

The Vein Centre

At Vascular Surgical Associates

Richard A. Murbach, M.D.

Pre-Op Surgery Information Sheet

Please make arrangements to **have someone else drive you home after your procedure**, so you can move your feet and legs around. If sitting, keep your legs elevated. This is beneficial immediately following the treatment.

If you choose to take Valium for mild sedation during your procedure, please fill the prescription provided and bring it with you on the day of the procedure. We do ask that you **arrive 15 minutes prior to your appointment** to sign consent forms, and when completed, that is when you may take the Valium, starting only with ½ a pill or 1 pill, as instructed by the nurse on the day of your procedure.

Do not take Plavix, Coumadin, Aspirin or Aspirin products such as Motrin, Aleve, Ecotrin, or home remedies such as Ginkgo Biloba or individual Vitamin E, 5 days before your treatment. This will help minimize any bruising.

Discontinue _____ on ___ / ___ / ___

You may take Tylenol only if needed.

The day of your procedure/treatment, shower and wash your legs thoroughly. Do not apply any cream or lotion to your legs.

To avoid discomfort, please do not shave your legs the day of your appointment.

Please wear or bring with you loose-fitting slacks or shorts to wear after the treatment.

You may eat a light meal or snack 1 ½ hours before your appointment. Please drink at least a glass of water to make sure you are hydrated.

Compression stockings are a necessary part of the recovery after this procedure. You do not need to bring the stockings with you on the day of your procedure, as you will not be wearing them until 48 hours afterwards. However, **we strongly advise that you have the stockings in your possession by the date of your procedure.** If you have not already done so, you may purchase them in our office on the day of your procedure. A pair of thigh-high stockings is \$70. Although we recommend the brand we sell for the best outcome, if you requested a prescription to obtain your stockings elsewhere, please make sure you have them by the date of your procedure.

If you have any questions or concerns, please don't hesitate to contact our office.

Procedure to be performed:

- | | | |
|----------------------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Endovenous Laser Ablation | <input type="checkbox"/> Right Leg | <input type="checkbox"/> Left Leg |
| <input type="checkbox"/> Phlebectomy | <input type="checkbox"/> Right Leg | <input type="checkbox"/> Left Leg |
| <input type="checkbox"/> Sclerotherapy | <input type="checkbox"/> Right Leg | <input type="checkbox"/> Left Leg |
| <input type="checkbox"/> Other _____ | | |

Date of Procedure: _____ ___ / ___ / ___ Time of Procedure: _____ AM / PM

Date of Follow-up: _____ ___ / ___ / ___ Time of Follow-up: _____ AM / PM

I have reviewed the above information and understand the instructions.

Patient Signature and Date

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