



Fairfax Vein Center  
8505 Arlington Blvd. Suite 130  
Fairfax, VA 22031  
P: 703-698-4475 F: 703-698-8278

Patient Name: \_\_\_\_\_  
Procedure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Arrival Time: \_\_\_\_\_ Procedure Time: \_\_\_\_\_  
Dr: \_\_\_\_\_

**1 Week F/U:**  
Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time : \_\_\_\_\_ am pm

### Pre Procedure Instructions for Ambulatory Phlebectomy

- **Please be sure to arrive 30 minutes prior to your procedure time**, so the doctor can review the post-op instructions and obtain your consent for treatment. The procedure usually lasts **1 ½ hours**.
- **Bring your prescribed thigh-high compression hose with you the day of your procedure**; you will be wearing them home and for three weeks following the procedure. If you do not have compression hose, your procedure will be rescheduled.
- We will give you a mild sedative prior to your procedure, therefore **you will need to make arrangements for a friend or a family member to drive you home or your procedure will be rescheduled**.
- Please inform us of any allergies you may have.
- **Please be sure to shave the surgical leg the night prior to the procedure with an electric razor or use a depilatory cream (Neet / Nair)**. Avoid straight razor blades for two days prior to procedure.
- Please **DO NOT** put any cream or lotion on your legs the day of your procedure.
- We encourage you to have a small meal but do not drink coffee or other caffeinated beverages prior to your procedure.
- We expect you to be able to resume most activities including work the day after your procedure.
- **No airline flights for three weeks after any Vein procedure.**
- **No car rides longer than 1 hour after any Vein procedure.**
- If you have any procedure, scheduling, or pre certification questions call 703-698-4475.

**If you need to cancel for any reason, please call at least one week prior to your scheduled procedure date.** This will assist to accommodate the other patients that are waiting to have this procedure done. The doctors and staff of the Fairfax Vein Center appreciate your consideration in this matter.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_