

VEIN INSTITUTE OF THE MIDWEST
AN AFFILIATE OF
VASCULAR SURGERY ASSOCIATES, P.A.

7420 Switzer
Shawnee, Kansas 66203
Phone: 913-574-0560/ Fax: 913-274-3499



Your Venous Ablation Procedure has been scheduled

Name: _____

Procedure Date: _____ Check-in time: _____

Ultra Sound Date: _____ Check-in time: _____

You should have received with these instructions, consent forms for your procedure and two prescriptions.

Please read your consent form thoroughly and bring it to the office unsigned the day of your procedure.

Fill your prescriptions and follow all instructions provided with the medications. If you choose to take the sedative (Ativan/Lorazepam) please bring it with you to take once you arrive in the office.

Pre-Procedure Instructions

1. You should have received a prescription for compression stockings at your first office visit (unless you are being treated for an ulcer or have previously worn them). Your compression hose should be at least thigh high or panty hose style. They should be at least a 20-30 mmhg compression. If you do not have this prescription or your hose, please contact our office prior to your procedure so we may assist you. Do not wear your compression hose on the leg we are performing the procedure on the day of your procedure.
2. **Shower and shave the operative leg as well as 1-2 inches into the pubic area on that side the night before your procedure.** Wear loose, comfortable clothing (such as sweat pants) to your procedure.
3. **Apply EMLA cream** to operative leg approximately two hours prior to procedure. See medication instructions for details.
4. **Do not come to the office on an empty stomach.** We encourage you to have a small meal 1-2 hours prior to arriving at the office. You may take all your medications as normally scheduled.
5. **Please arrange for someone to drive you home following your procedure,** if you choose to take the oral sedative (Ativan/Lorazepam). Your procedure may take anywhere from 45 minutes to 2 hours (please be aware this does not include the check-in process and recovery time.)
Please note that even though you take the sedative, you will still be awake during the procedure.

Post-Procedure Instructions

1. You are encouraged to bring your **thigh high** compression stockings with you to your procedures; however, the vascular care team will be using an ace bandage dressing after the procedure. **You will need to wear your compression hose day and night for seven days. Then you will wear the compression hose during the day (especially during any aerobic activity) for 3 more weeks.** It is beneficial to elevate your leg periodically several times the first 24 hours.
2. You will have small steri-strips in place. **NO** tub baths until the steri-strips are removed. They will begin to come loose after 5-7 days, at which time you may remove them. The steri-strips can be removed after 7 days if they are still intact.
3. Most patients experience some discomfort following the procedure. Some people find it helpful to take one to two days off from work; although we expect you to be able to resume all normal, daily activities the following day (**extended periods of time off work/school will not be excused**). We will prescribe pain medication to be used as needed. You are encouraged to take an anti-inflammatory such as Naprosyn (Aleve) 440mg twice daily or Ibuprofen (Motrin/Advil) 600mg three times a day. Please avoid Tylenol if you are taking the prescribed pain medication.
4. If you experience extreme bleeding or extreme discomfort notify the office immediately. Bruising is normal. You may also feel a “pulling sensation” for the first week following the procedure. **It is normal to have nodules (lumps and bumps) at the site of the vein removal.** These will be absorbed over time.
5. **We would like you to continue to keep moving and maintain a normal level of activity.** Walking twice daily for twenty minutes is encouraged and promotes speedy healing. Avoid heavy aerobic activity, weight lifting or any water activities for one week.
6. You will have a scheduled ultrasound appointment within 24-72 hours after your procedure and a follow-up office appointment in six weeks after your procedure. If you have an ulcer your visits may be more frequent.
7. A thigh high compression stocking should be worn day and night for 7 days, then daily for three weeks. After the initial 4 weeks it is beneficial to wear a knee high compression stocking for prevention of future vein disease.

Please note that although this procedure is being performed in the office it is still considered a minor procedure and will require some recovery. Please make arrangements if you need someone to help in your care.

Please contact Pollie if you have questions or concerns regarding your procedure.