



3186 Village Drive, Suite 201

Fayetteville NC 28304 (910) 486-5700

POST PROCEDURE INSTRUCTIONS: Clarivein/EVLT

You will have a compression hose in place when you leave the office. DO NOT remove for 24 hours. After that, wear it for at least the next 14 days, on am off at bedtime. You will have a small dressing at the incision site; you may remove it at your first shower (after 24 hours).

You will have some discomfort following surgery. Some patients find it helpful to take a day or two off from work, although we expect you to be able to resume most activities including work the following day.

For patients NOT on blood thinners like Coumadin, Eloquis, Plavix, ETC, we recommend taking an OTC anti-inflammatory (Ibuprofen, Advil) as directed for 7-10 days. If you are having extreme discomfort or bleeding, notify the office immediately. *If you are already taking an anti-inflammatory, then the physician will advise you on what to take after your procedure.

We would like you to continue to move and maintain a normal level of activity. Walking twice a day for 20 minutes is encouraged and promotes speedy healing. Several days after the procedure you may get some inflammation on the inner aspect of your thigh. This inflammation is part of the process and is to be expected. Walking and taking your anti-inflammatory medication as prescribed will help to alleviate the discomfort. Avoid prolonged sitting or standing in the same place for the first week and elevate your legs at least three times a day for 5 to 10 minutes.

Avoid strenuous exercise such as aerobics, weight lifting or running for 2 weeks. Avoid long car or airplane rides over 2 hours long for the next 2 weeks.

POST OP MEDICATIONS (If not on blood thinners) Take your pain med or anti-inflammatory around the clock for 7-10 days.

OTC Ibuprofen 200mg (Advil/Motrin): 3-4 tablets (600-800mg) every 8 hours (*see above) OR

Tylenol 650mg every 4-6 hours as needed

POSTOPERATIVE APPTS:

Ultrasound:

Office Visit:

I have received verbal and written instructions.

Patient: _____ Date/Time _____

Witness: _____