

Varithena Instructions

Pre-Procedure:

What is Varithena?

All veins have valves that act like traffic signals, opening and closing to make sure blood is always flowing the correct direction. Varicose veins are veins with broken valves. In a varicose vein, blood flows backward and stays in the vein. This causes the vein to expand, stretch, and become twisted, which prevents it from circulating blood effectively. Varithena (polidocanol injectable foam) is a prescription medicine used to treat varicose veins caused by problems with the great saphenous vein (GSV) and other related veins in the leg's GSV system. Varithena improves symptoms related to or caused by varicose veins, and the appearance of varicose veins.

How is Varithena treatments preformed?

Varithena is a FDA-approved foam varicose vein treatment which involves injecting a foam that causes the vein to close. Foam is delivered within the veins in as little as 1-2 needle sticks, closing down or shutting off diseased veins and allowing blood to flow through other healthier veins. This type of intervention requires no incisions, sedation or general anesthesia. It does not require the use of heat therapy, is effective on multiple vein sizes, doesn't require a wire to be inserted within the vein, and dissolves in the bloodstream after treatment. Treatments are preformed under local anesthetic (numbing medicine). The procedure generally takes 15 minutes, plan to be at this facility for 30 minutes in total.

Please read these instructions carefully so you are prepared for your procedure.

One Week Before Procedure:

- ✓ Please advise us if you are taking any blood thinners: (i.e.: Aspirin, Plavix, Warfarin, Eliquis, Xarelto, Pradaxa, Aggrenox, Ticlid, Prasugrel, Dipyridamole, Anagrelide). The doctor may have you hold these medications for 3 days before your procedure date.
- ✓ Ensure appropriate compression usage - The compression stocking must be classified as medical grade and at least 15-20mmHg. It is recommended that socks that are within measurements and have "graduated compression" to help ensure therapeutic response and comfort

Day/Night Before

- ✓ Avoid shaving your legs on the day before your procedure.
- ✓ Avoid applying lotion to your legs on the day before your procedure.
- ✓ Drink a lot of water and stay hydrated on the day before your procedure.

Day of Procedure:

- ✓ You are able to eat a light breakfast or lunch prior to your procedure.
- ✓ Avoid caffeinated beverages before your procedure.
- ✓ Take a shower and wash your leg with antibacterial soap the morning of your procedure.
- ✓ Do not apply any lotion.
- ✓ Wear loose fitting shorts or pants
- ✓ Take 400-800 mg of Ibuprofen (Motrin or Advil) or 1000 mg (Tylenol) 1 hour prior to your procedure

BRING YOUR COMPRESSION STOCKINGS TO YOUR PROCEDURE.

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Post-Procedure:

Drainage/Dressings:

There may be some minor bleeding from the incision in the calf. If you have active bleeding place your finger over the site and hold pressure for 5 minutes to stop it. Then rest for approximately 30 minutes before you return to any activity. Let the steri-strips fall off on their own. If you have band aids in place you may remove them after 48 hours.

Leg Wraps/Compression:

The ace wraps placed on your legs following surgery have many purposes and are an important part of your recovery. They reduce swelling and bleeding, protect your leg from injury, secure your dressings and help complete the vein closure. If you experience foot numbness, your wraps may be too tight. Loosen your wraps and re secure them.

It is important that you wear your wraps when you go to sleep for 2 nights following your procedure, after that only during the day is needed. Remove the wraps and dressings 48 hours after your procedure and then wear your compression stockings. The compression stockings should be worn during the day for a minimum of 30 days following your procedure. Consider wearing compression stockings during the day long term. Take them off at night to sleep. Remember, the more you wear your stocking, the better your results will be and with fewer complications.

Activity:

- To stimulate your circulation during your recovery, take short 5-10 minute walks during the day for the next 5 days. Avoid sitting for long periods (more than an hour). If your work requires you to sit most of the day, preform foot flexion exercises 10 times every 1-2 hours.
- No weight lifting more than a gallon of Milk or aerobic workouts for 2 weeks during your healing period. Then you may resume normal exercise routine.
- No hot showers, baths, pools, or hot tub use for the next two weeks. Keep your showers short for the next 2 weeks.
- Avoid sun exposure (tanning or sunbathing) to the treated leg for a minimum of 7 days.
- Avoid air travel for a minimum of 10 days following your procedure.

Discomfort:

Treated areas may experience redness, swelling, tenderness, itching and/or burning. This is expected and temporary. This will gradually improve over time. **You may apply an ice bag over your area of discomfort and leave for 15 minutes at a time.** It is recommended that you take 400-800 mg of Ibuprofen (Motrin or Advil) every 8 hours for the next 5 days regardless of pain level. This will help to reduce the discomfort and inflammation. If you are unable to take ibuprofen products it is ok to take 500 mg of Acetaminophen (Tylenol) every 8 hours for the next 5 days regardless of pain level. This will help reduce the discomfort. Please take these



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medications with food to reduce the change of stomach upset. If these over-the-counter medications do not ease your discomfort, please call our office.

WHEN TO CALL THE OFFICE:

- ✓ If over-the-counter pain reliever does not reduce your discomfort to an acceptable level
- ✓ If you develop a temperature over 100 degrees F
- ✓ If you experience foot numbness and loosening your wraps does not help
- ✓ If you have ANY concerns

Office hours Monday-Friday 8 am- 4:30 pm

The office number is 913-529-8600, follow prompts to reach after hours on call staff if outside business hours.

You have been scheduled for Vein Treatment with KCVI.

Date of Procedure: _____ Arrival Time: _____

DATE: 7 Day Scan _____ Arrival Time:

DATE: 3 mo scan and Office visit _____ Arrival Time: