

The VenaSeal[™] Procedure: Patient instructions

Patient Name: _____

Date of Procedure: _____

Post-Op Instructions:

Elevate legs when not active for the next three (3) days

Activity level: no restrictions

Ambulation: no restrictions

Compression hose _____

Analgesics: Over-the-Counter medications; Prescription as needed

Return for follow-up ultrasound within seven (7) days

Complications:

If you should develop severe itching and/or redness of the treated leg, please call our office

If you develop severe swelling of the leg, chest pain or shortness of breath, call our office immediately or report to nearby hospital emergency department.

Follow up Ultrasound

Date: _____

Time: _____ am/pm

Please contact us through our office with further questions as necessary
413-347-4767

Dr. Basile's Cell for urgent concerns after hours: 413-770-6539