

Varicose Veins:

A guide for patients

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What are varicose veins?

Varicose veins are swollen, twisted and unsightly veins (usually on the legs) that look lumpy and bluish through the skin. They happen when the valves in the veins become weak or break, allowing blood to collect in the veins just under the skin instead of being carried up to the heart.

Usually varicose veins are obvious due to their visibility especially on standing. Early symptoms include discomfort, aching, heaviness, fatigue, burning, throbbing and cramps. They may be associated with areas of thread veins on the skin.

This common condition runs in families and may affect 60% of the adult population in western countries. Varicose veins are very common. They affect around three in ten women at some time in their lives and around half as many men. The problem may arise at any time of life, but is more common with increasing age. Prolonged standing, excess weight, hormonal medications and pregnancy exacerbate the condition.

Why do I need an operation?

Varicose veins do not tend to get better without treatment, and usually get worse with time. If left untreated, irritation of the skin around the ankles with swelling of the feet (worse at the end of the day) and discolouration may occur. Finally, eczema, phlebitis (inflammation of the vein) and ulceration may occur. Large varicose veins are easily damaged by a minor injury resulting in profuse bleeding. Many people, however, only suffer the cosmetic embarrassment of visible veins. The most effective treatment for many varicose veins is to have them surgically removed.

What does the operation involve?

Varicose veins are usually removed under general anaesthesia, which means you will be asleep during the procedure. The procedure is routinely done as a day case. However, you may need to stay in hospital overnight, particularly if you are having operations on both legs. The exact method used to remove varicose veins can vary. A commonly performed technique, called high tie and stripping and multiple stab avulsion, involves tying off and removing the main vein affected in your leg.

Two small cuts (about 5cm long) are made, one in the groin at the top of the main vein affected and one near your knee or lower down near your ankle. The top end of the vein near your groin is tied to stop blood flowing through it. Then a flexible wire attached to a special tool at one end is passed through the vein. The wire, along with the vein, is carefully pulled out of the leg through the lower cut. Sometimes the vein is tied off but not removed.

Your surgeon will usually also make several tiny cuts (about 5mm long) on your leg to remove smaller veins. The cut in the groin is usually closed with stitches, and any small cuts on your leg are sealed with fabric strips (called steri-strips). Your leg will then be tightly bandaged.

After surgery, blood can still flow up your legs because the deeper network of veins is left untouched.

The procedure usually takes one to two hours, depending on the exact type of operation you are having and whether one or both legs are being treated.

After the operation

After the operation you will be transferred to the recovery area, if you have any discomfort, inform the nurse and painkillers will be given. You may start eating and drinking.

Going home

You will usually be able to go home once you have made a full recovery from the anaesthesia. Before you can be discharged, you must be able to have something to eat and drink, mobilize independently and pass urine. You will need to arrange for someone over age of 18 to drive you home and then stay with you for the first 24 hours.

Before you go home, your nurse will give you pain relief medication, a dressing pack and your six weeks follow-up appointment (Mr. Mudawi's patients- a follow up will be arranged should it be necessary). Two pairs of full length leg compression stockings will be given to you as well. You need to wear the compression stockings during the day for one week only. You will have bandages on your leg. A district Nurse will be arranged to check the wound, change your dressing and apply the compression stockings for you on the next day. A District Nurse letter will be given to you.

After you return home

If you need them, continue taking pain relief as advised by the hospital. General anaesthesia can temporarily affect your co-ordination and reasoning skills, so you should not drink alcohol, operate machinery or sign legal documents for 48 hours afterwards.

You will be able to have a shower after the District Nurse redresses your wound. After showering, ensure the dressing is dry by patting it gently. You will be able to have a bath after your wound is healed. Stitches used are absorbable. Paper steri-strips can be soaked off between five and seven days after the operation.

You should not drive until you are confident you could perform an emergency stop without discomfort. If you are in any doubt about driving, please contact your motor insurer so that you are aware of their recommendations, and always follow your surgeon's advice.

Your treated leg is likely to feel sore, so you will need to take it easy. Do not stand still for long periods of time. During the first two weeks, try to take short (half hour) walks at least three times a day. This helps to loosen your joints and muscles, and will help speed up your recovery.

When sitting down, make sure your feet are higher than your hips. This stops blood pooling in your leg and reduces the pressure on your healing wounds.

Your recovery time will depend on whether one or both legs have been treated and the exact procedure used. Ask your surgeon for specific advice.

Are there any complications?

Side-effects

After surgery, your legs will be sore and bruised and the wounds may bleed a little. These side-effects should settle within a week or two. Scarring will usually fade with time, but won't disappear completely.

Complications

This is when problems occur during or after the operation. Most people are not affected. The main possible complications of any surgery include an unexpected reaction to the anaesthesia, excessive bleeding during or soon after surgery, or infection. A blood transfusion may be required to replace the lost blood, or antibiotics to treat an infection.

Some of the complications specific to varicose vein surgery are listed here.

After surgery, it's possible to develop a blood clot (DVT) in the deep veins in the leg. In most cases this is treatable, but it can be a life-threatening condition. Compression stockings and blood-thinning injections may be used to help prevent DVT.

Damage to the nerves in the skin, resulting in small numb patches on your legs. The feeling usually returns but may take a few weeks or months.

Rarely, nerve damage near the knee can affect movement in the ankle which may be permanent.

Occasionally hard, tender lumps appear near the scars or along the line of the removed veins. These usually disappear after several weeks. Rarely, small patches of brown skin form where the veins were removed.

There is a chance the varicose veins may re-occur in other veins.

Prevention

Anyone can develop varicose veins, so it may not always be possible to prevent them. Although there are no scientifically proven ways to prevent varicose veins, the following suggestions may be useful:

- avoid standing still for long periods of time
- take regular exercise, such as walking
- maintain a healthy weight
- wear properly fitted compression stockings to prevent further deterioration of existing varicose veins

Contact Information

Please contact your GP initially if you have any medical concerns following your discharge home.

Vascular Nurse: 0191 4452828 Monday-Friday (9am-5pm)

For out of office hours advice contact NHS 111

Further information on Varicose Veins can be found at:

<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=387>

Data Protection

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