



St. Claire Regional
Medical Center

SAPHENOUS VEIN MAPPING

Patient's Name: _____

DOB: _____

Diagnostic Imaging Department
222 Medical Circle
Morehead, KY 40351
Office: 606-783-6761
Fax: 606-783-6935

Patients:
These are the instructions for your
scheduled procedure in our
Diagnostic Imaging Department.

Scheduling

Your examination has been scheduled for:

Date: _____ **Time:** _____ **A.M./P.M.**

The above time has been reserved for you. Please arrive 15 minutes before the appointed time so you can register. When you arrive to register, please follow the guidelines below to know where to sign in:

Admitting/Registration - 6:30 a.m. to 11:00 p.m.
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.

Purpose

This ultrasound procedure is performed in order to visualize the saphenous vein to determine location and size.

Preparation

None

Procedure

Dressed in a gown you will lie on a bed. The technologist will then expose the affected leg and place a gel on the inside of the leg from the groin to the ankle. The saphenous vein will be marked with permanent marker all the way from the groin to the ankle. This is not to be washed off until after surgery.

Results

The radiologist will review your exam and send a written report to your physician. You will have to contact your physician for the results. Your physician will discuss the results with you as appropriate. The technologist will be unable to give you any information or interpretation about the results of your exam.

If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761.