



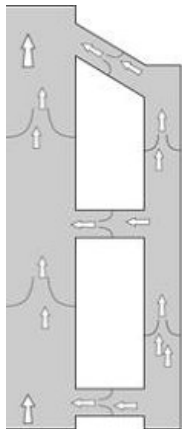
NATIONWIDE
SURGICAL CENTRES



Varicose Vein Information Pack

What are Varicose Veins?

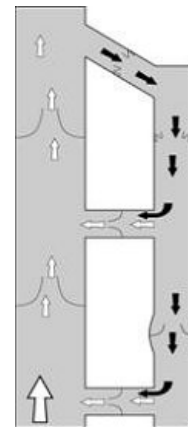
Varicose veins are veins under the skin of the legs which have become widened, bulging and tortuous. They are very common and do not cause medical problems in most people. Blood flows down the legs through the arteries and back up the legs through the veins. There are two main



systems of veins in the legs – the deep veins, veins deep inside the muscles, which are not visible and which carry most of the blood back up the legs to the heart, and the veins under the skin, which are less important and which can form varicose veins. All these veins contain valves which should only allow the blood to flow upwards (figure 1).

If the veins become widened and varicose these valves no longer work properly (figure 2). Blood can then flow backwards down the veins and produce a head of pressure when standing, walking about or sitting. Lying down or “putting your foot up”

relieves this head of pressure and usually makes the legs feel better. Both symptoms and treatment depend on how badly the valves in the veins are working, although the trouble people get from their varicose veins is very variable. In women varicose veins often appear first in pregnancy when hormones relax the walls of the veins and when the womb presses on the veins coming up from the legs. People who are overweight are more likely to get varicose veins and to find symptoms from them troublesome.



There is some tendency for bad varicose veins to run in families, but this is by no means always the case. Usually there is no special cause for varicose veins.

Very many people have no symptoms at all from their varicose veins, except for the fact that they are noticeable and their appearance can be embarrassing. Other than cosmetic embarrassment

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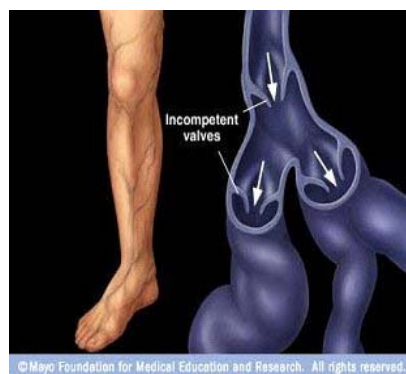
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the commonest symptoms from varicose veins are aching, discomfort and heaviness of the legs, which are usually worse at the end of the day. Sometimes the ankle can swell, too. These symptoms are not medically serious, but can be treated if they are sufficiently troublesome. Although varicose veins can get worse over the years, this often happens very slowly.

In a few people the high pressure in the veins causes damage to the skin near the ankle, which can become brown in colour, sometimes with scarred white areas. Eczema (a red skin rash) can develop. Other problems which varicose veins can occasionally produce are phlebitis and bleeding. Phlebitis (sometimes called thrombophlebitis) means inflammation of the veins and is often accompanied by some thrombosis (clotting of blood) inside the affected veins, which become hard and tender. This is not the same as deep vein thrombosis and is not usually dangerous. It does not mean that the varicose veins necessarily have to be treated.

Are special tests needed before treatment for varicose veins?

The only reason for any special tests on varicose veins is if treatment, other than support hosiery, is being considered. The tests aim to show whether there are important “leaky valves” allowing blood to flow the wrong way in the veins (reflux) and so putting a head of pressure on them. These leaky valves are commonest in the groin (at the upper end of the long saphenous vein) and behind the knee (at the upper end of the short saphenous vein).



Specialists use ultrasound machines to examine blood flow in the veins. A small hand held Doppler machine will often provide all the information which is required. More detailed scans using a “Duplex” scanner (which produces pictures of the veins as well as blood flow information) are needed in some cases. Duplex scans are essential when considering the use of foam sclerotherapy or endovenous treatment of varicose veins.

The treatments choices for varicose veins are?

Support Hosiery

Endoluminal treatment (laser EVLA or radiofrequency VNUS ablation)

Foam Sclerotherapy

Surgery

a) Support Hosiery

This means support stockings or tights, which can be effective in relieving symptoms of aching and heaviness caused by varicose veins. They can be bought from many different outlets. Stronger support hosiery (“graduated compression stockings”) are even more effective. Above or below knee lengths are available in three different “Classes” of compression (Class 1 are a little stronger than ordinary support tights; Class 2 are most often advised by doctors for patients with vein problems; and Class 3 provide very firm compression when there is a particular need). Graduated compression stockings can be obtained by a doctor’s prescription, although a wider range (in a variety of colours) is available for purchase from specialist surgical supply outlets. If worn regularly each day graduated compression stockings need to be renewed every three or four months.



b) Laser treatment for varicose veins

Endovenous laser therapy or ablation, EVLA for short, is a relatively new, minimally invasive method for treating varicose veins. It has been approved by the National Institute for Clinical Excellence (NICE) which is the government body who assesses the safety and effectiveness of treatments used within the NHS and private health sectors. The NICE Guidance can be found at the end of this Information Pack

Which type of varicose veins are suitable for EVLA?

EVLA is used to treat patients with lumpy varicose veins in the legs. About 60 – 70% of patients who have not had a previous varicose vein operation are suitable for EVLA. After previous varicose vein surgery EVLA is only possible in 20 – 30% of cases.

How does EVLA work ?

Blood in the veins normally flows up the legs, back to the heart. It is under low pressure and gravity tends to push it back down the leg. This is normally prevented by one-way valves inside the veins which allow the blood flow up, but prevent it from flowing back the wrong way.

Most varicose veins are caused by a faulty valve in the groin or behind the knee. This faulty valve allows blood to be forced out into the veins under the skin (the superficial veins) from the main veins inside the leg muscles (the deep veins). This leads to the valves in the superficial veins becoming faulty and the increased pressure in the veins causes them to enlarge (dilate) and give

rise to varicose veins.

The principle behind EVLA is that the laser is used to obliterate the superficial vein (either the long or short saphenous vein), above or below the knee respectively. This stops the faulty valve in the groin or behind the knee having any effect. It achieves exactly the same as conventional surgery when a wound is made in the groin or behind the knee to put a ligature around the top of the vein which is then removed by stripping. EVLA is therefore used to treat the underlying cause of your varicose veins.

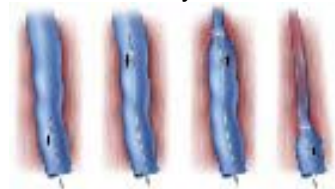
How can we tell if your varicose veins are suitable for EVLA?

You will be asked a series of questions about any symptoms that your varicose veins are causing and any other health problems that you may have had. We will examine your legs and perform an ultrasound, called Doppler ultrasound. This is a form of scan that can check blood flow and direction. It will identify which faulty valves have caused your varicose veins. Scanning takes about 15 minutes per leg. It is done at an initial assessment, and is also repeated at the time of EVLA. If the main faulty vein valve is in the groin or behind the knee, your varicose veins should be suitable for EVLA. We do not treat people during pregnancy, and will also take account of other medical conditions.

What does laser treatment involve ?

The procedure begins with an ultrasound scan to mark the vein in your leg to be treated. An injection of local anaesthetic is given to freeze the skin over the vein (at 4 or 5 points along its course). A small needle is inserted into the varicose vein (at knee level or upper calf level) and a flexible fine wire is passed up the vein to the junction at the groin or knee crease. You will not feel this. A fine tube is passed over the wire into the vein and the laser filament is threaded up this tube. The position of this laser fibre is then checked with ultrasound.

Once the laser fibre is in the right position some more local anaesthetic is injected around the vein to minimise any discomfort when the laser is turned on.



The laser works by shrinking the vein and closing it up from the inside. Lasers are powerful sources of energy and you and the staff will wear protective glasses whilst the laser is being used, only as an extra safety precaution. The laser light is never on externally.

When the vein has been sealed up, the laser is removed and a graduated compression stocking is applied to the leg. You should keep this on for 7 days and nights, then during the day for 7 further days.

What happens after the treatment?

After EVLA you will be asked to walk around for 15 minutes, have a drink, and relax for a short while, before going home. You should not drive yourself and exercise for 5 minutes every hour.

During the first few days you may feel some discomfort or tightness over the treated vein. To minimise this we recommend you take an anti-inflammatory drug, such as Nurofen, which contains ibuprofen. This is also a good painkiller. The adult dose is 400mg (either 1 or 2 tablets depending on type, please check packet) to be taken 8 hourly up to a maximum dose of 1200mg in any 24 hour period. We recommend that you take this for up to 3 days, as required. If you have a history of stomach ulcers, we advise you try paracetamol instead.

If any discomfort remains after 3 days you can take paracetamol. The adult dose of paracetamol is 500mg (1 tablet) or 1000mg (2 tablets) every 4 to 6 hours up to a maximum of 4000mg (8 tablets) in 24 hours. Always read the package instructions carefully.

Normal activity, including work, can be resumed as soon as you like, although we suggest avoiding contact sports, the gym and swimming for 2-3 weeks after EVLA.

The compression stocking is specially measured to fit. If it is uncomfortable please contact us for advice. It can be rolled down for skin cleaning or changed (one pair supplied) and washed. But it must be worn 24 hours per day during the first week and during the day during the second week.

We will arrange to see you about 4-6 weeks after the procedure. By then most of your varicose



Before

After

veins will have shrunk and many may have disappeared. If some remain these can be treated by injection. This is an outpatient treatment that we use to treat less severe and left-over varicose veins. The injection treatment replaces the multiple small wounds that are made in the leg to remove the lumpy veins during surgery.

What are the advantages of EVLA to surgery?

- It is performed under local anaesthetic.
- The procedure can normally be done as an outpatient, taking 45 minutes per leg.
- You should be able to resume your normal activities straight away and return to work the following day.
- It avoids the incisions (scars) required for a normal operation and therefore complications such as wound infection.
- Patches of numbness on the skin (5% of patients having conventional surgery) are rare.
- There is very little discomfort or pain after the procedure.

We do not know if laser treatment will be better or as good as surgery in the long term. At the worst some veins may come back. If this happens, then surgery can be performed at any time in the future, or injection techniques may be suitable.

EVLA is a fairly new method of treating varicose veins. Evidence now shows that in patients who had EVLA, more than 3 years previously, the results are as good as and possibly better than surgery.

The consent form. You will be required to sign a consent form, as for any procedure.

Food. As you are not having a general anaesthetic you will be allowed anything to eat or drink immediately before your operation. We will provide you with clear fluids, tea or coffee for your comfort before and after the procedure.

What about my wounds?

There are no wounds with EVLA, just tiny punctures from the needles used for local anaesthetic administration and a tiny cut for the laser catheter. Areas of tender lumpiness may be felt on the legs during the first weeks after treatment. These usually disappear within the first few months and some patients experience a pulling sensation along the line of the treated vein. It is not harmful and will gradually go away, but this may take several weeks.

Will my legs be bruised?

Bruising is common after varicose vein procedures. This is sometimes quite extensive and may take a month or more to settle. In particular it can occur on the inner side of the thigh, where the vein was treated.

Will I have dressings or stitches?

There are no specific dressings and no stitches. You will have a bandage and stocking over this bandage for the first week.

What about bandages and support stockings?

Once the vein has been treated it needs to be compressed for two weeks. We advise keeping the stocking and bandage on for one week without removal. After a week the stocking alone need be worn but can be removed for showering and bathing.

How far should I walk?

You can start to walk immediately after the procedure. The whole leg may be stiff and tender to the touch in places. Take painkillers if you need them. You should aim to walk about every half hour or so during the day for the first week or two. For many people this simply means getting back to their active daily routine as rapidly as possible. Avoid standing or sitting with the foot on the floor as much as you can for about two weeks after the operation.

When will I be fully back to normal?

This varies a lot between different people. We encourage you to return to normal activities immediately, although swimming will not be feasible in the first two weeks and we advise against using the gym or running in the first two weeks also, as this allows the treated vein to fully seal and close. Your legs may be a little tender and bruised for a month or more.

When can I drive a car?

You can drive as soon as you feel confident and for most that should be the morning after treatment. We advise against driving home after treatment as your leg will be slightly stiff with the bandage and stocking and may make an emergency stop difficult in the first few hours whilst you get used to it.

When can I return to work and play sports?

You can return to work and sporting activity as soon after the procedure as you feel sufficiently well and comfortable. Avoid violent sports while you are still in support stockings or bandages, and thereafter start with some gradual training, rather than in immediate competition. Do not go swimming until you are out of support stockings and all the wounds are dry.

Are there any complications from laser treatment?

Complications following EVLA are uncommon. Those of which you should be aware of are :

Failure to place the wire in the vein. This is uncommon and can usually be overcome by lifting the vein up with a small hook under local anaesthetic.

Failure to obliterate the vein being treated. This occurs in about 3% of patients. If the vein is not obliterated and you still wish to have treatment for your varicose veins, then the options are either to try the laser again or to perform conventional surgery.

Excessive bruising or tenderness is seen in about 5% of patients. If it occurs, it may be helpful to continue taking anti-inflammatory drugs for a little longer, with the agreement of your GP.

About 1% of patients may experience some numbness in the lower leg after EVLA. This is almost always temporary.

Some isolated cases of deep vein thrombosis (DVT) have been reported, but these are very rare. A burn to the skin is also rare but has been reported.. A few people may develop reticular veins near the treated area.

c) Foam Sclerotherapy

This is performed in the outpatient department with the patient able to walk out immediately treatment is completed. A small area of skin is numbed with local anaesthetic at the knee. Using an ultrasound machine to help guide treatment, a small tube is inserted into the vein in the thigh. The leg is then supported in a sling and foam injected to fill the varicose vein. Each injected area will be covered with a pad and a stocking or bandage will then be applied from the foot to the groin. The chemical substance injected into the vein works like a glue. For the glued surfaces to become firmly and permanently fixed, they must be clamped together until the glue has set. In the case of your veins, bandages and stockings act as a "clamp" to hold the vein walls together. Immediately after treatment patients can walk from the clinic room without any discomfort. The injections of foam are painless. After about 6 weeks the results are assessed. The varicose veins in the calf which are invariably present often shrink considerably with just treatment to the thigh vein. If they persist they may be treated with further foam injections or be removed, after the injection of local anaesthetic into the skin over the veins, through tiny little incisions (multiple phlebectomies). Whichever treatment is used recovery is immediate.

The consent form. You will be required to sign a consent form, as for any procedure.

Food. As you are not having a general anaesthetic you will be allowed anything to eat or drink immediately before your operation. We will provide you with clear fluids, tea or coffee for your comfort before and after the procedure.

What about my wounds?

There are no wounds with foam sclerotherapy, just tiny punctures from the needles used for local anaesthetic and foam administration. Areas of tender lumpiness may be felt on the legs during the first weeks after treatment. These usually disappear within the first few months and some patients experience a pulling sensation along the line of the treated vein. It is not harmful and will gradually go away, but this may take several weeks.

Will my legs be bruised?

Bruising is common after varicose vein procedures. This is rarely extensive but may take a month or more to settle. In particular it can occur on the inner side of the thigh, where the vein was treated.

Will I have dressings or stitches?

There are no specific dressings and no stitches. You will have a bandage and stocking over the bandage for the first week.

What about bandages and support stockings?

Once the vein has been treated it needs to be compressed for two weeks. We advise keeping the stocking and bandage on for one week without removal. After a week the stocking alone need be worn but can be removed for showering and bathing.

How far should I walk?

You can start to walk immediately after the procedure. You should not need to take painkillers. You should aim to walk about every half hour or so during the day for the first week or two. For many people this simply means getting back to their active daily routine as rapidly as possible. Avoid standing or sitting with the foot on the floor as much as you can for about two weeks after the operation.

When will I be fully back to normal?

This varies a lot between different people. We encourage you to return to normal activities immediately, although swimming will not be feasible in the first two weeks and we advise against using the gym or running in the first two weeks also, as this allows the treated vein to fully seal and close. Your legs may be a little tender and bruised for a month or more.

When can I drive a car?

You can drive as soon as you feel confident and for most that should be the morning after treatment. We advise against driving home after treatment as your leg will be slightly stiff with the bandage and stocking and may make an emergency stop difficult in the first few hours whilst you get used to it.

When can I return to work and play sports?

You can return to work and sporting activity as soon after the procedure as you feel sufficiently well and comfortable. Avoid violent sports while you are still in support stockings or bandages, and thereafter start with some gradual training, rather than in immediate competition. Do not go swimming until you are out of support stockings and all the wounds are dry.

Complications which may arise are as follows.

Failure to place the fine tube in the vein. This is uncommon and can usually be overcome by attempting again slightly higher up the thigh.

Failure to obliterate the vein being treated. This occurs in about 8% of patients. If the vein is not obliterated and you still wish to have treatment for your varicose veins, then the options are either to try the foam treatment again or to perform conventional surgery.

Excessive bruising or tenderness is seen in about 5% of patients. If it occurs, it may be helpful to continue taking anti-inflammatory drugs for a little longer, with the agreement of your GP. Occasionally phlebitis can occur in the treated vein when it is often helpful to see your surgeon who can put a needle into the vein and suck out some of the blood in it; usually helping to relieve some of the discomfort and redness.

Some patients develop bruising which persists a long time after treatment (staining). This usually fades but for some patients it may be permanent.

A small number of patients may develop transitory visual disturbances soon after treatment but these usually settle very quickly.

Some isolated cases of deep vein thrombosis (DVT) have been reported, but these are very rare. A few people may develop reticular veins near the treated area.

d) Surgery

This is usually undertaken under a full general anaesthetic. When asleep a cut is made over the top of the main varicose vein and it is tied off just where it joins the deep vein in the groin. This cut is closed with stitches, which are hidden under the skin. The main vein under the skin is removed by passing a fine wire down it - either to just below or just above the knee ("stripping" the vein). This helps to guard against varicose veins forming again. Blood flows up the many other veins in the leg after this vein has been removed. Varicose veins marked before the operation are removed through tiny cuts in the skin. These cuts can be closed with stitches or adhesive strips. Other veins

under the skin with important connections to the deep veins may need to be dealt with - in particular one just above and behind the knee. If important veins other than the one on the inner side of the leg need to be tied off, this may require special scans before the operation, and we will explain this to you.

What about the anaesthetic?

The anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel they are handing over control of their life to another person. This worry is understandable, but modern anaesthetics are very safe and serious complications are uncommon. The operation is usually conducted under a general anaesthetic and lasts about one hour for each leg.

If I have an operation, how long will I spend in hospital?

This depends on whether you are able to have surgery as a day case. Day-patient: If you are medically fit and have somebody at home with you then a day case operation may well be possible. If you need an operation to one leg only, then you are more likely to be offered surgery as a day-patient than if you have a lot of varicose veins in both legs. As a day-patient you are able to return home on the day of your operation. In-patient: If it is thought best that you come into hospital as an in-patient, you will usually be admitted the day before your operation for the doctors and nurses to assess your needs.

What happens before the operation?

After coming into hospital you will meet the nurses (one of whom will be specially allocated to look after you), junior doctors and the anaesthetist. They will conduct some basic tests and will answer any questions for you. The consultant or a member of his team will check that all the necessary preparations have been made and will mark your varicose veins with a felt tip pen. Be sure that all the veins you would like dealt with have been marked and ask about any which have not.

The consent form. The hospital requires you to sign a consent form, as for any operation.

Food. Because an empty stomach is important for a general anaesthetic, you will not be allowed anything to eat or drink immediately before your operation. Usually you will be told to have no food for 6 hours before the operation, but you will be allowed clear fluids, tea or coffee up to 2 hours before the operation

How much does it hurt afterwards?

Most surgeons inject a long acting local anaesthetic into the groin wound at the end of the operation: this is usually the most uncomfortable area. People vary a lot in the amount of pain they experience after the operation, though most experience discomfort only. It is more uncomfortable to get up and walk after operation to both legs than when only one leg has been dealt with. In either case you will be allowed to get up and walk on the day of your operation when the effects of the anaesthetic have worn off sufficiently. Painkillers (usually Paracetamol or similar tablets) will be prescribed for you to take after the operation. You should ask the nurses for these in hospital or take them yourself at home if you are uncomfortable. It is important that you should take painkillers if you need them to walk about and to rest with comfort. You should not need them for more than a few days, but the duration of discomfort varies from person to person.

How will I manage in the days following my operation?

Day-patient: After two or three hours on the ward you should feel fit enough to go home. Before you leave the ward staff will check your leg. They will give you a note for your General Practitioner and some painkillers to take with you. You will also be provided with an advice sheet. They will make arrangements for a nurse to call the next day to check on you and change your bandages for a special support stocking. In-patient: You will usually be able to get up within a few hours of the operation. The bandages on your leg may be changed on the day after operation for a special support stocking, but some surgeons apply bandages which are left on for several days - this will be explained to you. You will be able go home as soon as you and the doctors agree that you are sufficiently well and mobile - usually on the first or second day after the operation.

What about my wounds?

Sometimes a little blood will ooze from the wounds during the first 12-24 hours after the operation. The amount is likely to be very small and bleeding usually stops on its own. If necessary, press on the wound for ten minutes with a dressing or a pad of paper tissues. If bleeding continues after doing this twice, phone the ward or your General Practitioner. If you cannot get though to the ward, come to the Accident and Emergency department. It is common for the area under the groin wound to feel tender for a few days and thickened for a few weeks. Areas of tender lumpiness may also be felt elsewhere on the legs. This is caused by some blood clot under the skin in the places where varicose veins were removed. It is not harmful and will gradually go away, but this may take several weeks.

Will my legs be bruised?

Bruising is common after varicose vein operations. This is sometimes quite extensive and may take a month or more to settle. In particular it can occur on the inner side of the thigh, where there may be no cuts: this is caused by stripping out the main vein under the skin from this area.

Will I have dressings or stitches?

Often no dressing is used in the groin, but if a dressing has been used it can generally be taken off 2 -3 days after the operation. From that time the groin wound can be washed normally with soap and water. Avoid talcum powder for the first few days. Stitches may be placed under the skin in the groin which do not have to be removed, they simply dissolve. The small cuts further down the leg are closed with adhesive strips and some surgeons use no dressings or stitches at all on the tiny wounds. If any stitches do need to be removed you will be advised about this. If adhesive strips have been used, you may be told not to bath or shower for about ten days, unless you can do so without getting the adhesive strips wet. About ten days after the operation you can remove the strips yourself: this is often easiest in a bath or shower which helps to loosen them. When adhesive strips are used to close the wounds, it is often not possible to wash off all traces of antiseptic or blood from your legs at the end of the operation. All this will be removed when you bath or shower ten days later.

What about bandages and support stockings?

If you are advised to wear stockings during the days after the operation, these may be worn all the time, but if you find them uncomfortable at night, they can be taken off before you go to bed and then put on again in the morning. They are mainly intended to support the leg while you are up and about during the day. You should get clear advice about when to discard stockings - usually about ten days after the operation.

How far should I walk?

You can start to walk about as soon after the operation as you are able. Getting up the next day is sometimes a little uncomfortable, particularly where the groin has been operated on. The whole leg may be stiff and tender to the touch in places. You will not damage any of the wounds by walking. Take painkillers if you need them. You should aim to walk about every half hour or so during the day for the first week or two. For many people this simply means getting back to their active daily routine as rapidly as possible. There is no special advantage in going for a single long walk during the day, although you may walk as far as you wish. Frequent walking is more important than walking a long distance.

When you are not walking about try to put your foot up - either on a couch or on your bed. Avoid standing or sitting with the foot on the floor as much as you can for about two weeks after the operation.

When will I be fully back to normal?

This varies a lot between different people and depends on how large and extensive your varicose veins were, which dictates the size of operation you will have had. In particular your recovery will depend on whether you have had an operation on one leg or both legs. If you have had surgery to one leg only: You are likely to feel tired for the first two or three days after the operation and your leg will be stiff after walking long distances for about a week. By two weeks after the operation you are likely to be walking good distances with little discomfort, even though the leg may still be bruised and a little tender. If you have had surgery to both legs: You may feel quite tired for the first week, especially after walking a lot. You may need to rest two or three times a day for the first few days. It may be two or three weeks after operation before you are walking really comfortably. Your legs may be a little tender and bruised for a month or more.

When can I drive a car?

You can drive as soon as you feel confident that you can make an emergency stop without pain. This is often about a week after surgery to one leg, or ten days after surgery to both legs. If you have an automatic car and surgery to the left leg then driving may pose little problem! If you are concerned, check with your insurance company.

When can I return to work and play sports?

You can return to work and sporting activity as soon after the operation as you feel sufficiently well and comfortable. If your job involves prolonged standing or driving, then you should not consider going back for at least two weeks. It is unusual to need more than about three weeks off work after surgery to one leg, or four weeks after surgery to both legs. Avoid violent sports while you are still in support stockings or bandages, and thereafter start with some gradual training, rather than in immediate competition. Do not go swimming until you are out of support stockings and all the wounds are dry.

What problems can occur after the operation?

Serious complications are uncommon after operations for varicose veins. Some bruising is usual and occasionally the leg becomes very bruised. This bruising may appear during the first few days after the operation: it will all go away over a period of weeks. Aches, twinges and areas of tenderness may all be felt in the legs for the first few weeks after the operation. These will all settle down and should not discourage you from becoming fully active as soon as you are able. Tender lumps under the skin are common and are caused by blood clot which has collected in the places where the veins were removed. They are not dangerous and will gradually be digested by the body, but this can take several weeks. Occasionally they can be quite painful during the first two weeks or more. Infection is an occasional problem, particularly in groin wounds. It usually settles with antibiotic treatment. If the wound was closed by a stitch under the skin, this may need to be removed to allow the infection to clear up. If an abscess forms then a further operation may be required to drain it and the area will need to be dressed regularly until it has healed. Rarely, a collection of clear fluid (lymph) can appear as a lump in the groin (or on the lower leg). This almost always settles down without treatment. Less commonly still, a leak of clear lymphatic fluid can occur from the groin wound, and this may take days or weeks to dry up. All complications in groin wounds are more common in people who are obese, and after operations done following previous surgery in the groin. The scars on your legs are easily noticeable to start with, but will continue to fade for many months after the operation. Very occasionally, some people develop a little brown staining where the veins were removed, or areas of tiny veins appearing in the skin nearby: this is unpredictable and uncommon. Nerves under the skin can be damaged when removing varicose veins close to them. This is uncommon, but will give an area of numbness on the leg, which settles or gets smaller over weeks or months. If varicose veins on the foot are removed, damage to small nerves is a special danger. If a nerve lying alongside one of the main veins under the skin is damaged, then a larger area of numbness can be caused. If this happens after stripping the main vein on the inner side of the leg, then numbness will result over the inner part of the lower leg and foot. If a main vein behind the knee needs to be dealt with, then there is a risk to the nerve which conducts feeling from the skin on the outer part of the lower leg and foot. There is also a minuscule danger to the main nerves which move the leg and foot. The risk of nerve damage is increased when surgery is done after previous operations in the area. Damage to major arteries and veins have happened during varicose vein operations, but are very rare complications, which surgeons take great pains to avoid. Deep vein thrombosis causes swelling of the leg and can result in a blood clot passing to the lungs. It is a possible complication after varicose vein surgery, but is particularly unlikely if you start moving your legs and walking frequently soon after the operation. Sometimes, injections are given to make the blood clot less than normal: these reduce the risk of

thrombosis, but increase bruising. If you are taking the contraceptive pill, your risk of thrombosis is increased and the surgeon will discuss with you the pros and cons of stopping the pill or continuing it and taking special action to reduce your risk of a thrombosis. If you start taking the contraceptive pill while waiting for your operation, let the hospital know. Any general anaesthetic carries risks, but considerable precautions are taken to keep these risks as low as possible. The risk of death as a result of varicose vein surgery is less one in a thousand.

Will my varicose veins come back?

Some people develop new varicose veins during the years after a varicose vein operation, but this is uncommon after thorough surgery. Rarely, varicose veins simply re-grow in the areas which have been dealt with, or else they develop in a different system of veins which was normal at the time of the original operation. If veins develop again they can be dealt with by injections or a further operation should they be troublesome.

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