

# Phlebectomy

## What is this operation?

Phlebectomy (or stab avulsion) refers to the physical removal a varicose vein through a small incision in the leg. It is carried out as a day case procedure often concurrently with either open surgical sapheno-femoral or sapheno-popliteal junction ligation or endovenous thermal ablation. It may also be performed as a stand-alone procedure under local anaesthetic for isolated clusters of varicose veins.

## What happens on the day of admission?

This procedure is carried out as a day case. You will be told the time to arrive for your surgery and greeted by the medical staff upon arrival. The consultant will check with you that you fully understand what you are undertaking and ask you to sign your consent form for the procedure.

You will be asked to stand and the consultant will mark your veins with a marker pen or use a ultrasound scan to confirm their location.

Please do not stop any of your normal medications unless specifically instructed to by your surgeon

If you smoke we strongly encourage you to stop as soon as possible to reduce the risk of peri-operative complications.

## What do I need to bring when I come into hospital?

You should bring the following items with you at the time of admission:

- All your normal medication
- A set of comfortable loose clothes for discharge

## What happens during the operation?

When performed in isolation the majority of our clients have a local anaesthetic injection to numb the area. Occasionally a client elects to undergo the procedure under general anaesthetic or the surgeon recommends general anaesthesia due to the florid extent of the varicose veins.

When performed under local anaesthesia your surgeon will inject a local anaesthetic around the pre-marked vein. You will be positioned head down whilst a small (1-2cm) incision is made over the vein and the vein is removed. The wound is closed with a steristrip or an absorbable suture that does not require removal. A dressing is applied. The only difference under a general anaesthetic is that the local is applied after the vein has been removed.

Bandages or stockings will be applied in theatre as per your consultant's preference for your operation. You will be discharged with appropriate post-operative instructions on your care to help reduce complications.

### What are the risks?

Phlebectomy performed in isolation under local anaesthetic is associated with very little risk. There will be bruising and soreness at the site of the incision which will dissipate quickly. Very occasionally the wound can form an exaggerated scar due to 'hyper-healing' that may require further treatment. It is reported in the medical literature of nerve damage having occurred as a result of phlebotomy leading to numbness in the calf and foot; our surgeons have not encountered this during their practice to date.

When performed in conjunction with open surgery of endovenous thermal ablation the risk associated with these techniques also apply.

### What happens after the operation?

The majority of clients are discharged from hospital within 4 hours of recovering from the general anaesthetic.

### What happens when I go home?

You will be discharged with appropriate post-operative instructions on your care to help reduce complications. You will be able to walk after your procedure and after the nursing staff have checked your blood pressure and dressings.

- You should not drive home and should arrange appropriate transport.
- You must have an able bodied person with you for 24 hours with full access to a telephone in case of emergency.

- Your leg may be uncomfortable once the local anaesthetic has worn off and your leg will be slightly swollen. You will be given painkillers to take home with you and you should follow the instructions on the packet.
- You should wear your compression stocking for two weeks. During the first week day and night, during the second week day only.
- We recommend that you take a minimum of three 20 minute walks each day for the first 4 weeks post-procedure.

### When Will I be able to drive or return to work?

We advise that you do not drive for at least 48 hours after surgery when phlebectomy is performed in isolation. You should only drive when you are pain free and able to safely perform an emergency stop.

You can usually return to work after 48 hours depending upon your recovery and the type of work that you do. Avoid strenuous exercise for a few days and then gradually build up the amount you do. We do not advise any form of air travel for at least six weeks after the procedure.

### Will I need to see the surgeon again?

You will be reviewed in clinic approximately 6 weeks following discharge.

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