



## Operation Information

### Varicose Veins - Endovenous Radiofrequency Ablation

#### Introduction

Varicose Veins are dilated and tortuous superficial veins in the lower extremities. Veins in the lower limbs have valves to prevent blood reflux. When the valves malfunction, blood reflux results in venous gnarled and enlarged veins, known as varicose veins. Pregnancy, being overweight, old age, family history or prolonged standing are contributing factors to the development of varicose veins.

#### Treatment Outcomes

Besides being a cosmetic problem, varicose veins can cause calf/ankle swelling, tiredness/heaviness in legs, distending pain and skin damage. Though compression stockings can provide relief to symptoms, the only effective treatment for varicose veins is by surgical procedures.

#### Procedures

1. The operation can be performed under general or regional anaesthesia.
2. Guided by an ultrasound scan, a small incision is made at the lower limb for introducing the catheter.
3. A fine catheter will be passed inside the vein and radiofrequency energy will then be applied to ablate the veins.
4. Multiple avulsions may be added at the same time to clear the varicose veins in the calf region. The wounds are then closed and the lower limb is bandaged.
5. Ablated veins will be absorbed into the body.

#### Possible Risks and Complications

1. Wound haematoma or bruising
2. Wound infection
3. Skin burn
4. Neuritis resulting in paraesthesia
5. Recurrence of varicosities

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of the operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform the doctor if you are taking medications that affect blood coagulation, such as Aspirin, Plavix, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drugs (NSAIDs) such as Ibuprofen, Naproxen and Chinese medicine.
4. An injection (heparin) may be given to help prevent deep vein thrombosis.
5. No food or drink six hours before the operation. (For general anaesthesia only)
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
  - feel dizzy after general anaesthesia. Please call for nurse assistance when getting out of bed to prevent a fall accident.
2. The incision is very small that no harm would be done to muscle or motor nerves. Most people will be able to walk independently and return home on the day of the procedure.
3. Compression stockings should be worn as instructed to relieve pain, discomfort and swelling in the affected limbs.
4. The affected limbs should be elevated with a pillow whilst sitting and sleeping to reduce swelling and pain.
5. Avoid strenuous exercise within 2 weeks. Normal activities may be resumed gradually after 2 – 4 weeks postoperatively. However, standing still for a long time should be avoided.

### **Wound Care**

1. Tenderness, bruising and skin discoloration are normal and will subside with time.
2. Prescription pain medication could be taken as needed.
3. The dressing must be kept clean and dry afterwards.
4. You may take a shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.
5. You should apply gentle pressure on the wound site if there is bleeding.

## **Advice on Discharge**

1. Immediately consult your doctor or return to the hospital for professional attention in case of severe wound pain, redness, swelling, discharge of pus, massive bleeding, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
2. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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