

The Vein Institute of Blue Bell

Fort Washington Radiological Associates

721 Arbor Way, Suite 103 • Blue Bell, PA 19422

Office: (267) 416-9534

Post-Sclerotherapy Discharge Instructions

Immediately after procedure:

Expect to have minimal to mild pain, bruising, cramping and swelling for the first 24 hours after therapy.

Day 1 to 3:

- Wear prescribed compression stockings for a continuous 72 hours after procedure. Remove for showering daily and for sleeping at night. Assess treated areas for blisters.
- Take over-the-counter Tylenol per directions as needed for pain.
- Avoid Motrin and Aspirin.
- Take over-the-counter Benadryl per directions as needed for itching.
- Use ice packs for especially sore areas.
- Elevate legs for added pain relief.
- Resume normal diet and medications.
- Resume normal daily activities, except you should avoid strenuous activities such as high impact aerobics, running, or weight lifting.
- Walk at least 1 hour per day.
- No hot baths or hot tubs.

Day 3 to 3 weeks:

- Treated areas will be red-purple in color, with some bruising.
- Wear compression stockings during day hours for next 21 days (put on in the morning and take off before going to bed).
- Continue to avoid hot baths and hot tubs.
- Resume normal athletic activities as tolerated.

Notify our office at 267-416-9534 if you experience any of the following:

- **increasing pain**
- **persistent itching or rash**
- **progressive areas of blistering, redness, warmth or drainage**
- **fever**
- **swelling**
- **persistent bleeding**

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- **lump formations**
- **shortness of breath**
- **chest pains**
- **leg numbness**

Physician Contact Information

If you have a problem that requires immediate attention, you should go to the emergency room, either at Abington Memorial Hospital or the closest hospital, or call 911.

Our office is open Monday through Friday (except major Holidays) from 7:30 AM to 3:00PM. We can be reached at 267-416-9534.

If you are unable to reach our office and you have an urgent need, please call 215-481-2000 and ask the hospital operator to contact the Interventional Radiologist on-call.

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

Patient Signature _____

Staff Signature _____

Date ____/____/____

Time _____