Phlebectomy of Varicose Veins

Phlebectomy is a minimally invasive procedure that uses a small scalpel or needle to remove varicose veins that lie just beneath the surface of the leg.

Tell your doctor about any recent illnesses, medical conditions, allergies and medications you're taking. Your doctor will give you instructions on how to prepare, including any changes to your regular medication schedule. This procedure is usually done within your physician's office using a local anesthetic and requires little to no special preparation. Leave jewelry at home and wear loose, comfortable clothing. You may be asked to wear a gown.

**What is Phlebectomy of Varicose Veins?**

Phlebectomy is a minimally invasive procedure used to remove varicose veins that lie just beneath the surface of the leg. This is usually done in a physician's office using local anesthesia.

**How should I prepare?**

You will receive specific instructions on how to prepare, including any changes that need to be made to your regular medication schedule.

You should wear comfortable, loose-fitting clothing to your exam. You may be given a gown to wear during the procedure.

**What does the equipment look like?**

A small scalpel or needle is used to make very small incisions close to the vein. A phlebectomy hook is used to remove the veins. The hook is similar to a tiny crochet hook with a blunt tip and a straight shaft.

**How does the procedure work?**

Phlebectomy involves making tiny punctures or incisions in the skin near the varicose vein. Veins are very collapsible and even large veins can be removed through the tiny incisions used in this technique.

**How is the procedure performed?**

This procedure is often done on an outpatient basis. However, some patients may require admission following the procedure. Ask your doctor if you will need to be admitted.

Your physician will numb the area with a local anesthetic. This may briefly burn or sting before the area becomes numb.
Because the area is numbed, you are typically awake during the procedure.

After cleansing and anesthetizing the skin, a series of small incisions, no larger than a pencil eraser, are made in the skin next to the enlarged vein. A phlebectomy hook is inserted under the surface of the skin to remove the varicose vein through the tiny incision. This procedure is usually completed between 30 minutes and one hour.

**What will I experience during and after the procedure?**

Patients rarely report any pain during this procedure because the area being worked on is under a local anesthetic.

The incisions made during the procedure are so small that no stitches are required. A small dressing is applied to cover the incisions.

When the procedure is complete, your leg will be wrapped in a comfortable but snug compression wrap.

You will need to wear graduated compression stockings for approximately two to three weeks following the procedure. As long as the stockings are worn, almost all activities can be done beginning the day after the surgery.

You should be able to resume daily activities within 24 hours. Strenuous activities will be limited for approximately two weeks.

**Who interprets the results and how do I get them?**

The interventional radiologist can advise you as to whether the procedure was a technical success when it is completed.

Your interventional radiologist may recommend a follow-up visit.

This visit may include a physical check-up, imaging exam(s) and blood tests. During your follow-up visit, tell your doctor about any side effects or changes you have noticed.

**What are the benefits vs. risks?**

**Benefits**

- No surgical incision is necessary—only a small nick in the skin that does not need stitches.

**Risks**

- Any procedure where the skin is penetrated carries a risk of infection. The chance of infection requiring antibiotic treatment appears to be less than one in 1,000.

- Skin pigmentation at the site of the treated varicose vein may occur but is usually temporary.

**What are the limitations of Phlebectomy of Varicose Veins?**

Long-term success in greater than 90 percent of patients has been observed. The long-term results of phlebectomy are excellent when the procedure is performed in patients who are good candidates.

Often, phlebectomy is used with a more comprehensive treatment plan, including additional procedures such as endovenous catheter ablation that use radiofrequency or laser energy.

Patients should discuss their individualized treatment plan with their interventional radiologist.
Disclaimer

This information is copied from the RadiologyInfo Web site (http://www.radiologyinfo.org) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at http://www.radiologyinfo.org to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2021 Radiological Society of North America, Inc.