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## **Multiple Surgical (Stab) Avulsions Information**

Treatment of varicose veins is a common, low risk procedure that is performed in many people to help them reduce the risk of ulcer formation or to minimise various unpleasant sensations such as pain, swelling or itchiness - or simply to improve the cosmetic appearance of their legs. It is a generally safe procedure, but no surgical procedure is risk free. Reading and following the information and instructions below can help you minimise these already low risks as well as optimising your outcome from surgery.

Most people who require multiple surgical avulsions (MSAs) of their varicose veins have had prior treatment of their incompetent, causative, truncal veins. Occasionally people will have this treatment without having had prior vein surgery as a stand-alone procedure. Sometimes people will have this procedure in combination with treatment of the causative incompetent vein through either radiofrequency ablation or open surgical stripping.

Prior to consenting to surgery, please ensure you have read and understood the information leaflet from the Royal Australasian College of Surgeons regarding the risks of your procedure and alternative treatment options. You will have been provided with this at the time of your appointment with Dr Thurston. Please do take the time to ask any questions you may have prior to embarking on surgery.

### **Preparation in the week prior to surgery:**

Certain medications will need to be stopped one or more days prior to surgery. You will be given individualised advice, but if unsure please ask. If you have started any new medication between your appointment in the rooms and your day of surgery, please telephone the rooms to let us know.

As a rule, antiplatelet blood thinners such as aspirin or Clopidogrel (Plavix) should continue, but anticoagulation medication such as Apixaban (Eliquis), Rivaroxaban (Xarelto) or dabigatran (Pradaxa) should be ceased 2 or more days prior.

Medication for diabetes needs careful adjustment when fasting. Please ensure that you have let the rooms know if you usually take insulin so that this can be taken into account.

There are specific fasting instructions if you are on a medication known as a GLP-1 receptor agonist (e.g. Ozempic, Wegovy, Trulicity). Please make sure Dr Thurston and your anaesthetist are aware if you are on these or start these following your appointment with Dr Thurston.

If you are a smoker, ideally stop smoking at least 4 weeks prior to surgery to reduce your risk of complications such as wound or lung infections or stress on the heart. However, if this is not possible, even not smoking for the week prior to surgery will reduce your risk of some of these problems.

Alcohol and illicit drugs – please abstain from these for at least 48hrs prior to your procedure.

## **On the day of surgery:**

**Fasting:** If your procedure is in the morning, please do not eat or drink anything from midnight the night prior to your surgery. If your procedure is in the afternoon, please do not eat or drink anything from 7am on the day of your surgery. There are different requirements if you are taking a GLP-1 receptor agonist (Ozempic, Wegovy, Trulicity).

**Clothing:** Please arrive in hospital with loose fitting clothing, particularly for your legs. Baggy shorts or skirts or track suit bottoms are most appropriate. Please leave most valuables at home. You will be given a bag to store essentials in.

**Arrival in Hospital:** You will be asked to arrive in hospital approximately 1 to 2 hours prior to your expected surgery time. Your specific time to arrive will be highlighted in your acceptance of surgery and financial disclosure letter.

**Pre-surgery:** Before surgery Dr Thurston will check your consent form and answer any questions you may have. Dr Thurston will ask you to stand up and he will then mark all significant varicosities with a marking pen and ask you to highlight those that are most concerning to you. You will meet your anaesthetist who will ask you some questions regarding your health and any previous anaesthetics. We will check your past medical history and current medications, so please bring a list of these with you. You will have your groin and lower leg shaved to remove any hairs by a nurse – if you prefer you can do this yourself at home the night before. You will get changed into a hospital gown and we will ask you to remove your jewellery and underwear prior to surgery.

**Surgery time:** When Dr Thurston is operating on you, he will take all the time and care that is required to perform your procedure safely and effectively. Similarly, Dr Thurston will take the same care for other people. As a result, some procedures take longer than anticipated, although most procedures take 30 minutes to an hour. Expected surgery time is therefore only an estimated time.

**Post-surgery:** You will spend some time in the anaesthetic recovery room after your procedure before you go home. This can be for a variable time period, from 30 minutes to a couple of hours. Most people will receive an injection under their skin during surgery (enoxaparin/clexane) to help reduce the risk of deep vein clots, however some people may receive this injection in the recovery room.

**Going home:** Almost everyone will go home the day of their surgery. You will need to be collected from the hospital with a responsible adult who is able to stay with you overnight. If this is not possible, please let the rooms know – you will most likely need to spend a night in St Andrews hospital and go home the following morning.

## **Post-surgery instructions:**

**Wound Care:** You will have multiple small 5 to 10mm wounds near where the veins were marked pre-surgery on your leg. These wounds will not have stitches and will be closed with a steristrip, a basic adhesive dressing and covered with a gauze dressing or combine dressing. Your community nurse should change the basic dressings for a new one when you first remove your bandages and get into stockings. Your community nurse should remove the gauze or combine at the same time, but not replace it. Ideally, the Steristrips should stay in place at this time, but if accidentally removed they should be replaced. After your first stocking change no further dressings are required unless you experience further bleeding, which is not uncommon, however you can use one if you wish. The Steristrips should be allowed to come off naturally, there is no need to replace them after they come off.

**Bleeding:** It is common for there to be some blood staining on the initial dressings. This staining will often get bigger in the 3 days following surgery, particularly if you are on blood thinners. If your

dressings become wet with blood or there is dripping from the dressing, please call the rooms on 08 8232 1293 for advice or attend the St Andrews hospital, or local hospital Emergency department.

**Dressings:** During surgery you will be placed in compression bandages from your feet to your upper thighs, which you should continue to wear for 60 to 72 hours following surgery. These are uncomfortable and tight, but are an essential part of the procedure and assist with ensuring the treatment is successful and the veins remained closed. At all times you should be able to feel and move your toes – if you are not able to do this please contact the rooms on 08 8232 1293, or in an emergency an emergency department. A community nurse will remove your dressings on the 3<sup>rd</sup> day after your surgery, change your wound dressing and put your leg in a class 3 compression stocking from toes to hip – you may choose for the community nurse to come to your house, or you may choose to visit your GP practice for this to be completed.

**Stockings:** Like dressings, wearing compression stockings after surgery is a key component of the procedure and pivotal to its long-term success. Stockings are to be worn all day and night for the first week - so until 10 days after surgery. Thereafter you should wear your stocking all day, putting your stocking on shortly after waking in the morning and keeping it on until you are going to bed in the evening. You may also remove your stocking for showering. Depending on the location of your surgical avulsions, these stockings may be below or above the knee.

**Blood thinners:** Blood clots after stand-alone multiple surgical avulsions are rare, however if the avulsions are done at the same time as other venous surgery the rate of blood clots does increase. Some people may benefit from taking blood thinners for 7 days after the procedure to reduce the risk of a blood clot, however as this does increase the risk of bleeding complications and bruising not everyone benefits. Dr Thurston may prescribe you a tablet (10mg Rivaroxaban) to take daily in the evening for the first week following surgery. Do discuss this with Dr Thurston if you are unsure.

If you are routinely on blood thinners that have been held for the procedure, these can usually restart the evening of the day following surgery (if taken in the evening) or the morning of the second day following surgery (if taken in the morning).

**Pain relief:** Take paracetamol (Panadol) and ibuprofen (Nurofen) regularly for the first 48hrs after surgery and then as required. If you have allergies or other medical conditions that preclude you from taking Panadol or Nurofen, please discuss this with the anaesthetist. Once you are in your stockings, pain relief other than Panadol is rarely required.

**Mobility:** Once you are discharged from hospital, you should make sure you walk twice a day for at least 20 minutes each walk. Try to avoid excessive stairs or hills and walk at a comfortable pace. Avoid strenuous activities, heavy lifting, and prolonged standing for the first week after surgery. Do not attempt any sporting activities or swimming until Dr Thurston clears you to do so.

**Driving:** You should not drive for the first 24 hours after surgery. While the compression bandages are on driving may be challenging and you may not be able to perform an emergency stop. Consider carefully your need to drive at this time. Once your stockings are on, and you feel comfortable to drive, start with a short distance as a trial. Do not drive for more than 3 hours in one stretch in the first 2 weeks after surgery unless essential.

**Flights:** The immobility and dehydration associated with flying can increase the risk of blood clots after venous surgery. Avoid all flying for 2 weeks after surgery unless absolutely essential. After two weeks' flights of less than 4 hours' duration can be considered. Longer haul flying should wait until 8 weeks after surgery.

**Bruising:** It is common to get some bruising on your leg that will generally increase over the first week. This usually goes away entirely by itself, however some people do have some persistent skin staining with a bruise like appearance. If you wish, from 10 days after surgery you can obtain some

Hirudoid cream over the counter and gently massage the Hirudoid cream into the bruised areas, avoiding any incisions. The bruising will gradually improve but may last 6 to 8 weeks or longer

**Spider Veins:** Surgical avulsions can cause changes in blood flow that result in worsening of spider veins. This can become apparent in the weeks following surgery. If required, this can be treated with sclerotherapy in most patients.

**Showering:** You may remove your stocking for showering. You are allowed to get your leg wet once your compression dressings have been removed on day 3, however it is advisable not to have a bath or soak your wounds. When you are drying your leg, please ensure you pat it dry and do not rub at all with a towel

**Return to work:** After multiple surgical avulsions most people require at least one week of work, with about half of people requiring 10 to 14 days. Please discuss your personal situation with Dr Thurston who is happy to provide the appropriate sick certificate.

### **Follow Up:**

**6-week ultrasound:** 6 weeks following your procedure you will have an in-depth ultrasound to assess the success of treatment and to determine which, if any, areas of your veins are suitable for further treatment. Most people do not require further treatment at this time, particularly if they have continued with stocking therapy.

**In person consultation:** Following your 6-week ultrasound, Dr Thurston will see you in the rooms to assess your veins and determine if you wish for or need any further treatment. The results of the ultrasound will be discussed then

**Concerns:** If you have any concerns, please contact our rooms immediately on 08 8232 1293. In particular, if your wounds are increasingly red or painful or if your leg feels hot to touch. If our rooms are unattended, and you feel you require urgent assessment, please attend the Emergency Department at St Andrews Hospital.