

Patient Information - Varicose Veins: The operation explained



Patient Information - [Topics](#) - Varicose Veins: The operation explained

1. Why do I need the treatment?

The aims of surgery are to reduce to normal the pressure in the skin veins. This will prevent existing varicose veins from enlarging further, and will prevent new varicose veins from growing. For those with skin changes around the ankles or previous ulceration, reducing the pressure to normal prevents worsening of the skin change and usually reduces the risk of further ulceration. For this group, the addition of support stockings further protects the skin around the ankles.

2. Before the treatment

Before varicose vein surgery, there are a number of tests that need to be done; those to assess whether you are suitable for varicose vein surgery, and some immediate pre-operative tests.

3. Coming into hospital

Varicose vein surgery is often performed as a Day Case. If you are fit, have a family member to take you home, and be with you over night, you will probably qualify. Those having more complex surgery and those who live alone, will stay in hospital over night.

4. The treatment

Varicose vein surgery is usually but not always performed under general anaesthetic. While you are asleep, local anaesthetic will be used around the groin incision and incision on the back of the knee (when used). When you wake up, the larger incisions should be numb.

5. The Operation

The operation varies from person to person, depending on where the faulty valves are. Normally you will have a cut about 4-6cm long running obliquely in the skin crease of the groin. Through this incision the top end of the principal skin vein (great saphenous vein) is tied off and divided immediately adjacent to its connection with the main deep vein of the leg. This vein is then stripped from the leg on a wire. The wire is passed back down the leg in the long saphenous vein to knee level. At knee level a second tiny incision is made to retrieve the vein which contains the wire. The vein is stripped from the leg using this wire. Ligation and removal of the great saphenous vein deals with the cause of the varicose veins and should prevent recurrence.

Less frequently, when the principal vein on the back of the knee has a leaking valve, it too needs ligation. This is performed through a horizontal incision about 3cm long on the back of the knee. The vein is tied and divided immediately adjacent to its connection with the main deep vein of the leg. The short saphenous vein is rarely stripped from the leg because it lies close to a nerve, picking up skin sensation, which may be damaged. Finally, in most cases, the visible varicose veins are removed from the leg through tiny incisions about 2-3mm in length. Incisions are placed about 3-5cm apart along the line of the varicose vein. There may be a large number of tiny incisions when the varicose veins are extensive.

The larger incisions are closed with a stitch, which lies beneath the skin and doesn't need to be removed. The smaller incisions are not stitched because they heal well. The leg is bandaged firmly from toe to groin at the end of the operation.

6. After the Treatment

It is best to keep the leg covered with bandages or stockings for the first 48 hours. After this time, the stockings may provide support to the bruising making the leg more comfortable.

They may be worn for up to 10 days, but do not usually help beyond this time.

The incisions, although initially very visible, will subside to become virtually invisible within 9-12 months. There is usually extensive bruising in the leg, particularly down the inside of the thigh. This bruising usually lasts for 3-4 weeks.

7. Going home

Most people describe the leg as sore and uncomfortable when they get home. These feelings increase steadily from the second postoperative day and are usually at their worst on the 8th-10th postoperative day. The discomfort usually resolves 12-14 days after the operation.

Regular daily exercise such as going for a walk or using an exercise bike gently to provide a gradual return to normal activity is recommended. To rest up after the operation raises the risk of developing blood clots in the deep veins (deep vein thrombosis or DVT). Regular exercise reduces this risk, but makes the leg more uncomfortable.

8. Complications

Complications after varicose vein surgery are uncommon. Chest infections can occur following this type of surgery, particularly in smokers, and may require treatment with antibiotics and physiotherapy. Wounds sometimes become infected and this may need treatment with antibiotics. Deep Vein Thrombosis (DVT) can occur occasionally following varicose vein surgery.

9. What can I do to help myself?

When you get home, try to return to normal as soon as possible. The more exercise you take, the more sore your leg will be, but the quicker the leg will return to normal.