

PRE- AND POST-OP PATIENT INSTRUCTIONS

FIND RELIEF
FROM
VARICOSE
VEINS

VenaSeal
Closure System



Patient Name: _____

The VenaSeal™ Procedure: Patient instructions

Pre-Op Instructions *(check box if required)*:

- Arrange someone to drive you home following the procedure
- Ask your physician about taking any prescription medication before your procedure

Post-Op Instructions *(check box if required)*:

- Activity level _____
- Ambulation _____
- Strenuous activities _____
- Compression hose _____
- Analgesics _____
- Return for follow-up ultrasound within _____ hours
- Other _____

Follow up Ultrasound

- Date: _____
- Time _____ am/pm