

Endovenous Laser Post-Operative Instructions

- After your procedure, you will be fitted into bandages and support stockings. Wear the compression hose and bandages **continually for the first 24 hours**. You may loosen the dressing if your toes feel numb, tingling, or blue.
- If you are traveling more than 30 minutes to home, please have someone else drive, so you can move your feet and legs around. You should stop every 30-45 minutes and get out of the car to walk for five minutes.
- After 24 hours, you can shower (but no baths for 1 week and no hot tubs for 4 weeks).
- Please wear your hose continually except while sleeping or in the shower, for the next **3 weeks**.
- Keep incision(s) covered while wearing compression hose. Leave the paper steri-strips on your wounds (they will fall off on their own). You may place a band-aid over the wounds if you wish.
- Resume normal activities today. Walk at least 1 hour every day—the more the better! However, avoid aerobics, working out, or other activities that will increase your blood pressure. We **do not** want you sitting at home with your leg held in one position (ex: going to a movie theater).
- Begin to resume exercise activities (i.e. weights, aerobics, etc) after 7 days while wearing your compression hose. After 3 weeks you can exercise without your compression hose.
- Use Tylenol for pain for the first 24 hours. After 24 hours, you can use Aspirin, Ibuprofen, and Aleve as needed.
- Bruising, local swelling, and some tenderness are normal after surgery. Patients can often feel knots or bumps in the area where micro-phlebectomy has been performed. It is normal to feel a “pulling” or “tight” sensation along the vein throughout your recovery. Healing time can depend on your health condition and diagnosis.
- Leg swelling longer than 3 weeks is normal especially if swelling is present prior to the procedure. Wearing compression hose longer than 3 weeks **may be required** until symptoms subside.

If you experience any problems that concern you, please contact our office at 949-824-0606.

After your procedure:

An appointment will be made for a follow-up ultrasound on _____

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Instructions provided by: _____ Date: _____