

Patient Name: _____ Date/Time of Procedure: _____

MR#: _____ Physician Performing Procedure: _____

Endovenous Laser Therapy/VNUS Closure & Phlebectomy Post-Operative Instructions

You will have a compression hose in place when you leave the office. **You MUST keep this stocking on for the first 72 hours;** you may **ONLY** remove it to shower on these days. **Sleep in this stocking for the first 3 days following the procedure.**

After the first 72 hours, you will wear the stocking everyday, only removing it to shower and at bedtime. You will continue to wear the stocking all day from the time you get up until the time you go to bed for the next 11 days.

You will have a dressing(s) at the insertion site(s). If we have placed a pressure dressing on the incision, it should be removed after 24 hours. The other clear plastic dressing(s) should be removed the next day (DO NOT REMOVE THE STERI-STRIP(S), they will come off on their own) then cover with a bandage or similar dressing if needed.

You may have some discomfort following the procedure. This tends to be worse at about 72 hours. We recommend that you take **800 mg** of over-the-counter Ibuprofen or Advil for the next week, **3-4 times per day** with food. ***If you have extreme discomfort or bleeding, notify the office immediately.***

We expect you to resume all pre-procedure activities including work the following day. We would like you to continue to keep moving and maintain a normal level of activity. **Walking daily is encouraged and promotes speedy healing.** Avoid strenuous exercise such as aerobics, weight training, bicycling, swimming/hot tubs or running for two weeks. ***Avoid*** prolonged sitting or standing for the first week and elevate your legs at least three times a day for five to 10 minutes.

Again, feel free to call the office if you have any questions.

Should you need to speak to a physician after hours or on a weekend, please call the Radiology Department at Saint Francis Hospital and Medical Center at (860) 714-4000 and press "0". Ask for the On-Call Interventional Radiologist.

Patient Signature: _____ Date: _____

RAH Representative Name: _____ Date: _____