

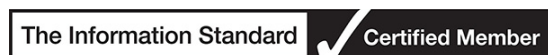
Patient Information for Consent

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V03 Varicose Veins Surgery

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What are varicose veins?

Varicose veins are enlarged and twisted veins in your leg. They are common, affecting up to 3 in 10 people.

More women than men ask for treatment, with just over 3 in 10 women being affected aged 35 to 70. Varicose veins tend to run in families and are made worse by pregnancy and if you do a lot of standing.

Your surgeon has recommended varicose vein surgery. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How do varicose veins happen?

Veins carry blood up your leg and back to your heart. When we stand up, our blood has to 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 your leg, and a system of superficial veins which run just underneath your skin.

Sometimes weaknesses in the walls of the superficial veins cause them to enlarge.

The valves then fail to work properly and blood can flow in the wrong direction.

The result is a build-up of pressure in the veins, which bulge out as varicose veins (see figure 1).

What are the benefits of surgery?

You should no longer have varicose veins and your symptoms should improve. Surgery should help prevent the symptoms and complications that varicose veins cause. It is not possible to cure varicose veins. Over time, new varicose veins will appear.

Surgery will not remove fine thread veins. If you are having surgery purely for cosmetic reasons, you need to ask your surgeon if an operation will help. This will give you realistic expectations about the final result.

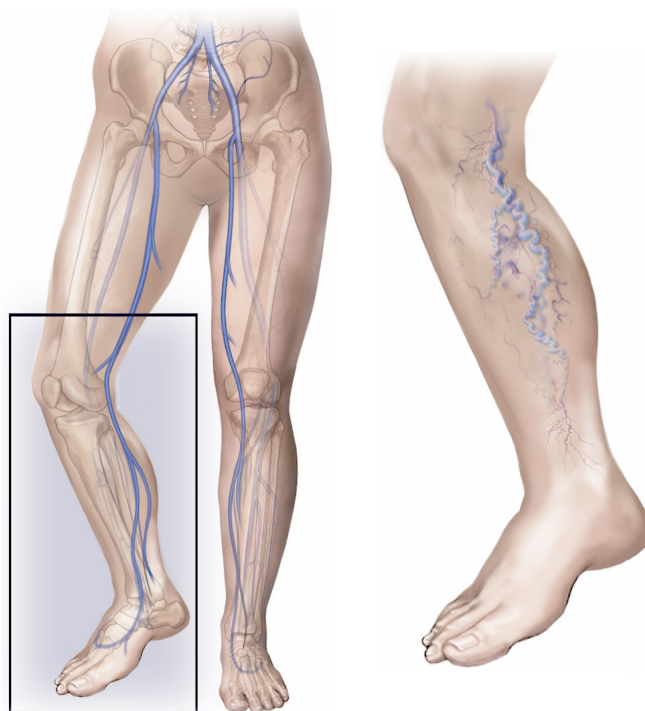


Figure 1
Varicose veins

Are there any alternatives to varicose veins surgery?

Support stockings can often help the symptoms caused by varicose veins and reduce the risk of complications. They do not treat the underlying problem.

There are other treatments such as injections (foam sclerotherapy) and using radio-frequency or laser energy (endovenous ablation). Your surgeon will be able to discuss the options with you.

What will happen if I decide not to have the operation?

The varicose veins are unlikely to get better without treatment. The following problems may arise.

- Unsightly appearance.
- Itching, aching and pain.
- Pigmentation (dark discolouration) of the skin around your ankle.
- Infection in your skin (cellulitis).
- Inflammation (phlebitis).
- Ulcers (or sores), which are unusual but can be caused by some types of varicose veins.
- Bleeding from varicose veins.

Your surgeon may be able to recommend an alternative treatment for you.

What does the operation involve?

Before the operation, your surgeon will mark the veins on your leg and will show if a cut needs to be made on your groin or at the back of your knee. You may have a Doppler ultrasound (or Duplex scan) of your legs.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but a local anaesthetic can be used.

Your surgeon or anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 20 minutes to three hours.

Your surgeon may disconnect the superficial veins from the deep veins through a cut on your groin or the back of your knee. They will probably make many small cuts, called avulsions or phlebectomies, along the length of the varicose veins where the veins have been marked.

Often the main varicose vein (the great or small saphenous vein) is 'stripped out' using a special instrument.

Your surgeon will close the cuts with stitches or special glue. The small cuts often do not need stitching. Your leg may be dressed with a tight bandage or similar dressing to reduce bleeding and bruising.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.

- Bleeding during or after the operation. It is common for your leg to be bruised. Rarely, you will need a blood transfusion or another operation. You may also feel a lump under your skin. This is caused by bruising and settles within a few weeks.
- Infection of the surgical site (wound) (risk: 3 in 100). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin. The scarring will be red at first and will gradually fade to a fine white line.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 50). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT. If you have had a deep-vein thrombosis in one of your legs, let your surgeon know. This sometimes means that surgery should not be performed on that leg.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Developing a lump under a wound caused by blood collecting (haematoma) (risk: 3 in 100).
- Developing a lump under the wound in your groin caused by fluid collecting (seroma) (risk: 1 in 200). This can lead to the fluid leaking. The risk is higher if you have surgery for varicose veins that keep coming back.
- Numbness or a tingling sensation around some of the small cuts, or in your leg (risk: 1 in 10). This may be permanent.

- Damage to nerves, leading to weakness in your leg or foot (risk: 1 in 1,000). This sometimes improves but can be permanent. The risk is higher if the small saphenous vein has been treated. The small saphenous vein runs up the outside and back of your leg to the bend in your knee.
- Continued varicose veins. It is not usually possible to remove every single varicose vein.
- Developing thread veins. These are also known as spider veins, telangiectasia or broken veins.
- Swelling of your leg, if blood does not drain from your leg properly. This is most likely to happen if there is a problem with the deep veins such as a deep-vein thrombosis, or if you have a cut on your groin to treat varicose veins that keep coming back.
- Major injury to the main arteries, veins or nerves of your leg. This is rare.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

When you go home you may have bandages on your legs. The healthcare team will tell you when to have your bandages removed. When your bandages are removed, you may then need to wear support stockings or an elasticated bandage. The healthcare team will discuss this with you.

Once at home, be as active as possible. When you are resting, keep your legs raised on a stool.

You should be able to return to work within a few days, depending on your type of work. You may take longer to recover.

As long as your wounds have healed, you should be able to carry out normal activities as soon as you are comfortable. For some people this could be after one to two days. For others, it may take up to four weeks to return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive for at least two days or while you are taking painkillers that make you drowsy. Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people make a full recovery. If surgery was performed for ulcers, these should gradually heal. Skin pigmentation will stay but should not get worse. You should notice that the varicose veins have gone as soon as the support stockings or bandages are removed.

Varicose veins can come back, either in the same place or in other parts of your leg (risk: 3 in 10 in 5 years).

Summary

Varicose veins are a common problem and can lead to complications if left untreated. Support stockings can help to control symptoms but will not remove the varicose veins.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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