

8 SOLUTIONS FOR VARICOSE VEINS

*The unsightly circulatory condition can impact your summer look - but there are more important reasons to have veins checked out, writes **Professor Austin Leahy***



Treatment for varicose veins is a lot easier than it used to be

Summer's here, and for many people that means skirts or shorts are worn for the first time in months. But those unsightly swollen varicose veins are a problem. For most of us, it will be too late to do anything about them for this year's holiday. But treatment is a good idea to avoid nasty skin problems. The good news is, treatment nowadays is a lot easier than it was in the past.

1 What are varicose veins?

Veins are part of the circulation that returns blood back to the heart. When veins are varicose, broken valves allow blood to pool in the legs. The veins become swollen and twisted. The pressure of pooling blood causes symptoms initially, and eventually causes skin damage including eczematous rashes, swelling, discolouration, and in older people, ulcers.

Surprisingly, severe pain is rarely a symptom, unless the veins are red and inflamed. More usually they cause heaviness, tiredness, aching or restlessness. Because the symptoms are often vague, sufferers often ignore the developing skin problems and delay seeking treatment.

2 What causes them?

Humans are the only animals that suffer from varicose veins. As we evolved, standing on two legs created increased pressure in the leg veins, and unlike animals, we have loose skin.

The combination means that varicose veins are very common, occurring in 35pc of women and 25pc of men. By 60 years of age, up to 50pc of people have some varicose veins evident, as the disease increases with age.

Hereditary factors are important, with many blaming their mothers for passing them on. Other important factors include pregnancy, obesity and previous deep vein thrombosis.

3 What should I do if I have them?

First stop for sufferers seeking treatment is assessment by ultrasound of the leg veins, and clinical examination by a vascular surgeon. A duplex ultrasound scan is a painless investigation which reveals the extent of the problem, whether varicosities are confined to a few easily treated visible veins or whether larger veins are involved. After that, a clinical examination by a vascular surgeon can produce a treatment plan.

4 What will the treatment be?

The type of treatment will depend on whether the veins are confined to the skin as skin flares or spider veins; or whether there are larger superficial veins to be treated.

Skin flares are best treated by injection sclerotherapy. In this outpatient treatment, a chemical which includes local anaesthetic is injected into the broken veins, causing them to scar and fade. In a small number of patients, for tiny veins, laser may be preferred to injection sclerotherapy.

Fortunately, these skin flares and superficial veins are easily dealt with and can even be treated in time for your August holiday.

Most people, however, will have larger underlying varicose veins, which require minimally invasive surgical treatment. Nowadays open surgery, which involves cutting and stripping, is no longer necessary (see CF National Institute for Health and Care guidelines, nice.org.uk).

First line treatment uses heat therapy or thermal ablation, delivered by laser or radio frequency ablation. This is walk-in, walk-out daycase surgery.

Wounds are tiny and do not require stitching. Most patients can return to work and full activities in two to three days. Cosmetic results are excellent and recurrence of large veins are unlikely.

5 What about wearing stockings?

Elastic stockings are a useful part of the treatment by sclerotherapy or surgery. It is also important for patients who have had skin problems such as ulceration to wear them longterm.

They are not a solution to varicose veins, do not need to be worn by patients whose veins have been treated and do not prevent further vein development.

6 Are there any new treatments on the market?

Recent publicity suggests advantages of newer treatments, such as glue injection (VenaSeal) as an alternative to laser surgery.

There are potential benefits with glue; however, only short-term results (up to three years) are available. Consequently, Irish health insurers do not cover this treatment, unlike all the other treatments mentioned, which are generally covered.

7 Varicose ulcers

Unfortunately, some patients present too late, and have varicose ulcers. It is still worthwhile treating the veins surgically, which speeds up the ulcer-healing process. Many weeks of medical dressings, including pressure bandaging, are required to heal the ulcer.

The cosmetic effects of skin discolouration and scarring will be permanent.

8 What can I do this summer?

At the very least, patients with varicose veins travelling this summer should wear elastic stocking to the knee when standing and walking.

This is especially important during flights, where the lower pressure of airplane cabins can cause ankle swelling and promote the risk of deep vein thrombosis.

Medical skin emollients, such as Silcock's Base, are available over the counter and improve ankle skin quality.

It may be too late for most people to get their legs ready for this summer's holidays. There are more important reasons to attend to those varicose veins.

Skin complications of varicose veins are serious and permanent and a more pressing reason for getting them sorted out.

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