

VEIN INSTITUTE OF THE MIDWEST

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Micro-Phlebectomy

Varicose veins are enlarged veins that can be flesh colored, dark purple or blue. They often look like cords and appear twisted and bulging. They are swollen and raised above the surface of the skin. Varicose veins are commonly found on the backs of the calves or on the inside of the leg.

What causes varicose veins?

The heart pumps blood filled with oxygen and nutrients to the whole body. Arteries carry blood from the heart towards the extremities. Veins carry oxygen-poor blood from the body back to the heart. The squeezing of leg muscles pumps blood back to the heart from the lower body. Veins have valves that act as one-way flaps. These valves prevent the blood from flowing backwards as it moves up the legs. If the one-way valves become weak, blood can leak back in to the vein collect there. This problem is called venous insufficiency. Pooled blood enlarges the vein and it becomes varicose.

May factors increase a person's chances of developing varicose veins:

- Increased age
- Family history
- Hormonal changes, such as puberty, pregnancy or birth control pills
- Obesity
- Leg injury
- Prolonged standing/sitting

What you should know about micro-phlebectomy:

There are several techniques for removing or reducing unwanted veins in your legs. These can include treatment with a cosmetic laser or injecting medications into the smallest veins (sclerotherapy), or endovenous laser ablation therapy for the largest veins. Your doctor has recommended micro-phlebectomy, the most effective treatment for medium sized varicose veins.

Micro-phlebectomy is an outpatient procedure in which numbing medication is injected into the skin over the varicose vein. Then a small puncture is made and segments of the varicose vein are removed in one treatment. This will cause the entire varicose vein to disappear over a period of time. Because the procedure is performed under local anesthetic, you will be able to drive home.

Pre-Procedure Instructions:

1. Shower and shave the operative leg preferably the night before the procedure. Wear loose, comfortable clothing (such as sweat pants) to your procedure.
2. 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 medication as normally scheduled.
3. Apply EMLA cream to operative leg approximately 2 hours prior to your procedure. You should have received a prescription and instructions on how to apply the cream.

What to expect after the procedure:

1. You will have ace bandages in place when you leave the office and will be expected to wear them for 24 hours. You may then remove the bandages and shower, you then need to start wearing your compression stocking. Wear your compression stocking as directed by your physician.
2. You will have steri-strips in place over the puncture sites. Leave them on for one week, they will stay on in the shower. After a week, you may remove the steri-strips.
3. Most patients experience some discomfort following the procedure. Some people find it helpful to take one or two days off from work, although we expect you to be able to resume all pre-procedure activities the following day. You are strongly encouraged to take an anti-inflammatory such as Naprosyn (Aleve) twice daily, or Ibuprofen (Motrin, Advil) 400-600 mg three times daily, for at least the first 3 days post-op.
4. You may experience some swelling and bruising. Ice packs in the first 24 hours may assist in decreasing these symptoms.
5. Nodularity, or "lumps and bumps," may occur and persist for up to a year. With time, the body will absorb and soften these areas. If these areas are painful, moist heat may be helpful.
6. Walking twice daily for 20 minutes is encouraged and promotes speedy healing. Avoid heavy aerobic activity, weight lifting or any water activities for one week.

Potential side effects or complications:

-Temporary bruising

-Swelling

-Although every attempt is made to remove the entire varicose vein, there may be small segments that remain in the skin. These fragments may become inflamed and irritated causing the condition *thrombophlebitis*. The residual vein may feel like a hard cord and may be tender. Over the counter medications, compression stockings and time usually resolve the condition.

-Rarely, a sensory nerve may be injured and skin numbness results. The skin numbness usually affects a small area only. Movement or leg function should not be affected.

I am aware that in addition to the risks listed above, there are other risks that may accompany any surgical procedure, such as loss of blood, infection, and inflammation in the venous system with formation of a thrombus (clot), post-operative bleeding, and nerve trauma that may lead to temporary or permanent numbness.

By signing below, I acknowledge that I have read the foregoing information and understand the risks and possible side effects, and alternative methods of treatment, and hereby consent to the treatment.

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____

Physicians: Richard C. Arnsperger II, M.D., F.A.C.S.
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