

Orion Heart and Vascular Surgery Center

Post-Procedure Radiofrequency Vein Ablation Instruction and Education

Procedure Summary

You underwent a radiofrequency vein ablation today to treat varicose veins and improve blood flow in your leg.

What to Expect After the Procedure

- Mild bruising, swelling, or tenderness along the treated vein is normal.
- The vein may feel firm or tight for a few weeks as it heals.
- You may notice some numbness or tingling near the site—this usually improves over time.

Discharge Instructions

Activity

- Walking is encouraged. Walk daily as usual, keep in mind you may experience discomfort and bruising along the course of the treated vein.
- No heavy lifting (> 25 lbs) for 5 days post op. Wait 2-3 weeks before resuming a routine exercise program
- No swimming, hot tubs, or baths for 7-10 days after the procedure

Wound Care / Skin Site

- Do not submerge site underwater for 7-10 day
- If steri strips were used do not remove let them fall on their own
- Remove gauze and compression 24 hours post procedure.
- Wear 20-30mmHG compression hose for 13 days.
- Bruising, soreness, tenderness, mild pain or discomfort is expected.
- Monitor for worsening redness, warmth or swelling
- Mild and temporary numbness or tingling near the site is common due to nerve irritation but lasting symptoms should be reported.

Medications

- Take all medications as prescribed.
- If any changes were made to your medication, a separate medication list and instructions will be provided.
- For pain management: You may take Ibuprofen (400-600mg) x3 per day for 5 days; if unable to take anti-inflammatory drugs due to allergy or other medical conditions, you may take Tylenol instead up to 500mg every 12 hrs.

Diet

- Resume your regular diet unless otherwise directed.

Follow-Up

- A follow-up appointment with your cardiologist should be scheduled within 1 week

Call Your Doctor Immediately If:

- Signs of infection at the skin site (redness, swelling, drainage, warmth, fever)
- Significant pain that interferes with daily activities

Call 911 OR Go to the Nearest Hospital if:

- Bleeding that doesn't stop after 20 minutes of compression and elevation.
- Chest pain or shortness of breath

Follow- Up Appointment:

Procedure You Had Today: _____

Physician:

Office Phone Number:

I have read and understand my rights and responsibilities as stated within this form. All questions have been answered prior to discharge.

Patient/Guardian Signature

Date/Time

RN Signature

Date/Time



**13009 Gulf Commerce Drive, Suite 202
Houston, TX 77034
713-263-5054**

