



TOTAL
VASCULAR
WELLNESS

POST-OP INSTRUCTIONS

- 1) Your leg/ legs will be wrapped with a Kerlix and Coband after your procedure. Please keep the leg/ legs wrapped for 72 hours post-op.
- 2) After 72 hours, you may remove the bandages and clean/ bathe as normal. Please wear the prescribed compression stockings after the bandages are removed. You will wear these compression stockings for 3 months.
- 3) If the bandages/ wraps are too tight or uncomfortable, please take it off and leave them off.
- 4) It is IMPORTANT to take an anti-inflammatory or prescribed pain medication per your physician's orders.
- 5) Return to normal activities 24 hours after your procedure.
- 6) Ambulate at frequent intervals, at least 30 minutes daily.
- 7) DO NOT sit or stand for long periods of time.
- 8) Elevate your leg above your heart for 20 minutes at least 3 times a day.
- 9) Refrain from strenuous activities or heavy lifting for 3 days.
- 10) Avoid long flights and/ or long drives for two (2) weeks.

- 11) **** PLEASE SCHEDULE A POST-OP SONOGRAM**** It is important that you schedule and show up for your post op sonogram. This will rule out any potential DVT (Deep Vein Thrombosis or Blood Clots) that may develop after the procedure.

WHAT TO EXPECT POST-OP

- 1) You may experience occasional moderate discomfort 12-18 hours post-op, after the local anesthesia wears off. Take your pain medication as noted above.
- 2) You may experience a band of redness along the inner thigh.
- 3) You may experience mild to moderate bruising along the inner thigh.
- 4) You may experience mild to moderate blistering along the inner thigh.
- 5) You may experience moderate pink drainage from your leg, sometimes soaking the bandage. This is the local anesthesia fluids draining out. This is normal.
- 6) You may experience occasional numbness or tingling along the inside calf and ankle.
- 7) You may experience mild to moderate leg and ankle swelling.

If you have a medical emergency, call 911. Call our office at (817) 225-2716 or (817) 509-9090 if you experience any problems not listed above.

Patient's Signature

Office Staff Signature

Patient's Printed Name

Office Staff Printed Name

_____/_____/_____
Date