

V A R I C T O M Y

By

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SUNDARARAJ, a boy of 16 years was admitted in the Men's Surgical Ward on 27.1.67 at 10 a.m. with the complaint of varicose veins in his right leg.

Sundararaj is the eldest in the family. He has two brothers and a sister. His father is a farmer. He had dilatation of the vein for the past seven years and complained of pain while walking.

On admission he appeared healthy and cheerful. His temperature, pulse, respiration and blood pressure were normal. His weight was 91 pounds.

All routine examinations were done on 28.1.67. His blood tested and found normal. Stool and urine sent for examination. Urine N.A.D. but Ankylostoma worms were seen in the stool.

He was given Multi-vitamin tablets, T.D.S. Calcium Lactate grs. V.T.D.S. and Shark Liver Oil 10 drops T.D.S. Full diet was given.

On 29.1.67 he was examined by the surgeon and after Trendelenburg's test he was posted for operation. The Surgeon marked the distended veins with Gentian Violet solution to recognise all the branches of the vein during operation.

Varicose veins of the legs usually occur during pregnancy, due to prolonged standing and Pelvic tumour. This disease only occurs in human beings due to the erect position. In the present case, the right saphenous vein was affected due to a congenital condition. The saphenous vein was dilated and became tortuous.

The responsibility of preparing this patient physically and mentally

for operation was mine. After he was fixed for operation I explained to the patient the reasons for the operation. As he was alone in the hospital he confided in us for all the necessities. My answers to his queries in simple truth cast off his fears and he readily agreed to undergo the operation.

Local skin preparation was done. As he was to have general anaesthesia nothing was given by mouth since midnight. Sundararaj was given Soneryl 100 mgm. during the night to ensure good sleep. On the day of operation the usual pre-operative treatment was given. Pre-medication Siquil 13 mgm. with Sol. Atropine 1/100 gr. was given at 10.30 a.m. and the patient was brought to the operation room.

The position used for operation : Dorsal recumbent. General anaesthesia started with Sodium Pentothal and continued with gas, ether and oxygen. The whole leg was prepared up to suprapubic region with cetavlon 1% Tr. Iodine 2% followed by rectified spirit wash. Triangular spreads for the hip and the foot and autoclaved long rubber mackintosh for the leg were used.

Instruments used : Knives, medium size forceps, small size tooth forceps, medium and small scissors, medium size artery clamps 10, small size artery clamps 6, skin and fascia retractors, vein stripper, needle holder, needles and suture materials for the skin, subcutaneous and for the fascia.

Operation started at 10.30 a.m. The first incision was made on the medial side of the right leg just above the ankle. The second incision was made in the groin. The vein stripper was inserted in the major saphenous vein at the ankle

and taken out in the groin. The whole major saphenous vein was then stripped out after ligating at the ankle. The junction of the major saphenous vein and the femoral vein in the groin was carefully dissected free. The saphenous vein was ligatured twice as near the femoral vein as all its collaterals. Several incisions were done in the foreleg and all the dilated veins were dissected and removed with the help of clamps. All the incisions were sutured with silk; catgut was used in the groin as subcutaneous suture. All the sutured areas were cleaned and sterile dressings were applied. The whole leg was bandaged with elastic bandage to prevent any haemorrhage and oedema. At about 2.30 p.m. the patient was transferred to the ward in a semiconscious state.

Immediate Post-operative care

The patient was received in the ward, T.P.R. and blood pressure were recorded and found normal. The patient was observed carefully and his blood pressure was checked every half an hour for two hours until the patient regained consciousness. The patient was given sips of fluids viz. plain water and fruit juice which was well tolerated. The operated area was frequently observed for any undue haemorrhage or swelling. He was given Morphine 1/6 gr. on the first night to relieve pain. The operated leg was kept elevated. The patient voided freely and had a restful night.

Post-operative Care

The routine post-operative care was given. T.P.R. recorded. Mouth and back attended every four hours. The patient was ambulated on the 2nd day. This helped in preventing

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