

Information about varicose veins

Vascular Surgery Patient Information Leaflet

Varicose Veins

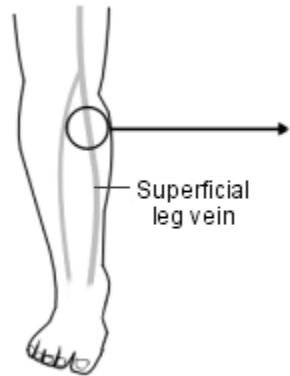
About three in 10 adults develop varicose veins at some time in their life. Most people with varicose veins do not have an underlying disease and they usually occur for no apparent reason. Varicose veins do not cause symptoms or complications in most cases although some people find them unsightly. If treatment is advised or wanted for cosmetic reasons, an operation to 'strip' the varicose veins is a common treatment. Newer techniques to remove the veins have recently been introduced.

Understanding normal leg veins

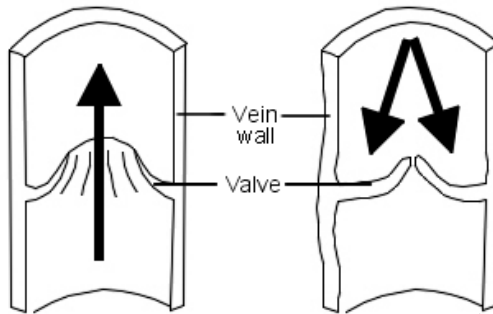
Veins are blood vessels which take blood back to the heart. Blood flows up the leg veins into larger veins and towards the heart.

There are three types of veins in the legs.

- Superficial veins are the ones just below the skin surface. You can often see or feel the larger superficial veins. The superficial leg veins are the ones that may develop into varicose veins.
- Deep leg veins pass through the muscles. You cannot see or feel these.
- Many small communicating ('perforator') veins take blood from the superficial veins into the deep veins.



There are one way valves at intervals inside the larger veins. These valves prevent blood flowing back in the wrong direction. When we stand there is quite a height of blood between the heart and legs.



Healthy venous valves

Venous blood flows upward against gravity and any backflow is prevented by valves that shut against the flow

Gravity tends to pull the blood back down but is prevented from doing so by the vein valves and by the normal flow of blood towards the heart.

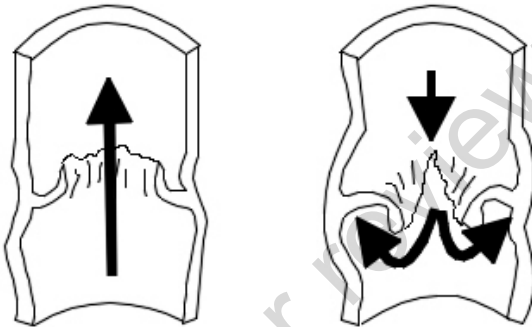
What are varicose veins?

Varicose veins are dilated (enlarged) sections of veins which are located just under the surface of the skin usually on the leg. They are often easy to see as they look thick and 'knobbly'. They may be less obvious if you are overweight as they are hidden by fatty tissue under the skin.

Other, smaller types of veins which can be noticeable are reticular veins which are a closely-grouped network of small veins and thread veins or spider veins which look like a kind of starburst pattern on an area of the leg. These are not true varicose veins.

What causes varicose veins?

It is thought that the wall of the vein becomes weak in some sections. These sections then widen and become more prominent. If this occurs near a valve then the valve may become 'leaky' and blood may flow backwards.



Varicose veins

The valves become damaged and do not function properly. Backflow of blood is not prevented and 'pooling' of blood stretches and balloons the vein walls.

Once this happens at one valve there is extra pressure on the vein which can cause more widening and more leaky valves. Blood then 'pools' (collects) in the enlarged vein and makes it stand out.

Who develops varicose veins?

About three in 10 adults develop varicose veins at some time in their life. Most people with varicose veins do not have an underlying disease and they occur for no apparent reason. However the chance of them developing is increased with:

- Pregnancy. This is partly due to the baby causing extra pressure on the veins and partly because hormones you make during pregnancy tend to relax vein walls. The more babies you have, the more the risk of permanent varicose veins developing. Varicose veins tend to appear or get worse during pregnancy but often improve after childbirth when the pressure on the veins eases.
- Age. They are more common with increasing age.
- Being overweight which appears to increase the chance for women but not men.
- Standing a lot. Jobs which involve lots of standing are often said to cause varicose veins. However there is little scientific evidence to support this theory.
- Family history. Very often there is a history of varicose veins in the family.

Sometimes an underlying disease may cause varicose veins for example:

- A previous blood clot (thrombosis) or injury in a deep leg vein.
- Rarely, a swelling or tumour in the pelvis (lower part of the tummy) which blocks flow in the veins at the top of the leg.

- Very rarely, varicose veins are due to abnormal blood vessels if some of the veins or arteries have not formed in the normal way.

What are the symptoms of varicose veins?

Most people with varicose veins have no symptoms. Some people are concerned about the appearance of the veins. Larger varicose veins can ache, feel 'heavy' or itch. You may also get ankle or foot swelling with varicose veins.

Are there any complications of varicose veins?

Most people with varicose veins do not develop complications. Complications develop in a small number of cases and are due to the higher pressure in the varicose veins causing changes to the small blood vessels in nearby skin.

If complications do develop it is typically several years after the varicose veins first appear. However it is impossible to predict who will develop complications. The visible size of the varicose veins is not related to whether complications will develop.

Possible complications include:

- Inflammation of the vein (thrombophlebitis).
- Swelling of the foot or lower leg.
- Skin changes over the prominent veins. The possible skin changes are discoloration, eczema, skin ulcers or 'lipodermatosclerosis' (hardening of the fat layer under the skin causing areas of thickened, red skin). See separate leaflet called 'Venous leg ulcers' which explains about skin ulcers caused by varicose veins.

- Rarely, varicose veins may bleed.

First aid for bleeding varicose veins: this happens only rarely but if a varicose vein does bleed then you need to stop the bleeding quickly by doing the following:

- Elevate the leg – lie down flat and raise the leg high so that it is well above the rest of the body (e.g. rest it on a chair, use lots of pillows or someone can hold the leg high).
- Pressure – put a clean cloth or dressing onto the bleeding area and put firm pressure on it for at least 10 minutes.
- Call an ambulance if the bleeding is heavy or does not quickly stop. See your GP urgently as you may need treatment to prevent the bleeding from happening again.

Do I need treatment or a referral for varicose veins?

Most people with varicose veins do not need any treatment. You may want to have treatment for one of the following reasons:

- If complications develop which occur in a small number of cases such as an ulcer then treatment of any varicose veins may help to cure it. If you have a varicose vein which has bled then you should be referred urgently for treatment.
- For symptoms of itchiness or discomfort.
- Cosmetic reasons. You may feel that the veins look unsightly. Treatment which is purely for cosmetic reasons is not usually available on the NHS but NHS treatment can be considered in certain circumstances such as if varicose veins are severely affecting your quality of life.

- If you have a combination of both varicose veins which are problematic and arterial disease (poor circulation) of the legs or if arterial disease is suspected you will need to have the leg circulation examined before certain treatments such as compression stockings can be used (tests and treatments are explained below).

Which tests might I have?

If varicose veins are problematic you will usually be referred for a specialist assessment. You may have a type of ultrasound scan called a Doppler or a duplex scan. This helps to show how the blood is flowing in the veins and can show whether any of the valves are damaged which is useful to know when planning treatment. Occasionally other tests are needed if the veins are complex.

If you have arterial disease or peripheral vascular disease in your legs or if arterial disease is suspected, then the arterial circulation needs to be measured before you have treatment which puts pressure on the leg such as compression stockings (below). The arterial circulation is normally measured by using an ultrasound machine called a Doppler ultrasound which is used to give a measurement called the ankle-brachial pressure index. This test can be done in specialist clinics and also by some nurses and GPs.

What are the treatment options for varicose veins?

There are several different options plus a number of new treatments.

Conventional (usual) treatments

Self-help methods

Avoid prolonged standing or sitting still. Try to put your feet up frequently (sit or lie down and raise the feet above the level of your hips for example use extra pillows under your feet on a bed or footrest). This helps to reduce blood pooling in the veins. Use moisturising cream to protect the skin if it is dry, flaky or itchy.

Support tights and compression stockings

These counter the extra pressure in the veins. They may help to ease symptoms such as ache though there is little proof as to how well they work. Support tights and compression stockings may also help to prevent early complications from getting worse. To work properly they need to be correctly fitted. They come in different strengths and sizes. Most people find that the type of compression stockings called 'below-knee class 1 (light) or class 2 (medium)' are suitable. Ideally they should be put on first thing in the morning before you get out of bed and taken off when going to bed at night. Compression stockings are available on prescription or can be purchased.

Please note that if you have arterial disease in the legs you will need a medical assessment of your circulation to decide if compression stockings are suitable.

Creams and medicines

Moisturising cream can be helpful if the skin is dry, hard or itchy or if there is eczema. Also for eczema due to varicose veins a short course of steroid cream may be needed.

Surgery

Different techniques can be used to remove the veins depending on their site and severity. A surgeon will discuss this with you. Usually the communicating veins (explained in section 'Understanding normal leg veins') are tied off (ligated). Then the large varicose veins are removed or stripped from the leg. Many people only need to come into hospital for the day to have this treatment. One to three weeks off work may be needed afterwards depending on your job.

Sclerotherapy

This injects the vein with a chemical that can sclerose (close and seal) the vein. It is mainly used for smaller veins. The vein needs to be compressed afterwards which involves wearing bandaging or compression stockings for a few days or weeks.

Newer treatments

Newer techniques have also been developed to treat varicose veins. Their aim is to reduce the need for traditional stripping of the veins and to reduce bruising or other possible complications of surgery. The new treatments include:

Radiofrequency ablation and endovenous laser ablation

These methods involve passing a probe into one of the longer varicose veins using ultrasound to guide the position. The laser or radiofrequency energy makes the vein heat up which seals it.

Transilluminated powered phlebectomy

This is a new method of surgically removing the veins. A light is passed under the skin and the varicose veins are removed by a suction device. This reduces the number of cuts needed to remove the vein.

Foam sclerotherapy

This uses a chemical mixed with air to make foam. The foam is injected into the veins, pushing the blood away and making the veins go into spasm. Ultrasound is used to help guide the injection. After treatment compression stockings are needed and the veins will be hard and swollen for a while before they shrink down. More than one treatment may be needed.

Which treatment?

All types of surgery or injection for varicose veins have a small risk of complications for example damage to nearby nerves or skin. Also it is quite common to have side effects such as pain and bruising for a while afterwards.

There is also a chance that the varicose veins can come back. Ask your surgeon about the advantages and disadvantages of different treatments in relation to your own particular veins.

The newer methods have not yet become routine or standard practice. They need to be further evaluated before we know their long term success rates. Currently they are not always available on the NHS but may become more popular in future.

Thread veins and spider veins

These do not cause the same problems as varicose veins and do not need treating except for cosmetic reasons. They are not usually treated under the NHS.

How can I help myself?

You should consider doing what you can to improve your general health.

For example:

- Eat a healthy diet which includes having a low salt intake.
- If you are able exercise regularly and increase walking distances.
- Lose weight if you are overweight.
- Do not smoke.
- Drink alcohol in moderation.

Further help and information

The Circulation Foundation

Web: www.circulationfoundation.org.uk

www.patient.co.uk

Your comments

Patient Advice and Liaison Service (PALS) Freephone 0800 073 0510.

PALS is here to support patients, relatives or carers when they have concerns or queries. They will do their best to resolve any concerns you may have and can also give advice on making a formal complaint.

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If you require any further information regarding our services or if you have any questions about the management of your condition, please contact your consultant or vascular nurse on the telephone numbers below.

Russells Hall Hospital, Dudley

Mr Jayatunga	Consultant vascular surgeon	Tel: 01384 244243
Mrs Shiralkar	Consultant vascular surgeon	Tel: 01384 244246
Mr Pathak	Consultant vascular surgeon	Tel: 01384 244245
Mr Rehman	Consultant vascular surgeon	Tel: 01384 244176
Mr Newman	Consultant vascular surgeon	Tel: 01384 244243
Mr Wall	Consultant vascular surgeon	Tel: 01384 456111 Ext 1235
Joy Lewis/Sharron Cole	Vascular nurse specialist	Tel: 01384 456111 Ext 2456 (answer machine)

New Cross Hospital, Wolverhampton

Mr Garnham	Consultant vascular surgeon	Tel: 01902 695977
Mr Hobbs	Consultant vascular surgeon	Tel: 01902 695971
Paula Poulton/Val Isgar	Vascular nurse specialist	Tel: 01902 695984

Manor Hospital, Walsall

Mr Abrew	Consultant vascular surgeon	Tel: 01922 721172 Ext 7763
Mr Khan	Consultant vascular surgeon	Tel: 01922 721172 Ext 6669
Fiona Fox	Vascular nurse specialist	Tel: 01902 721172 Ext 7648

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

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જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

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0800 0730510 على التلفون Information Co-ordinator

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