



C01



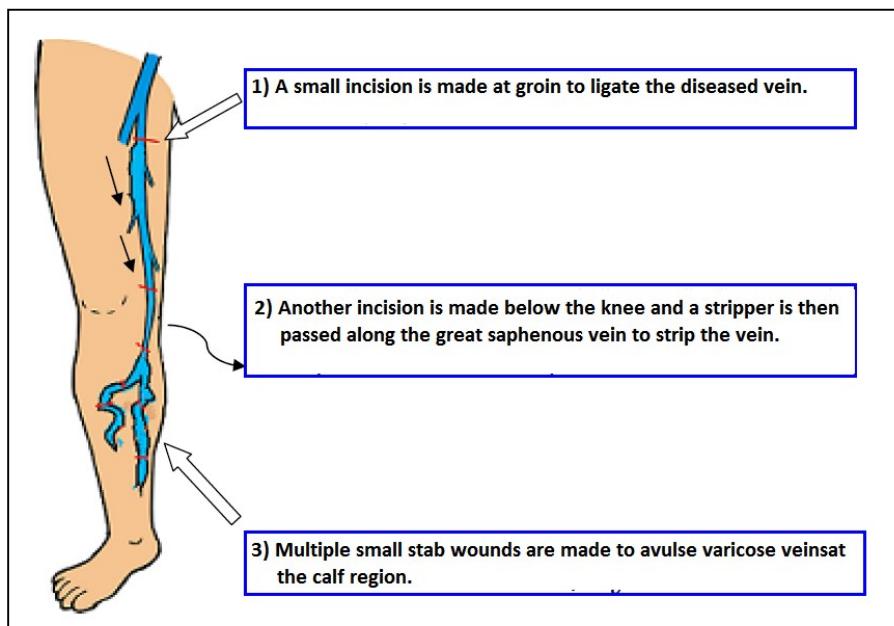
Procedure Information Sheet

Introduction

Peripheral veins have valves which prevent the reflux of blood and facilitate venous return to the heart. Venous valvular insufficiency or calf muscle pump malfunction may lead to reflux of blood, resulting in venous hypertension and dilated veins, known as varicose veins. Patients may also have calf / ankle swelling, tiredness / heaviness in legs, distending pain, skin changes, thrombophlebitis, ulcer or even bleeding. Surgery may be warranted to relieve symptoms, reduce the occurrence of complications, or enhance the recovery of complications.

The Operation / Procedure

1. The procedure will be performed under general, spinal or local anaesthesia.
2. A small incision (2 to 3 cm) is made at the groin.
3. The connection between the deep vein and the great saphenous vein is ligated.
4. Another incision is made below the knee level. A stripper is then passed along the great saphenous vein to strip the vein.
5. Multiple small stab wounds (0.5 to 1 cm) are then made to avulse varicose veins at the calf region.



Before the Operation / Procedure

1. Doctor will explain to patient about operation, risks and complications. Patient has to sign a consent form.
2. Body check up as doctor's order will be done before operation, eg. blood tests, urine routine, ECG and X-ray.
3. After marking the varicose veins, a local anaesthetic cream will be applied onto thigh or leg if necessary.
4. Hair clipping of groin / leg before the procedure.
5. Intravenous infusion, premedication of antibiotic may be required.
6. Wear a clean surgical gown, a cap and stockings immediately before the procedure.
7. Fasting for 6 - 8 hours prior to the procedure.

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____



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After the Operation / Procedure

1. Hospital care
 - 1.1. Keep wound dressing clean and dry.
 - 1.2. Mild bruising may occur over the thigh and leg region. They will resolve gradually.
 - 1.3. Continue compression bandaging or graduated compression stockings after the procedure.
 - 1.4. After local anaesthesia, can resume usual activities after rest.
 - 1.5. Should elevate the operated limb and perform ankle / calf exercise to promote venous return.
 - 1.6. After general anaesthesia, may feel throat discomfort or phlegm, deep breathing and coughing exercise are helpful to prevent pneumonia.
 - 1.7. Resumption of normal diet depends on the individual situation / progress.
 - 1.8. Stitches will be removed 7 to 10 days after the procedure.
 - 1.9. Usually discharge on the day of the procedure and able to walk independently.
2. Home care after discharge
 - 2.1. Avoid strenuous exercise within 2 weeks after the procedure.
 - 2.2. Take the prescribed analgesic as needed and follow-up as advised.
 - 2.3. Continue measures to prevent / reduce recurrence of varicose veins:
 - Avoid prolonged standing or sitting.
 - Activate the calf muscle pump to promote venous return, e.g. ankle / calf exercise, walking.
 - Elevate the leg on a stool during the day, raise the leg above the heart level in bed.
 - Weight reduction if indicated.
 - Put on graduated compression stockings during daytime (below knee compression stockings: 20-30 mmHg at ankle).

Risk and Complication

1. Systematic complications:
 - 2.1. Cardiovascular: myocardial infarction.
 - 2.2. Pulmonary: pneumonia, respiratory failure.
 - 2.3. Others: cerebrovascular accident.
2. Risks related to the operation itself:
 - 3.1. Wound haematoma and bruising.
 - 3.2. Wound infection.
 - 3.3. Deep vein thrombosis.
 - 3.4. Neuritis resulting in paraesthesia.
 - 3.5. Recurrence of varicosities.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart Patient Website of Hospital Authority, Procedure Information Sheet: Ligation and Stripping for Varicose Veins (7/2017)

Patient's Signature: _____

Date: _____

Patient's Label

Patient Name: _____

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