

Post-Operative Discharge Instructions: Varicose Vein Treatment

Patient Name: [Patient First and Last Name]

Date of Procedure: [Date]

Procedure Performed: [Type of Procedure, e.g., Endovenous Laser Ablation, Sclerotherapy, or Phlebectomy]

Dear Patient,

The following instructions are provided to ensure your recovery is safe and successful. Please follow these guidelines closely.

1. Compression Therapy

You must wear your compression stockings for [Number] days/weeks. For the first [Number] hours, you should wear them continuously, including while sleeping. After this period, you may remove them at night but must wear them during the day.

2. Physical Activity

- **Walking:** Walk for 10-15 minutes, three times per day, starting immediately.
- **Rest:** Avoid standing or sitting still for long periods. Elevate your legs whenever possible.
- **Restrictions:** Avoid heavy lifting, running, or high-impact exercise for [Number] days.

3. Wound Care and Hygiene

- Keep the bandages clean and dry for the first [Number] hours.
- You may shower after [Number] hours, but do not soak in a bath, pool, or hot tub until cleared by your doctor.
- Small amounts of bruising or "tightness" along the treated vein are normal.

4. Medication

Take pain relief medication (e.g., Ibuprofen or Acetaminophen) as directed. If you were prescribed a blood thinner or specific ointment, follow the dosage on the label.

5. When to Call the Doctor

Contact the clinic immediately or seek emergency care if you experience:

- Sudden shortness of breath or chest pain.
- Severe swelling in the treated leg.
- Excessive bleeding through the bandages.
- Fever or chills.
- Redness or warmth that spreads around the incision site.

6. Follow-up Appointment

Your follow-up appointment is scheduled for: **[Date and Time]**

If you have any questions, please call our office at [Phone Number].

Sincerely,

[Physician Name/Clinic Name]

[Contact Information]