



Houston
Heart Health
Dedicated to excellence in cardiovascular care

Advanced Vein & Vascular Center

Patient Instructions for Vein Ablation Procedure

PATIENT: _____ DOB: _____

DATE OF PROCEDURE: _____

Before Procedure:

1. **Anti-Anxiety Medicine** Prescription(s) if requested, will be given to you. Please have them filled prior to procedure date. You may take one pill in am on day of the procedure, then take one pill when you arrive for your appointment.
2. Take a **shower** the night before the morning of the procedure. Please use an antibacterial soap, such as Dial.

The Day of Procedure:

1. **Procedure Time:** Your procedure can last up to 3 hours.
2. **Compression Stockings:** Bring your thigh high compression stockings with you to appointment.
3. **You can EAT light food up to 4 hours BEFORE Procedure.**
4. **You can drink water anytime.**
 - You may take your regular medications the morning of procedure with water unless otherwise instructed.
 - **DO NOT stop your Aspirin, Plavix, Effient, Xarelto, Brilinta or Warfarin.**
 - Bring a detailed list of your medications and allergies with you.
5. **Transportation:**
 - If you are taking prescribed pain/Anxiety medication, you need to arrange for transportation after your procedure by a family member or a friend.
 - This is required by law and is strictly enforced by Houston Heart Health.
6. **Clothing:**
 - Wear comfortable clothes that you can easily pull off and on over bulky bandages.
 - Please leave all valuables including jewelry at home.

After Procedure:

1. **Dressing:**
 - You may remove the wrap on your leg the next morning.
 - You can shower 2 days after your procedure (you may remove stockings for shower).
 - Our MA/technician will remove the dressing at the insertion site at your 1 week follow up appointment. **DO NOT** remove the steri-strips over the micro-puncture site. Steri-strips are the bandages that look like small snowflakes. They will fall off on their own in about a week.
 - Wear your compression stockings from the time you get up until the time you go to bed every day for 4-6 weeks.



2.

3. Follow-up Care:

- It is normal for the puncture site(s) to be sore and/or bruised after procedure.
- It is not uncommon to experience numbness and/or tingling at the incision site (which occurs approximately 5% of the time) and this may last 1-2 months.
- It is normal to experience a lump or knot in the vessel.
- It is normal to experience pink drainage from puncture site(s). This should only last 1-2 days.
- It may take a few weeks to notice any bruising and/or discomfort. Typically, this soreness and/or bruising will wear off approximately 7-10 days after procedure.
- You may use ice packs to control pain and to decrease swelling for the first 3 days.
- For pain you may take Tylenol (acetaminophen) 500mg every 4 to 6 hours for the first 2 days.
- Call us immediately if your condition worsens or if the following symptoms occur:
 - i. Nausea or vomiting
 - ii. Fever or chills
 - iii. Chest pain or discomfort
 - iv. Shortness of Breath
 - v. Increased redness, drainage, pain from the incision site, blush or cold to touch.
 - vi. Bleeding from site: immediately apply pressure directly over the site. If the bleeding cannot be well managed after 15 minutes, have someone drive you to the emergency room or call 911.

4. Activity: You may return to normal activities with following guidelines:

- **NO** prolonged standing in one place for greater than 30 minutes for 7 days.
- **NO** travelling x 2 weeks post procedure.
- **NO** weight lifting or pulling, running, for a minimum of 2 days. **NO** heavy leg workouts for 7 days.
- **NO** hot baths, saunas, whirlpools, and other hot environments of 7 days.
- Walk at least 30 minutes daily to promote healing. Walking will help with pain and limit risk of complications.
- Elevate your legs at least 3 times a day for 5 to 10 minutes every day.

5. Medications:

- You may begin ALL of your Regular Medications after your procedure (unless instructed otherwise by a physician).

6. Return Appointment:

- We will need you to follow up with us on _____; this is a short appointment which consists of an ultrasound to check on the status of the vein, possibly clots.

7. Problems/Concerns:

- If you have ANY questions or concerns, please call the office- (713) 899-0298.

I HAVE READ AND UNDERSTAND THE ABOVE AUTHORIZATION. ALL MY QUESTIONS WERE ANSWERED.

PATIENT OR PERSON WITH AUTHORITY TO CONSENT/DECLINE FOR THE PATIENT SIGNATURE	DATE	TIME
MA/STAFF SIGNATURE		