



Cedar Crest Professional Park  
1249 South Cedar Crest Boulevard, Suite 100  
Allentown, PA 18103

610-770-2236

858 Interchange Road  
Lehighton, PA 18235

### **PRE OP VEIN ABLATION PROCEDURE INSTRUCTIONS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

You have been scheduled for your Vein Ablation procedure on \_\_\_\_\_.

#### **Kindly follow the Follow-up Instructions below:**

- Please **shower** the **evening before AND morning of** your procedure. Thoroughly wash your entire leg with soap and water from the very top to the ankle. **You will not be able to shower until AFTER** your post procedure ultrasound (generally 24 – 48 hours).
- Please **drink plenty of water** in the 24 hour period prior to procedure.
- You may eat and take your medications before your appointment.
- Wear **loose**, comfortable clothing the day of your procedure. You may be asked to remove your underwear. If you choose to keep them on, please be aware that the betadine solution used to prep the leg may stain them. Bring an extra pair along.
- You have been given a prescription medication to relax you, **fill prescription and bring it with you. Do NOT take at home.**
- If you develop a fever or are on an antibiotic before the procedure, please call 610-778-3670 as soon as possible.
- **No driving the entire day.** You **will need** a family member or friend with you at the office at all times, unless otherwise instructed.
- Please do not work the day of the procedure.
- If you have any questions about these instructions or your procedure, please feel free to call our office at 610-778-3670.

**If you show 1/2 hour or more late for your procedure you may be rescheduled.**

**There is a fee if you do not show for your procedure.**

Thank you for choosing The Heart Care Group for your Vein Ablation procedure.