PROCEDURE

Varicose vein stripping

Varicose vein stripping is surgery to remove a faulty surface vein from the leg.

PURPOSE
Remove faulty surface veins and reduce related symptoms

PROCEDURE TYPE
Therapeutic surgery removing veins through small leg incisions

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
Usually general; regional or local techniques in selected cases

HOW LONG IT TAKES
About 60 to 90 minutes

PREPARATION
Fasting, medication review, and an agreed blood thinner plan

RECOVERY
Usually home same day; no driving after anaesthesia

MAIN RISKS
Bleeding, infection, nerve injury, deep vein thrombosis

RESULTS
Vein removal immediate; symptom improvement assessed over several weeks

Overview

Varicose vein stripping is an operation that removes a faulty vein just under the skin of your leg. It usually treats the great saphenous vein, which runs from the ankle or knee toward the groin. The smaller saphenous vein behind the calf may also be treated.

A flexible wire is passed through the vein, and the vein is then pulled out through small cuts. The surgeon may also remove visible branch veins through tiny incisions. Tying off a vein where it joins a deeper vein is called ligation.

Removing a surface vein does not usually harm circulation. Most blood returns to the heart through deeper veins, and blood is redirected through healthy veins.

Stripping is now used less often because many people can have less invasive treatments, such as laser or radiofrequency ablation. Surgery may still be suitable when these treatments are

not appropriate, are unavailable, or do not match your preferences.

Why the procedure is performed

Varicose veins develop when valves inside a vein do not close properly. Blood can then flow backward and collect in the vein. An ultrasound scan is usually used to confirm this abnormal flow, known as venous reflux, before treatment is planned.

Stripping may be offered to treat varicose veins associated with:

Some people seek treatment mainly because of the veins' appearance. The expected cosmetic result should be discussed because small veins, staining, scars, or new varicose veins may remain.

- Aching, heaviness, itching, swelling, or throbbing
- Skin discoloration, inflammation, or hardening
- A current or healed leg ulcer caused by poor venous circulation
- Repeated bleeding from a surface varicose vein
- Repeated inflammation or clotting in a surface vein

Who should and should not have it

You may be offered stripping if an ultrasound shows reflux in a main surface vein and your symptoms or skin changes are significant enough to justify treatment. It may be considered when endovenous treatment cannot be passed through the vein, the vein's shape makes it unsuitable, or previous treatment has not worked.

The operation is not automatically the best option for every varicose vein. Your overall health, ultrasound findings, goals, and the recovery required all matter.

Treatment is commonly delayed during pregnancy because veins may improve after delivery. Surgery may also be postponed if you have an active skin or wound infection, an acute blood clot, or a temporary illness that makes anaesthesia less safe.

Stripping may be avoided when a surface vein is providing an important alternative route around blocked deep veins. Severe problems with arterial blood flow to the leg may also affect whether surgery and postoperative compression are safe. An ultrasound and circulation assessment help identify these issues.

Tell the surgical team about previous blood clots, bleeding problems, heart or lung conditions,

mobility difficulties, allergies, and earlier leg procedures. Taking a blood thinner like warfarin or apixaban does not always prevent surgery, but you need an individual plan.

How to prepare

Your treating facility's own instructions take priority because fasting rules, medication plans, and arrival times differ.

You will usually have a duplex ultrasound before surgery. This painless scan maps the veins and shows the direction of blood flow. The surgeon may mark the veins on your skin while you are standing.

Ask which regular medicines to take on the day. Do not stop aspirin, anticoagulants, or other blood-thinning medicines unless the treating team gives you a specific plan. Also mention non-prescription medicines and supplements.

If you are having general or regional anaesthesia, you will receive instructions about when to stop eating and drinking. Arrange for an adult to take you home. You may also need someone to stay with you after a general anaesthetic.

Wear loose clothing that will fit over dressings or a compression stocking. Avoid shaving the operative leg unless the facility asks you to do so, because small cuts in the skin can increase the chance of infection.

What happens during the procedure

Before the operation, the team confirms which leg and veins are being treated. You may receive a general anaesthetic, which makes you unconscious. Some operations use spinal, regional, or local anaesthesia instead.

The surgeon makes a small incision, often near the groin or behind the knee, and disconnects the faulty surface vein from the deeper venous system. Another small incision is made farther down the leg.

A thin stripping wire is passed through the vein. The vein is attached to the wire and removed through one of the incisions. The surgeon may use tiny additional cuts to remove bulging branch veins. This part is called phlebectomy.

The incisions are closed or covered, and a dressing or compression stocking is placed on the leg. You then go to a recovery area while the anaesthetic wears off.

Recovery and what to expect afterward

Pain is usually manageable with the pain relief recommended by your team. Bruising, tenderness, firm areas under the skin, and a pulling sensation are expected during early healing. The leg may feel more uncomfortable after standing for a long time.

You can usually drink and eat once you are awake and not feeling sick. Start with light food if the anaesthetic causes nausea.

Gentle walking is encouraged, but balance movement with periods of rest and leg elevation. Follow the instructions you receive about dressings, bathing, compression stockings, exercise, and heavy lifting. Avoid soaking the wounds until the team says they have healed.

You cannot drive home. Resume driving only when you are no longer affected by anaesthesia or sedating pain medicine and can safely control the vehicle, including making an emergency stop. Follow your facility's advice and check any insurer requirements.

Return to work is often possible within several days to about two weeks. A job involving prolonged standing, lifting, or strenuous activity may require more time than desk-based work.

Risks and possible complications

Bruising and temporary soreness are common after stripping. Small numb patches can occur if nearby skin nerves are stretched or injured. Sensation often improves, but numbness or nerve pain can sometimes persist.

Other possible complications include:

Treatment does not prevent every future varicose vein. Veins may return because new reflux develops, treated connections reopen, or other veins enlarge.

- Bleeding or a collection of blood under the skin
- Wound infection or delayed healing
- Noticeable scars, skin staining, or persistent lumps
- Deep vein thrombosis, meaning a clot in a deep leg vein
- Pulmonary embolism, when a clot travels to the lungs
- Lymph fluid leakage or swelling
- Injury to a major blood vessel
- A reaction or complication related to anaesthesia

Results and follow up

The targeted vein has been removed by the end of the operation, but the final result is not immediate. Bruising, swelling, and healing incisions can temporarily hide the improvement. Pain, heaviness, or swelling may improve over the following weeks, while skin changes can take longer and may not fully disappear.

Your team will explain whether you need a routine wound check or surgical follow-up. An ultrasound may be arranged if symptoms suggest a clot, if recovery is not progressing as expected, or if the treatment result needs assessment.

Continue any recommended wound care or compression until the advised stopping point. At follow-up, mention ongoing pain, numbness, swelling, wound problems, or varicose veins that still concern you.

Alternatives

Endovenous laser ablation and radiofrequency ablation close the faulty vein from inside using heat. They require only a small puncture and often allow faster recovery than stripping. They may not suit every vein shape, and they can still cause bruising, nerve irritation, or blood clots.

Ultrasound-guided foam sclerotherapy injects a chemical foam that closes the vein. It avoids surgical removal and can treat winding veins, but the vein may reopen and repeat treatment may be needed.

Non-thermal closure methods, including medical adhesive or mechanical-chemical treatment, avoid heat and may reduce the need for multiple anaesthetic injections. Availability, cost, suitability, and long-term evidence differ between methods.

Ambulatory phlebectomy removes visible branch veins through tiny cuts. It can improve bulging veins but does not, by itself, correct reflux in a faulty main vein.

Compression stockings can reduce aching or swelling without closing or removing the vein. Symptoms usually return when you stop wearing them, and stockings do not provide a permanent anatomical treatment.

Choosing no procedure is also reasonable when symptoms are mild. Activity, weight management where relevant, leg elevation, and skin care may help, but they do not remove the faulty vein.

When to call your healthcare team

Contact your surgical team promptly if pain or swelling is worsening rather than settling, a wound becomes increasingly red or drains pus, or you develop a fever. Also seek prompt advice for new one-sided calf swelling, persistent numbness or weakness, or bleeding that does not stop after firm pressure.

Seek emergency medical help for sudden shortness of breath, chest pain, coughing up blood, fainting, or severe difficulty breathing. These can be signs of a clot in the lungs or another urgent problem.

Bruising, mild tenderness, small firm areas, and limited numbness are usually part of routine recovery. Mention them at follow-up if they are not improving or if you are concerned.

Common questions

Will I be asleep?

Most stripping operations use general anaesthesia, so you are asleep. Regional or local techniques may be offered in selected cases. Your anaesthesia team will explain the planned option.

Can I drive home?

No. Arrange for someone to take you home. Do not restart driving until you can operate the car safely and are no longer affected by anaesthesia or sedating medicine.

How painful is it?

Expect soreness, bruising, and tightness along the treated vein. Pain is usually controlled with the medicines recommended by your team and gradually improves.

Will I have scars?

There will be small scars where the incisions were made. They usually fade, but their final appearance differs between people. Skin staining or tiny visible veins may remain.

When will I know if it worked?

The vein is removed during surgery, but symptom and appearance changes are judged over several weeks. Skin changes or ulcers may take longer to improve.

Sources

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