

Endovenous Laser Post Care Instructions

1. You will see swelling and bruising with some tenderness along the length of the vein after the procedure. This is normal. If you have any marked swelling or redness or any drainage contact Dr. Douglass. Although extremely rare after this procedure, you should call Dr. Douglass while seeking immediate medical attention if you develop symptoms of chest pain and or sudden shortness of breath.
2. Dr. Douglass may be reached during normal office hours Monday through Thursday from 8 am until 6 pm at (865) 686-0507. We are closed on Fridays and most holidays. After hours and on weekends, should you need Dr. Douglass, you may contact him directly at home (865) 470-2654 or on his cell phone (865) 300-7061.
3. You will need to wear the support stocking for a week. The bandage and stocking should be worn overnight. In the morning you may remove the stocking and bandage and then shower. The stockings should be worn during the days for the next week until you see Dr. Douglass back in the office.
4. You should take Advil 200mg two tablets three times a day or Aleve 220mg one tablet two times a day or other medication as directed by Dr. Douglass daily with food for a full week. If you are on a blood thinner you should not use Advil or Aleve. Instead, you should only take Tylenol. If you develop an upset stomach, stop the medication and advise Dr. Douglass.
5. You may resume all normal activities immediately after the procedure with the exception of lifting over 40 lbs of weight, doing sit ups, and any strenuous gym workouts for a week after the procedure. If any activity causes leg pain you should advise Dr. Douglass immediately. A daily walk of 20 minutes is encouraged and aids healing. Additionally, periods of elevation of 15-20 minutes during the day will promote rapid healing.
6. You will need to return for a post treatment check within two weeks after the EVLT to determine when treatment should be undertaken for any residual varicose veins with microphlebectomy and/or ultrasound guided sclerotherapy.

Patient Name

Date

Patient Signature

Staff initials