



Mazen Hashisho, MD

Vascular, General and Thoracic Surgeon with triple board certification from the American Board of Surgery and American Board of Thoracic Surgery

Phlebectomy Discharge Instructions

1. Once home after your procedure you should walk for 5 minutes every 45 minutes until bedtime.
2. Keep your treated leg(s) elevated (above your heart) when sitting for the first 24 hours.
3. Do not drive for 24 hours after your procedure.
4. There are no dietary restrictions.
5. The day of the procedure, you may return to normal daily activities with the following restrictions:
 - *No heavy lifting or aerobic activity for one week.*
 - *Post procedure your treated leg will be either wrapped in a compression bandage or in your own supplied compression stocking. You are required to wear the compression stocking/bandage for the first 48 hours. On day 3 you may remove the compression bandage/stocking to shower (NO TUB/BATH FOR ONE WEEK POST PROCEDURE), if you have steri-strips (small tape at puncture sites) DO NOT remove them, they will fall off on their own. If you have gauze over the puncture sites you may remove them. There is no need to apply bandages to puncture sites after removing.*
 - *After showering you are required to put on the compression stockings and continue wearing them for 24 hours a day for 7 consecutive days from the date of the procedure. This will help with healing and to decrease swelling.*
 - *After the first 7 days you are required to wear the compression stockings for 5 additional weeks during waking hours only (remove before bed).*
6. Bruising is normal. You may feel a “pulling/bee stings sensation” and/or leg discomfort for the first week after the procedure. You may also experience itching at the puncture sites do not scratch, scratching can introduce an infection.
7. Pain medication:
 - You may take 200mg of Motrin or Advil every 8 hours, as needed for pain and swelling.
8. Make a follow-up appointment with our office for six weeks after the procedure.

Please call the office at (831) 381-0100 with any questions or concerns.

Patient Signature

Date

Print Name