



ST VINCENT'S
HOSPITAL
MELBOURNE

Open surgery for varicose veins

Information for patients

Better and
fairer care.
Always.

Welcome to St Vincent's

Thank you for choosing St Vincent's Vascular Surgery Unit. This booklet aims to help you understand the procedures and aftercare following surgery for varicose veins.

Whilst every effort has been made to ensure the information contained in this leaflet is accurate, it is not a substitute for medical advice or assessment. If you have any questions, please contact the team looking after you – we're here to help.

Contents

About varicose veins.....	1
Open ligation and stripping.....	2
Checklist.....	4
Post procedural care	5
Contacts.....	6

About varicose veins

What are varicose veins?

Varicose veins are veins under the skin which have become enlarged, swollen, and twisted.

There are two main systems of veins in the legs:

Superficial veins: These are under the skin and can form varicose veins.

Deep veins: These veins are squeezed by the leg muscles during activity and carry most of the blood back up the legs to the heart.

The veins in the legs' valves keep blood flowing towards the heart. If valves stop working properly, the vein is unable to keep the blood flowing in one direction. Blood may then flow back into the leg. This raises the pressure within the veins, and they become varicose veins.

When indicated, superficial varicose veins are treated.

What are the symptoms?

Varicose veins are common, and most people may not have symptoms.

If symptoms are present, the most common symptoms are aching, itching, discomfort, heaviness and ankle swelling.

A small number may develop complications such as:

- Skin changes – dark patches and eczema
- Leg ulcers
- Bleeding after minor trauma
- Thrombophlebitis (clotting and inflammation of the varicose veins).

How are varicose veins treated?

The doctor will ask you questions and examine you to locate where the valves are leaking. Most varicose veins are due to faulty valves in the groin, inner thigh or behind the knee.

An ultrasound is used to identify the anatomy of your varicose veins. This also tests how well your deep veins work. Occasionally, if the scan is not clear, an x-ray or CT scan of the veins, called a venogram, may be required.

Your surgeon will use this information to offer the most suitable treatment for you.

Open ligation and stripping

Open ligation and stripping is the traditional method of treating varicose veins. The connection between the superficial faulty vein and deep vein is tied off.

This stops blood flowing through the faulty vein back down the leg. Nearby blood is then redirected back to the heart via healthy, deeper veins. This is known as open ligation, high tie or saphenofemoral/saphenopoliteal junction ligation. If the connection is tied off in the groin, the faulty vein may also be stripped. This reduces the pressure on the veins in the leg.

The procedure and what to expect

When you come into hospital, you will meet your surgeon and the healthcare team looking after you. You will be measured and fitted with support stockings to wear after your surgery. Your surgeon will mark the position of your veins with a pen and confirm your consent.

The procedure can be carried out under spinal or general anaesthetic, depending on the pattern and extent of your veins. Your surgeon and anaesthetist will discuss the options with you.

The operation may vary from case to case, depending on where the faulty vein and valves are. Generally, you will have a small cut (3-5cm) in the groin or behind the knee, along the skin crease. The connection between superficial and deep vein is tied off. The main vein is stripped to the level of the knee.

If your incision is behind the knee, a section of the vein may be removed, rather than stripped.

After treating the main faulty vein, small cuts may be made, and the visible varicose veins pulled out (avulsions/phlebectomies). The cut in the groin or behind the knee is closed with a dissolvable stitch (does not require removal). Steristrips (paper stitches) and small dressings are placed over the avulsion sites. A compression bandage is applied. Most patients will also receive an injection in their tummy to lower the risk of deep vein thrombosis (DVT).

You're encouraged to walk daily and keep well hydrated.

It is common for most patients to experience some mild discomfort, swelling and bruising. This largely settles within a few days. In some patients, bruising may take several weeks to fade.

Common side effects

Pain and discomfort

Mild to moderate pain may be experienced after the procedure. This may increase until the end of the first post operative week before settling. There may be tenderness in the area of the treated vein. Pain is usually well controlled with paracetamol and ibuprofen.

Bleeding/oozing from avulsions

Occasionally, a little blood will ooze/leak from the wounds during the first 12-24 hours. This usually settles on its own. If necessary, lie down, elevate the leg, and press firmly on the wound for 10 minutes. If bleeding continues after doing this twice, contact your General Practitioner or St Vincent's Hospital.

Bruising

Mild bruising, discolouration or lumpiness of the skin is common after open ligation and avulsions. This generally improves after a few weeks and usually disappears within three to six months. Rarely, it may persist for up to a year or be permanent. Avoid exposure to sun where possible to reduce discolouration.

Swelling

Leg and ankle swelling may occur after open surgery. This resolves in a few days. In some cases, it may last a few weeks. Keeping your leg elevated when resting and wearing your compression stockings will help reduce any swelling.

Phlebitis

Blood trapped in the treated smaller calf or thigh veins may cause inflammation and lumpiness beneath the skin. This can be uncomfortable but normally resolves after a few weeks. The lumpiness disappears over several months. The discomfort and inflammation can be well managed with paracetamol and ibuprofen.

Residual veins

There may be a small number of veins left in your leg, however these tend to shrink with time. In general, they do not cause any problems as the main faulty vein has been treated.

Rare side effects

Deep vein thrombosis/pulmonary embolus

This is an extremely rare complication. In deep vein thrombosis (DVT) a blood clot forms in the deep veins. This may travel to the lungs, causing a pulmonary embolus (PE). Symptoms include severe calf pain and swelling, shortness of breath, chest pain/and or coughing up blood.

If you have any concerning symptoms, you should seek emergency medical attention.

Most patients receive an injection in their tummy to lower the risk of DVT/PE. Rarely, patients may require a short course of mild blood-thinning tablets after surgery. Your doctor will discuss with you if this applies to you.

Open ligation and stripping

Nerve injury

A small number of patients report temporary numbness or pins and needles. This usually improves over several weeks. Rarely, symptoms may persist and be associated with pain (neuralgia). During surgery at the back of the knee, the nerve controlling the movement of the foot at the ankle may be injured (foot drop). In most cases this is temporary and resolves over weeks and months.

Lymph leak

This is very rare and usually only seen following redo surgery in the groin. The groin incision may leak blood stained or clear fluid, which may collect under the skin. Occasionally, a course of antibiotics or further surgery may be required.

Please contact us if you are concerned or develop any symptoms.

Wound infection

Rarely, wounds become infected and require antibiotics. Where possible, keep the groin or knee incision dry for five days (with a waterproof dressing). Take care when washing after this period.

Recurrence

Varicose veins may return even with successful treatment. This happens when new connections form between veins.

Checklist

Organise

- ☐ Someone to drive you home after the procedure
- ☐ Check with the waiting list booking team if you are required to withhold any medication
- ☐ Check the fasting and instructions provided by the day case admission team

Pack

- ☐ Loose-fitting clothes to wear home
- ☐ List of medications and allergies you may have
- ☐ The compression stockings provided on admission to take home with you

Post procedural care

Dressings

Management of your bandage or stocking may vary according to your needs and which treatment you've received. This will be discussed with you at the time of surgery.

In general:

- Keep compression bandages and compression stockings (if applied in theatre) in place for 48 hours.
- After 48 hours, the bandage or stocking may be removed to shower. Please then apply the stocking and wear day and night for one week. Following this, wear the stocking during the day for two weeks.
- Dressings, including Steristrips, can be removed after five days if they have not already fallen off.

Showering

You may shower 48 hours after treatment. Please keep the groin or knee incision dry by covering with a waterproof dressing. Hot baths, spas and saunas should be avoided for two weeks post procedure.

Driving

You will need someone to drive you home after your treatment. You may resume driving the following day if you are able to drive without discomfort. You should also be able to perform an emergency stop safely. If in doubt, delay driving and check with your motor insurance company.

Activity

You may resume your normal activities the day after your treatment. You are advised to keep mobile and walk continuously for 20-30 minutes at least once each day.

Where possible, elevated the leg whenever seated. Please avoid heavy lifting, sport, and vigorous exercise for two weeks.

Return to work

Most people can return to work in a few days. The timing will depend on your occupation and type of procedure performed. Please discuss with your surgeon who will recommend your return time.

Follow up

You may wish to attend your general practitioner at one week for a wound check, but this is not always required.

A follow up appointment will be booked in the surgical clinic six to eight weeks following your varicose veins surgery.

Contacts

Casey Sievers

Vascular Clinic Nurse Consultant
0478 853 534

St Vincent's on the Park – Rapid Access Hub (07:00 – 19:30)

(03) 9075 2600
www.svhm.org.au

St Vincent's Hospital

(03) 9231 2211
www.svhm.org.au

St Vincent's Aboriginal Hospital Liaison Officer Program

(03) 0231 3436
www.svhm.org.au

Further patient information

Australian and New Zealand Society for Vascular Surgery
www.anzsvs.org.au

Better and
fairer care.
Always.



**ST VINCENT'S
HOSPITAL**
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA