



**Venous Ablation
Pre / Post Instructions**

Name: _____

Your appointment Date: _____ Approximate Time: _____

We try our best to keep our procedure schedule on time. However, we will never rush one appointment to get to the next. Please try to understand that the appointment times are "APPROXIMATE".

Since this procedure doesn't require much pre-op preparations, most patients find it more convenient to wait at home and for us to notify them when we are ready for them to come to the office. We will give you enough time for travel, etc.

If this does not work for you, we will do our best to work with your schedule.

**** We will call you the day before the procedure to verify all instructions ****

BEFORE your *ClosureFast*TM or *Venaseal*TM Procedure:

- If you are receiving sedation, arrange for someone to drive you home following the procedure. You will NOT be allowed to drive after sedation.
- Ask your physician if you need to stop any prescription medications before the procedure
Medication: _____
- No need to be NPO on the morning of procedure. You may eat normally with the exception of ****NO CAFFEINE****
- Drink plenty of water the day of the procedure and the day before
- DO NOT wear your compression hose the day of your procedure
- Wear loose pants/shorts and slippers or flip-flops
- **** If you are unable to keep your appointment, please notify us 24 hours in advance. Failure to do so will result in a \$100 charge to your account that is NOT billable to your insurance**** _____ (Patient Initials)

Patient Signature: _____

Instructed by: _____ Date: _____

AFTER your *ClosureFast™* or *Venaseal™* Procedure:

- Return to normal activities as tolerable
- Walk 10 minutes each hour while awake (go to the restroom, get a snack, etc)
- Apply **ICE PACKS** to insertion site for 10 minutes/hour for first day
- Take analgesics as needed per physician's orders
- Avoid long periods of sitting or standing
- Refrain from strenuous activities or heavy lifting for several days
- You might notice a "rope" like feeling or a brown discoloration along the path of the vein we treated. This should take anywhere from 2-6 months to subside

Days 1 - 3

Wear Ace Wrap **AND** Knee High hose at ALL TIMES until Monday

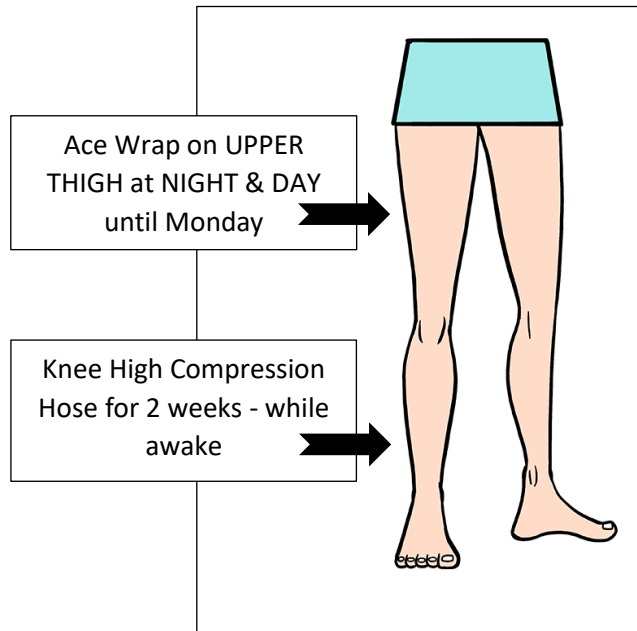
Days 4 - 14

Wear Knee High Hose while awake

*****IMPORTANT*****

IF YOU NOTICE
REDNESS, ITCHINESS
OR A "SUNBURN
FEELING" ALONG THE
VEIN AREA, call our
office @
480-632-1577.

You might need a
prescription steroid
medication



Follow-Up Ultrasound

Date: _____

Time: _____

Next Ablation

Date: _____

Time: _____

Signature: _____

Date: _____

Cindy Miller R.T.(R), Cath Lab Manager - 409-748-0323