

RADIOFREQUENCY / LASER TREATMENT VARICOSE VEINS

Dr Matley & Partners: Patient Information

WHAT IS A VARICOSE VEIN?

A varicose vein is a skin vein that has swollen because of overspill of blood from veins running deep in the muscles of the legs. Varicose veins cause symptoms and the legs are better without them. There are plenty of deep veins to keep the circulation going. If left, varicose veins can bleed or clot or cause ulcers.

WHAT DOES THE OPERATION CONSIST OF?

The main feeder vein to the varicose veins is 'sealed' and obliterated using laser or radiofrequency energy. The varicose veins are removed through tiny cuts down the leg.

WHAT HAPPENS BEFORE THE OPERATION?

You will have the varicose veins that need to be removed marked on the skin by the surgeon using an indelible marker pen before you go to the operating theatre. Do make sure that all the veins, which are of concern to you, are marked.

RECEPTION

When registering at reception your medical aid details will be required. Your medical aid may require that you obtain an authority number from them for the hospital. Please check this. If you are not on 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.

WELCOME TO THE WARD

You will be welcomed to the ward 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 then read this again and then ask for more details from the surgeon or from the nurses.

VISIT BY THE ANAESTHETIST.

The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and previous anaesthetics.

DIET

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

SHAVING

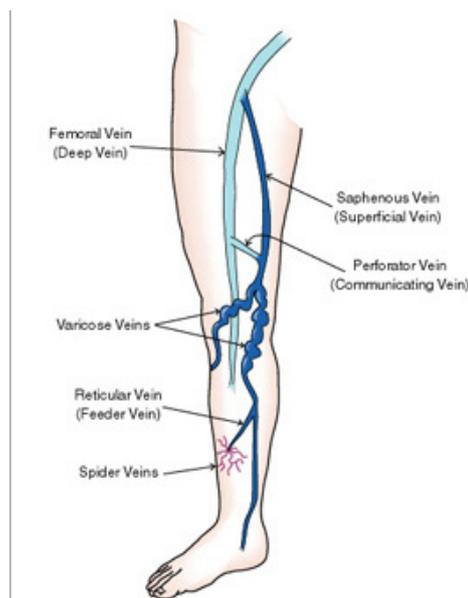
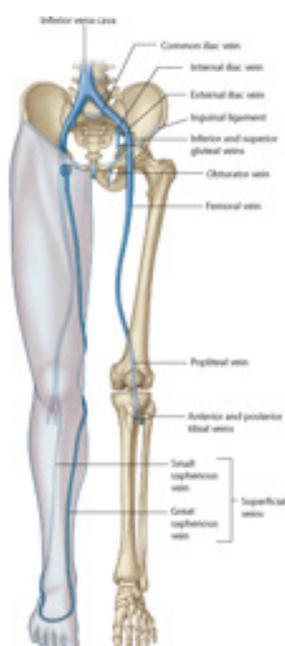
The operation area will be shaved to remove excess hair.

TIMING OF THE OPERATION

The timing of your operation is pre-arranged so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised if there are changes to the exact timing.

TRANSFER TO THEATRE

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, Rings will be



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

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.

COMING ROUND AFTER THE ANAESTHETIC

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. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

The leg will be bandaged with wool and an elastic bandage after the operation. This stays on till the next morning and is then replaced by a thigh high elastic compression stocking. You may experience some discomfort, but are encouraged to mobilize fairly soon after the procedure. You will not do the wounds any harm, and the exercise is good for you. The second day after operation you should be able to spend most of your time out of bed and in reasonable comfort. You should be able to walk without much difficulty. By the end of one week the wounds should be virtually painfree.

DRINKING AND EATING

You will be able to drink within an hour or two of the operation provided you are not feeling sick. The next day you should be able to manage normal food.

PASSING URINE

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bedpan or a bottle difficult, the nurses will assist you to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

SLEEPING

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

THE WOUND AND STITCHES

The avulsion wounds are closed with sterile micropore, which may show some staining with old blood in the first 24 hours. There are no stitches. An elastic stocking may be used to replace the crepe bandage, which is applied after the operation, usually the next day.

There is always some purple or yellow staining of the skin from bruising which fades away in 3 to 4 weeks. This is often seen in the upper thigh. There may be some swelling around the ankle that lasts a week or two. Using the elastic stocking as required controls it.

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.

WASHING

If used, the elastic stocking can be removed for washing. Avoid getting the leg wet for the 1st 48 hrs as the sterile micropore may come off and cause the little cuts

to gape. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you want.

HOW LONG IN HOSPITAL?

This depends very much on your general condition. Ideally you can go home the day of the operation. An appointment for a check up must be made with the surgeon 7-10 days after the operation. Details will be finalised after the operation.

SICK NOTES

Please ask the doctor for sick notes, certificates etc. when you return for your follow-up visit. You should feel well within a week of the operation.

WALKING

Build up your walking by an extra 50 yards each day. If you are doing too much the legs will hurt. This is not dangerous.

DRIVING

You can drive as soon as you can make an emergency stop without discomfort in the wound.

WORK

It is often possible to return to work within 4 days where this is essential. Everyone should be able to return to a light job after about 1 week and any heavy-duty job within 2-3 weeks.

COMPLICATIONS

Complications are rare and seldom serious. If you think that all is not well, please ask the nurses or doctors. A tight feeling in the thigh is the commonest side effect and is quite normal. Occasionally there are numb patches in the skin around the avulsion wounds that get better after 2 to 3 months. Numbness down the back of the lower leg and onto the sole of the foot is a rare complication of operation behind the knee. Every precaution is taken to avoid damaging this nerve. If the whole leg swells or there is excessive pain, please contact your surgeon.

GENERAL ADVICE

Treating varicose veins is something of a running battle. Sometimes new veins appear; or veins, which were not noticed before operation, become more obvious afterwards. Make sure that all the veins that trouble you are marked with the skin pencil. Ask the Surgeon about any problem vein. Veins that are small and appear after the operation can be treated by injection. Although RARE, small spider veins may appear in the skin over the area where the veins have been stripped out. It is not possible to predict or prevent this. They can be injected. If you have any problems or queries, please ask the nurses or doctors.



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