



Vein Treatment Institute

of Bucks County

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PHLEBECTOMY

Excision of Varicose Veins

What is phlebectomy?

Phlebectomy is the surgical excision (removal) of varicose veins. It is easily accomplished with local or tumescent anesthesia, which is the injection of dilute, high volume local anesthetic.

Will the varicose veins recur?

The veins removed will not recur. However, other varicose veins may develop near to or remote from the phlebectomy sites, especially if more significant underlying vein problems have not been addressed.

Are there risks, complications or pain?

There are small risks of bleeding, bruising and wound infections, most of which are self-limited. Allergic reactions to anesthetic agents are uncommon. Pain is usually mild as the anesthetic wears off, and is usually easily managed with ibuprofen or similar anti-inflammatory/analgesic medications. Occasionally there is leakage of anesthetic from the small incisions.

Is it covered by Insurance?

Insurance companies often will cover Phlebectomy if done to treat symptomatic varicose veins after treatment of any underlying venous hypertension, such as by saphenous vein radiofrequency ablation.

What can I do to improve the results?

1. Do not take aspirin, ibuprofen, Plavix or Coumadin for 5 days before the procedure. Do not take "alternative medicines" such as ginseng, ginko biloba, St. John's Wort, Echinacea etc. for 2 weeks before the procedure. Notify the physician of ALL medicines and herbal products that you use.
2. Wash your legs on the day of treatment, but **DO NOT** apply creams or lotions.
3. Bring shorts or loose-fitting slacks to wear during the treatment.
4. Eat a light meal or snack 1-2 hours before the procedure.
5. You may need to have someone drive you home on the day of your procedure.
6. Your leg will be wrapped in a compressive dressing following the procedure. Leave this in place for 2 days. You may then remove any gauze dressings and shower. Wear compression stockings for 2 weeks during the times when your legs are dependent (standing, sitting, walking). If you do not already have compression stockings, you should purchase them before the procedure. Stocking pressure ranges of 20-30 mmHg should suffice.
7. Walk as much as possible afterward, and resume normal activities as tolerated. You may return to work whenever you feel able. Elevate your legs especially when not wearing your compression stockings, and avoid long periods of standing. Avoid heavy lifting and exercising for 7 days following your treatment.
8. Schedule a follow-up visit with the doctor for approximately 7-10 days after the procedure. Call sooner for persistent bleeding, severe leg swelling or unexplained fever.