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Vascular & Endovascular Surgeon



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Instructions for discharge:
Ambulatory Phlebectomy

Indications: People with painful prominent varicose veins. Phlebectomy is usually indicated when the saphenous veins are noted by ultrasound to be normal and ablation not indicated.

Procedure: Patient is brought into the exam room where he/she is instructed to remove garments from legs leaving underwear in place. The problematic veins are marked using either or both visual inspection and a vein light. He/she is then placed onto the exam table and the affected area sterilized with an alcohol solution. The area is anesthetized with a solution of lidocaine, epinephrine and bicarbonate. Small puncture incisions are made and the veins teased out of the skin. Pressure is held until bleeding stops. Numerous incisions are made in order to remove all involved veins. At the end of the procedure, the incisions are approximated with steristrips, gauze is applied and the leg is wrapped in a compression wrap.

You should avoid any aspirin containing products for two weeks before and two after the procedure. You will be given a prescription for valium to be taken prior to the intervention to help with anxiety. Because of this, you should arrange for a ride home following the procedure. It is necessary to hydrate yourself 2-3 days prior to procedure.

Expectations: The procedure takes approximately one hour depending on the extent of varicosities and does involve the placement of needles for local anesthesia. The patient should expect burning discomfort from the anesthetic as well as the sensation of mild pulling. When the anesthetic wears off, patient should expect mild discomfort. Pain medication will be prescribed to be taken on an as needed basis. Patient will become quite black and blue around the incisions and may experience lumpiness in and around the area. This is normal and will resolve over time.

Risks: Potential risks involve a reaction to the anesthetic solution used (lidocaine with epinephrine and bicarbonate). Whenever an incision is made, infection can result within the wound. This is very uncommon. Varicose veins may return or can be incompletely removed.

Dressing: Affected leg will be dressed with gauze and a firm compression wrap at the completion of the procedure. This keeps the area of vein removal flat and prevents reaccumulation of blood and the formation of a hematoma. After two days, the wraps can be removed leaving behind only the steristrips which should be left in place. Patient may now shower. Patient may experience a small amount of bleeding through the dressing. A small amount is acceptable and can be reinforced with gauze. Large amounts of bleeding should lead to a phone call to my office.

Activity: You are encouraged to remain active but would discourage heavy activity for one week: i.e. running, lifting weights over 20 lbs., aerobic classes, etc... Once the compression wrap is removed, patient may experience some swelling in the leg with increased activity. Some people experience mild to moderate discomfort lasting up to two weeks. This is normal and not uncommon. We will offer pain medication following the procedure. If you have concern about the amount of discomfort, call the office.

Office visit: I would like to examine you one to two weeks after the procedure. At that point, we will discuss the healing process. If you have a difficult time coming in to the office, a phone interview could suffice. Please call for an appointment. If you have questions about your discomfort or wound management prior to the visit, please call my office. I am available at any time day or night, if you feel that you have an emergent situation.