Surgical Information and Prices

2024

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for

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Surgical Solutions for Varicose Veins

Traditional Surgical Procedure:

The traditional surgery can be performed under spinal anesthesia or general anesthesia.

The procedure includes:

- Interrupting the superficial venous trunk where it enters the deep vein (**Crossectomy**).
- Complete or partial removal of the superficial venous trunk running under the skin (Stripping).
- Removal of dilated, visible smaller varicose veins (**Percutaneous Varicectomy**).
- An incision is made over the course of the venous trunk in the groin (2-3 cm). Then, another incision is made from the knee or ankle area, through which a probe is inserted up to the previous incision, allowing the entire venous trunk to be removed. The side branches are removed through small incisions using a hook or a serrated Smetana knife.

Advantages:

- Covered by public health insurance (TB supported).

Disadvantages:

- Only one limb can be treated at a time.
- More and larger incisions.
- Painful groin wound.
- Longer recovery time.
- Less noticeable aesthetic improvement.
- Higher chance of recurrence.

Endovenous Surgery: **Laser / Microwave**

This procedure can be performed under local anesthesia. For full limb or bilateral treatment, it is preferable to perform the surgery under general anesthesia.

A probe is inserted into the affected vein through a needle puncture. The laser/microwave at the end of the optical fiber generates high heat (100-120°C), which closes the vein, causing the walls to stick together and blood flow to cease.

Advantages:

- Can be performed on an outpatient basis, even under local anesthesia.
- Minimal pain, long-term results.
- Quick recovery and return to work.
- The patient can leave on their own feet.
- Excellent aesthetic results.

Disadvantages:

- Costs associated with private clinical settings.

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ART MEDIC Aesthetic Center

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2024 Prices

Operating Surgeon: Dr. István Rozsos

Phone.: **+36 70 907 1234**

Procedure: EVLT / EMWA

Price for full surgery on **one leg:** **790.000 HUF// 1.975, -EUR***

Price for full surgery on **both legs**: **890.000 HUF// 2.225, -EUR***

In case of extreme anatomical or structural conditions, a 20% fee adjustment may apply

*** Prices in euros are definitive!** The amounts specified in HUF are indicative, depending on the current euro/HUF exchange rate.

The surgery price always includes:

- Full laser/microwave varicose vein surgery
- Anesthesia
- Observation, which lasts 4 hours
- The first post-surgery check-up at the agreed time

A scheduling fee of 100,000 HUF is required to secure the appointment, which **will be deducted from the surgery cost**.

If the surgery is canceled due to the patient's fault, the scheduling fee is non-refundable.

Payment Methods: (for the remaining amount)

- **Advance bank transfer**, latest by the morning of the business day before the procedure (bring or email the transfer receipt to theta.mutet@gmail.com).
- **Cash** on the day of the procedure at the location.
- **Credit card** on the day of the procedure at the location.

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When is intervention necessary?

Varicose veins can lead to a pathological circulatory condition affecting the entire body (Chronic Venous Insufficiency), making it necessary to exclude these varicose veins from circulation.

Due to the expansion of the lower limb venous network, venous circulation is impaired, which initially causes only periodic problems (edema, swelling, pain, nighttime cramps). However, in the long term, the pathological processes result in constant complaints.

As a consequence, superficial and deep vein thrombosis, pulmonary embolism, or leg ulcers may also develop.

Hereditary factors play a significant role in the causes of the disease. If at-risk family members receive treatment in time, complications can be avoided.

The insufficiency of the venous valves causes continuous reflux (in this context, reflux refers to the backward flow of venous blood), which increases the risk of thrombosis and leg ulcers.

The following symptoms may indicate insufficient venous valve function: periodic heavy leg feeling, moderate lower leg swelling, and the typical nighttime cramping pain.

Insufficient venous valve function is also indicated by the so-called spider veins, which can cause significant aesthetic concerns (dilation of the side branches of the main venous networks, dilation of the main venous networks with characteristic edema, inflammation, eczema, pigmentation, or decompensated tissue circulation in the main venous networks leading to leg ulcers).

Varicosity associated with deep vein thrombosis and post-thrombotic syndrome Possible surgical treatment methods:

Possible surgical treatment methods:

- Traditional Madelung surgery
- Percutaneous methods with crossectomy (according to Várady or Smetana, vein stripping with a cryoprobe)
- Laser/Microwave probe method without physical vein stripping

What is Endovenous Ablation (EVLA / EMWA)?

Endovenous ablation has been used in vascular surgery for over 15 years. The term roughly translates to "elimination of the diseased area within the vein using heat produced by a laser or microwave."

The essence is to penetrate the pathologically dilated vein section through a minimal needle puncture in the skin, which is then coagulated and excluded from circulation by the heat produced by the laser/microwave—without damaging the surrounding tissues!

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Preconditions for Surgery:

- The patient's complete mental and physical well-being
- Negative laboratory results not older than 2 weeks
- EKG results not older than 2 weeks
- A lung screening or chest X-ray result within one year
- Payment of the organizing fee

It is essential to ensure that the patient has **no known drug allergies—especially to local anesthetics—before the procedure**!

It's important to inform us **if you have any blood clotting disorders**, but you do not need to stop taking your medication—including anticoagulants—because of the procedure.

Surgery cannot be performed if:

Preoperative examination reveals abnormal laboratory values that could interfere with the procedure. After these have been addressed, surgery may proceed.

Smoking increases the risk of thrombosis: If a smoking patient is taking hormone preparations (oral contraceptives), the risk of thrombosis increases fourfold. Smokers also have a higher likelihood of complications; patients are thoroughly informed about these risks. If a smoking patient requests the procedure, they must sign a consent form acknowledging the increased risk.

In cases of previous deep vein thrombosis, the condition of the deep venous system determines the feasibility of the surgery.

Preoperative Preparations:

- On the day before surgery, only light dinner is allowed, and drinking and smoking are permitted only until midnight.
- **FROM MIDNIGHT, EATING, DRINKING, SMOKING, AND EVEN CHEWING GUM ARE PROHIBITED! If this is not followed, the surgery cannot be performed!**
- Information about taking regularly prescribed medications before the surgery will be provided during the consultation with the operating doctor.
- If necessary, ensure that the surgical area(s) are shaved.
- Follow the checklist provided at the end of this information.
- After receiving oral information, the patient signs the surgical consent form.

The Course of the Surgical Treatment:

The EVLA treatment takes place in the Health Center's treatment room. The surgery is performed by vascular surgeon Dr. István Rozsos.

An anesthesiologist and an assistant will also be present, assisting the surgeon in preparations and performing assistant tasks. The assistant will ask you to expose the area around the pathologically dilated vein. Once this is done, the vascular surgeon will plan which veins need treatment and identify the best entry points in your case using a DUPLEX ultrasound examination while you are standing. Then, you will be asked to lie down on the treatment table.

The EVLA treatment is performed under sterile conditions, with the surgical team wearing sterile clothing and gloves. The assistant sprays the surgical area with an antiseptic fluid (disinfectant) and covers the surgical area with sterile drapes around the puncture sites. It is crucial that this sterile area is not touched with bare hands, so large movements should be avoided. If you need assistance, inform the assistant!

During the surgery, a laser fiber is inserted into the pathologically dilated vein segment, and the heat effect from the probe at the end of the fiber causes the vein segment to coagulate. Depending on the severity of your condition, multiple entry points may be required. These will leave minimal scars that heal within a few days.

Expect to spend at least an hour in the treatment room, including preparations and post-operative care, such as wound dressing and check-up examinations.

Postoperative Treatment, Medications, Lifestyle, Home Care, Medical Check-ups

The doctor will check the bandage placed in the operating room before you leave the hospital. After surgery, you will be taken to the recovery room, where you can drink after 1 hour, stand up after 2 hours, and if you feel well, leave the facility on your own after 4 hours.

YOU CAN NOT DRIVE ON THE DAY OF SURGERY DUE TO SEDATION, SO YOU WILL NEED SOMEONE TO DRIVE YOU HOME!

Possible Risks:

Endovenous laser/microwave ablation is a very safe procedure, but like any medical intervention, it has potential complications. Immediately after surgery, there may be a feeling of tension, but persistent pain is rare. Mild burns may occur, but with appropriate treatment, they heal without a trace. In 0.1% of cases, paresthesia (peripheral nerve injury) may occur, but it typically regenerates on its own within 6-12 months.

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Post-Surgery Recovery:

- The bandage/compression stocking placed on the day of surgery can be removed on the morning of the second day after surgery. The surgical entry points can be covered with band aid and you may shower.
- Painkillers may be needed for a few days, depending on individual sensitivity.
- During the postoperative period, a gentle lifestyle is recommended. Avoid strenuous physical exertion, particularly lifting heavy weights. The patient remains mobile, can take care of themselves, and may perform intellectual work. Everyday activities, sports, mild impact, high pressure (diving), or low pressure (flying at high altitude) are no longer harmful, but gradual resumption is recommended for everyone.
- The doctor will determine the duration of compression bandage or stocking wear, the need for other medications, and the timing of follow-up appointments. Failing to attend follow-up and any resulting health deterioration are the patient's responsibility! Patients must follow medical instructions, attend mandatory check-ups at the scheduled times. Generally, check-ups are required 2 weeks after surgery, then 6 months later, and annually thereafter.

Symptoms Requiring Immediate Medical Attention:

Postoperative fever, sudden swelling of the limb, throbbing pain, or discharge from the wound should be immediately reported to the operating doctor.

Expected Outcome of the Procedure:

- The primary goal is to eliminate hemodynamic (circulatory-physical) damage and relieve symptoms (edema, cramps, risk of thrombosis, embolism, ulcers).
- The secondary goal is to remove the varicose veins causing aesthetic complaints.
- The tertiary goal is to reduce congestive pressure in the spider vein areas, aiding more effective sclerotherapy.

Consequences of the Procedure:

Directly after surgery, a feeling of tension is normal; it may also occur on the 5th or 6th day post-surgery due to the beginning of vein scarring. Minor bruises and numbness in the surgical area are also common but will eventually subside. Compression bandages or stockings help compensate for temporary circulatory overload.

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Checklist:

1. Laboratory results not older than 2 weeks.
2. EKG results not older than 2 weeks.
3. Lung screening or chest X-ray result within one year.
4. Compression stockings/bandages.
5. Price quote.
6. **From midnight before anesthesia, no eating, drinking, smoking, or chewing gum!**
7. Bring comfortable clothing and slippers.
8. **Take your blood pressure and heart medications on the morning of the procedure, as well as any other regularly taken medications as discussed beforehand.**
9. Shave the surgical areas if necessary.
10. Transfer the organizing fee.

Thank you for your trust!

Dr. István Rozsos

Vascular surgeon

For further questions not covered here, please feel free to contact us:

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