

SURGICAL CARE ASSOCIATES
(502) 649-9400 M-F 8:30 am – 5 pm
(502) 897-5139 after hours and weekends

EVLA Discharge Instructions

The surgery you had done is called Endovenous Ablation of the Greater Saphenous Vein using Laser Energy.

Please follow these instructions:

- No heavy lifting of greater than 20 pounds for 2 weeks.
- You will wear compression hose continuously for 3 days. On day 4, take a lukewarm shower and then replace your hose. After that, you may shower daily and continue to wear your hose during the day for 2 weeks.
- If you are wearing an ace bandage, please rewrap (starting at the toes to above the knee) when it loosens or becomes too tight. You may remove the ace bandage 24 hours after your procedure
- Use Ibuprofen/Motrin/Advil/Aleve as directed. Please make sure to take with food.
- **CHOOSE** Aleve 440mg 2 x a day with food x 1 week **OR** Motrin 800mg 3 x a day with food x 1 week
- **OR** Naprosyn 500mg 2 x a day with food for 1 week
- **NORMAL DAILY WALKING IS ENCOURAGED!**
- **NO DRIVING ON THE DAY OF THE PROCEDURE!**
- No pushing, pulling, stressing or straining (vacuuming, shoveling, sweeping, etc.).
- **ELEVATE** legs (above heart level) several times a day to prevent swelling.
- **WALK** around every **TWO HOURS day of procedure**, and **walk as much as possible** 2 weeks after
- **DO NOT** cross legs or wear restrictive clothing.
- **DO NOT** drink alcohol for 5 days.
- **DO NOT** engage in strenuous activity or exercise for 2 weeks after the procedure.
- **DO NOT** take hot showers, bathe, use hot tubs, saunas, or participate in hot yoga classes for 2 weeks.
- **DO NOT** fly in an airplane or take long car trips for 1 month following procedure.
- **DO NOT** expose leg to the sun for 6-8 weeks; wear SPF 45 sunscreen on tract of vein after that time period.

****NORMAL EXTREMITY EXPECTATIONS:** Extremity will feel heavy for several hours after your Procedure and will feel tight like a rubber band while you are walking for an extended time

Please call your doctor if you have:

- Bleeding, tingling, numbness, or increased pain in the affected leg.
- A change in color (dark or pale) in the affected leg.
- Any new problems or concerns.

You will have a post procedure scan and appointment with your doctor which has been scheduled for _____.

Patient Signature _____ Date _____

RN/KCSA Signature _____ Witness _____

**** MEDICAL QUESTIONS please call our OEC nurses at 502-897-5139**