

Patient information

Open Surgery for Varicose Veins

Vascular Department

Your Consultant /Doctor has advised you to have open surgery for varicose veins

Although common, not all varicose veins are problematic. The normally low pressure in leg veins can become very high in varicose veins causing complications such as phlebitis (inflammation of a vein), eczema, bleeding, swelling and skin damage including leg ulcers. The greater the uncontrolled pressure the greater the risk of complications.

Pain can be a problem for some people but this is not related to the number of veins seen. Varicose veins are related to family history and being overweight. Your occupation and being on your feet all day are not a cause – but they may make varicose veins more uncomfortable. Pregnancy can be a factor, especially multiple pregnancies.

What is open surgery for varicose veins?

Open venous surgery involves the removal or ligation (tying) of varicose veins by ligation of a superficial vein trunk, stripping of the superficial truncal vein, main skin vein, or varicose vein avulsions (keyhole removal of visible varicose veins).

Patients will frequently have a combination of two or three of these procedures.

LiVES surgeons undertake day case open surgery for varicose veins at Aintree University Hospital and Ormskirk District General Hospital.

What are the benefits of having open surgery?

The aim of open surgery for varicose veins is to treat symptoms of varicose veins such as aching and itching, prevent complications such as ulcer and phlebitis and to improve the cosmetic appearance. Surgery reduces the long-term risk of chronic venous insufficiency.

What are the risks?

Common risks (greater than 1 in 10) include bruising around the treated vein but this will settle with time. You may also have some bleeding from the wounds.

Open surgery does not always result in the disappearance of every visible vein. Residual varicose veins can be treated with foam sclerotherapy or surgery. Varicose veins can recur with time.



Occasional risks (between 1 in 10 and 1 in 100) include phlebitis (blood clot in a superficial vein) for 1 in 20 patients. This is more common in larger diameter veins.

Phlebitis may delay your return to normal activity. Infection of the wound may require treatment with antibiotics.

Less common, rare risks (less than 1 in 100) include persistent nerve pain (neuralgia) or persistent numbness of a patch of skin of the leg. There is a smaller risk of deep vein thrombosis (1 in 500) and an even smaller risk of pulmonary embolism (1 in 1000).

Are there any alternatives available?

The majority of varicose vein procedures are now undertaken by endovenous means using laser or VNUS radiofrequency catheters under local anaesthesia.

If the number and size of the visible varicose veins is very large then endovenous surgery may be combined with varicose vein avulsions in a general anaesthetic procedure. Open surgery is only advised when endovenous catheter surgery is not technically possible.

Foam sclerotherapy can be used for small numbers of small sized veins.

Some patients are just unsuitable for any surgery and will be offered medical support stockings from their general practitioner.

What happens if I decide not to have treatment?

If you have already had a complication from varicose veins then it is likely that further complications can occur. The risks of complications can be decreased with medical support stockings but they are not as effective as surgery.

What sort of anaesthetic will be given to me?

The majority of patients have the procedure under general anaesthetic (GA).

General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).



You will be given an opportunity to discuss anaesthetic options and risks with your surgeon in the vascular clinic.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- If you are having a general anaesthetic you will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- Patients will need to stop eating and drinking six hours prior to surgery.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday.
- Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Patient on warfarin should normally stop their anticoagulation three days prior to surgery. Please discuss with your surgeon.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown. Please keep your underwear on unless advised otherwise.
- A bracelet with your personal details will be attached to your wrist.
- Your dentures, glasses or hearing aid can stay with you on your journey to the treatment room or day theatre.

What should I expect after my operation?

- After your operation you will return to the ward area and be able to go home the same day.



- The nursing staff will advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- A nurse will check your wound, pulse and blood pressure.
- **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**

Going Home

You will normally be allowed home the day of your operation.

Stockings

You will be fitted with a class two full length medical support stocking. You should wear this day and night for two weeks.

You should keep the stocking on for seven days. After this time the community clinic nurse, practice nurse at your GP surgery or district nurse will check the wounds and remove the dressings. You can remove the stocking for bathing in the second week.

Pain relief and medication

You will have a three day prescription of either Naproxen or Paracetamol to take home. Please tell the doctor if you normally take painkilling tablets or if you have any allergies.

Your wound

Most wounds will be keyhole that does not require any sutures. If you do have stitches they will usually be dissolvable. The wounds will be covered with dressings. You can expect some bruising that will take several weeks to settle down.

Getting back to normal

You will normally be allowed to walk immediately. At home you should try to have a bit of rest with your feet up for the first week and then see how you are. A few patients with very large veins will be instructed to rest their legs a lot to avoid phlebitis. You should avoid heavy exercise for two weeks.

Driving

You will be safe to drive when you can move your leg freely to allow an emergency stop. This will normally be at about one week but if in doubt, check with your doctor.

Returning to work

Depending on your job, you will be able to resume in one to two weeks. If in doubt, please ask your doctor.



Further Appointments

A follow up appointment in the vascular clinic of your local hospital will be arranged for six weeks after the operation.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

LiVES Contact Numbers

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

Vascular Ward

Ward 3

Aintree University Hospital

Tel: 0151 529 2028/2262

Vascular Nurses:

Aintree via switchboard

Tel: 0151 525 5980 Bleep 5609/5594 or extensions 4691/4692

Royal Liverpool Hospital via switchboard

Tel: 0151 706 2000 Bleep 4212 or extension 4675

Text phone number: 18001 0151 706 2000 Bleep 4212

Southport via switchboard

Tel: 01704 705124

Whiston Hospital

0151 290 4508/ 430 4199



Secretaries:

Aintree University Hospital

**Tel: 0151 706 3691/ 3523/3524/3481/3457/11813
0151 529 4950/4953**

Southport/Ormskirk Tel: 01704 704665

Whiston Hospital

St. Helens and Knowsley NHS Trust

Tel: 0151 430 1499

NHS 111

Tel: 111

Circulation Foundation:

www.circulationfoundation.org.uk/vascularisease/

Smoking cessation:

Liverpool

Tel: 0800 061 4212/ 0151 374 2535

Sefton

Tel: 0300 100 1000

West Lancashire

Tel: 0800 328 6297

Liverpool Vascular and Endovascular Service

Aintree University Hospital

Lower Lane

Liverpool

L9 7AL

Tel: 0151 525 5980

vascsecs@liverpoolft.nhs.uk

Participating Hospitals in LiVES are:

- **Liverpool University Hospitals NHS Foundation Trust**
- **Southport District General Hospital**
- **Ormskirk District General Hospital**
- **Whiston and St Helens Hospitals**

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