry out normal activities by four weeks. Before you start exercising, you should ask your G.P. for advice.

You can get a sick note from the ward for the first one to two weeks. You will need to see your GP for any further sick notes.

Driving

We advise that you do not resume driving until your wounds have healed and you are confident that you can do an emergency stop, 10 to 14 days is usual. We also advise that you check with your insurance company as policies sometimes carry restrictions and these may vary.

Outpatients appointment

You will receive a routine follow-up appointment, typically 6-8 weeks following surgery. If you are not provided with an appointment and encounter any problems that you feel you need to see your surgeon about, please contact your G.P. or Consultant’s secretary for advice.



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