



Vascular Care Center
100 Carnie Blvd. Suite A-1
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POST-EVLT PATIENT INSTRUCTIONS

1. Your leg was wrapped with a compression bandage prior to putting on your compression stockings. These are to remain in place until your follow up visit on _____. Should you have problems, discomfort or feel numbness in your foot or toes, please contact our office immediately. The compression bandage will be removed at that visit, and you will be encouraged to continue wearing your compression stockings for another 5-7 days. The benefit with compliance will be a reduction in bruising, swelling and pain.
2. Normal activity can be resumed immediately, but strenuous exercise can cause the vein to reopen, so please avoid hot baths and vigorous activity such as gym workouts until at least 7 days following the procedure. During the immediate post op period, avoid prolonged sitting or standing. We encourage you to walk and when lying down keep your leg(s) elevated. Take the pain medication as needed every 3-4 hours.
3. Recovery from EVLT is usually trouble-free. It is normal to feel a "tightening" sensation in your leg after a couple of days, and it may last for a few days. Your thigh may also be slightly tender to the touch for a few days. This discomfort can generally be managed with over-the-counter analgesics like Tylenol or Motrin, but please avoid aspirin-based products unless otherwise recommended or prescribed.
4. As with any invasive procedures, problems can develop. If you develop an acute fever (more than 100 F or 38 C) or severe worsening pain/swelling, please call our office or our answering service at (856) 573-7501.
5. After your 2 day follow up visit, wear your compression stockings during the day while you are on your feet and while exercising. These may be removed at night. You may begin exercise approximately 7 days after surgery.

These post operative instructions were reviewed with me prior to discharge, and I understand the expectations of my attending physician. I understand I must call the office immediately if any unexpected side-effects arise.

Patient Signature: _____

Nurse: _____