

**Post-Operative**

**Endovenous Radiofrequency Ablation**

1. After your ablation procedure, the treated leg will be wrapped with compression bandages and gauze. Leave the bandages on until the following morning. If at any time the bandages are pinching, scratching, shifting or feeling uncomfortable you may adjust these.
2. You may remove the compression wrap and gauze, leaving the steri-strips in place, you may then shower. Once out of the shower towel dry off, immediately put your compression stockings on and wear throughout the day.
3. Wear compression stockings one to two weeks post procedure. You may remove the stockings in the evening at bedtime. Wearing these stockings is crucial for your procedure to be successful.
4. You may begin normal activity following your procedure. Light exercising is fine beginning the day after the procedure with the compression stocking on. We encourage daily walking including the day of your procedure. Do not lift anything too heavy (20lbs) that would cause you to bear weight on your legs. It is okay to shower but do not swim, use hot tubs, or sauna.
5. You will have your first follow up visit one week of your procedure, which includes an ultrasound.
6. You can take 400mg to 800mg Ibuprofen for pain and inflammation (or any over the counter anti-inflammatory) three times daily or as needed up to two weeks. Decrease or discontinue if you experience any stomach upset. Do not take any product containing aspirin.
7. Apply ice to the treated area for the first few days for any mild pain following the ablation procedure.
8. Post procedure you may experience some of the following;
   1. Mild to moderate bruising
   2. Prolonged superficial numbness
   3. Mild drainage may occur along the puncture site
   4. Pulling and tenderness on along the area of treatment, usually within 5-7 days. Apply warm compresses along the treated area for 10-15 minutes following with massaging; this will help to speed up the healing process.

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/ \_\_\_\_\_\_\_\_

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/ \_\_\_\_\_\_\_

Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/ \_\_\_\_\_\_\_

If you have any questions or concerns, please feel free to contact the office.

*813-944-0668*

**Please Note**

**The above information is intended to be helpful to you but is general in nature and is not intended to describe every possible situation that may arise or every possible outcome. The information provided above is subject to change at any time without notice.**