



## **Pre-Procedure Instructions for Ambulatory Phlebectomy**

### **About the Treatment**

Some form of venous disorder affects approximately 80 million Americans. Women are more likely to suffer from varicose veins than men, with as many as 50% of American women affected. Often, varicose veins initially present only a cosmetic concern, but they can become clinically important when symptoms such as cramping, throbbing, burning, swelling, and/or a feeling of heaviness or fatigue. Alterations in skin pigmentation in the afflicted area can become pronounced. Severe varicosities may be associated with dermatitis, ulceration, and thrombophlebitis, which result when metabolic waste products are no longer removed due to pooling of venous blood and increased hydrostatic pressure.

Varicose veins are superficial veins that have become enlarged and have lost their ability to effectively transport blood. 90% of all blood volume is carried by the deep system of veins, which are the normal channels, so the varicose veins are not effectively contributing to your overall circulation. If the blood doesn't flow efficiently, the veins become enlarged because they are congested with blood. Once a vein has become varicose it won't go back to normal and must be treated.

First-line treatment of varicose veins of the leg includes conservative methods that attempt to treat the underlying cause of the condition. These treatments include weight reduction, elevation of the legs, walking, and wearing compression hosiery.

Larger bulging varicose veins are addressed with Ambulatory Micro-Phlebectomy. Also known as "hook" Phlebectomy, this involves the micro-extraction of bulging varicose veins through very small incisions. These small incisions usually heal completely without any scarring. This varicose vein removal procedure is performed in the office under local anesthesia. It does not directly address the issue of spider veins on the legs, as these are managed with sclerotherapy.

Since it is our ultimate goal to clear all of the veins in the leg, we offer patients the option of treating these spider veins as well. If you have spider veins, in addition to the bulging varicose veins, these can be treated with sclerotherapy beginning 6 weeks after your procedure. We have found that 2-3 treatment sessions per leg is the most effective way to eliminate the vast majority of residual vein disease. As always, if you do not have spider veins, or do not care to have your spider veins treated, you can forgo these injections and just have your bulging varicose veins treated with Micro-Phlebectomy.

### **Please Note:**

Patients with the following conditions may not be appropriate candidates for the procedure:

1. Coagulopathy
2. Deep vein thrombosis
3. Peripheral artery disease
4. Pregnancy
5. Active infection
6. Inability to ambulate

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## **Pre-Procedure Instructions**

1. If you are taking Coumadin, Plavix or Pletal, please notify us so an individual treatment plan can be made between all interested parties, including your primary care physician.
2. Please stop all aspirin products, fish oils, and blood thinning products if medically cleared to do so, 5 days prior to the procedure.
3. Eat a light meal before your procedure, not just coffee. It is important for you to have a small meal prior to coming in for your appointment. This is not general anesthesia and there is no need to arrive on an empty stomach. Your first dose of ibuprofen can be taken 1 to 2 hours prior to your appointment with this snack.
4. Please wear loose fitting and comfortable shoes and pants. A thick wrap will be placed around your leg and foot at the conclusion of the procedure. The wraps will remain in place for 48 hours, so you will not be able to get the leg wet (shower) the day following the procedure.
5. We usually do not provide prescriptions prior to the procedure. However, you should fill all of the prescriptions (if you were given any) prior to the procedure. Continue all of your current medications.
6. Please arrange for someone to drive you home. The pain will be minimal but oral sedation and wraps on the leg will make driving unsafe. In addition, the sedative may not have worn off. You will be provided with a prescription for pain medication if needed after the procedure. Most patients will require only Advil or Tylenol.
7. Please shave your leg the night before the procedure - not in the morning. You may shower the morning of your appointment. Please do not apply any oils or lotions to the leg.
8. Do not bring the compression hosiery with you to the procedure. If you have not already obtained them, compression hose will be available for purchase on the day of your procedure. Your legs will be placed in wraps. Please wear sweatpants or other loose fitting pants to allow for the wraps as you leave the office.
9. You will be in the office for about 1.5 hours, with the procedure taking about 1 hour.

Thank you again for choosing the Ozark Regional Vein Center. If you have any additional questions or concerns, please contact the office at 479-464-VEIN (8346).