

Ablation Post-Procedure Instructions

- Day of surgery: When home, keep your leg elevated when sitting. Resume normal activities except as mentioned below:
 - Activity: Walk hourly during waking hours for the first 5 days.
 - > Driving a car: Yes, except when taking Tramadol (Ultram). (Get out and walk hourly if traveling.)
 - Bathing: Sponge bath only until your dressing removal, 2-3 days after procedure. You may wash other parts of your body, but keep your leg dry.
 - > Return to work/school: Whenever you feel comfortable and able. You may have a dressing around your knee that makes bending your knee more difficult.
 - Active sports or aerobic exercise: Do what feels comfortable.
 - Lifting/devices/precautions: No heavy squats or leg lifts with weights for 1 week.

*	Medication(s):		Dose	Time	Instructions
		Ibuprofen	800 mg	3 times a day	Take with food for 10 days (if stomach gets upset,
		(unless you already take an anti-inflammatory like Aleve)			you may take ½ tablet, or 1 tablet every 12 hours)
		Tramadol (Ultram)	50 mg	Every 4-6 hrs	As needed for pain (maximum of 8 tablets per day)

Special Instructions:

- Compression hose: Wear compression hose continuously for 3 days, then daytime only for one additional week for a total of 10 days. You may find it beneficial to continue to wear the compression hose during the daytime as healing can take several weeks. If you have swelling, please continue to wear your hose until your 3-week check.
- Dressing: If your toes or feet become discolored, swollen, or throb, please loosen the dressing and contact our nurse. A bulky dressing and compression hose has been applied over your leg and should be should be left in place for 2-3 days following the procedure. If the dressing starts to bind behind the knee, pull your compression hose down past your knee. Carefully remove the dressing to that point, then pull your compression hose back up. If the dressing is stuck to your skin, it is easily removed by getting it wet with water or hydrogen peroxide.
- > **Bleeding**: Do not be alarmed if your dressing becomes moist or blood stained. Elevate your leg and apply pressure to the bloody area. If bleeding continues, and the dressing becomes soaked with blood, you should call our office.
- Lumps and bumps: Expect "lumps and bumps" where the varicosities were. It feels like marbles underneath your skin. It may take months for those areas to soften and fully resolve.
- > "PULLING" sensation: 5-7 day after the ablation, you may experience a pulling sensation or a tight cord feeling down the inner aspect of your leg. The ablated vein is scarring and tightening. Feel free to stretch your leg.
- Phlebitis (clotted veins that cause inflammation): You may get areas of redness, heat, and tenderness over firm hard clotted veins. This may happen after the course of ibuprofen and compression hose use is completed. If this occurs, you may want to reinstitute the compression hose and ibuprofen. Moist warm heat to the area and elevation may also prove helpful.
- **Steri-strips**: Leave them on until they fall off by themselves for the first 7 days...
- > **Blistering**: If you notice any blistering along or under the steri-strips, get the strip wet and carefully remove it. Apply Neosporin or triple antibiotic ointment along the blister.
- Lotions: Please apply lotions as desired after open areas have healed.
- Pain: You may experience slight discomfort such as aching or throbbing for the first 1-2 weeks after the treatment. Walking will help dissipate this sensation. If you have pain unrelieved by ibuprofen, please contact our nurse.
- Nerve Pain: With phlebectomy and ablations you can get numbness around the stab sites and on the inner aspect of your calf and ankle. This area can also be hypersensitive, and uncomfortable to touch. You may experience a "zapping" sensation while the nerve heals. You may find it beneficial to wear your compression hose to limit the stimulation to those areas.
- > Call the office (208) 535-5959 or after hours (208) 390-2457 if you have any guestions or problems.

Ultrasound appointment:			
3-week appointment:			
I understand the above information			
(Patient or family member's signature)	Date	(Patient Name – please print)	
Reviewed with me by			
(Nurse)	Date		Ablation_Post-Procedure_Inst Rev 9/1