

Varicose Veins

- **What are varicose veins?**

Dilated blood vessels - also called varicose veins - have a bluish colour and often appear near the surface of the skin, particularly the legs. These vessels can become unsightly and can produce a dull aching of the legs after prolonged standing. They occur in association with poorly working valves in a main leg vein and may cause superficial 'spider' veins. In many patients varicose veins are hereditary - they tend to run in families. They occur in both men and women, but are more frequent in women.

- **Can they be prevented?**

Wearing specialised support stockings may prevent dilated blood vessels from developing in some people. Maintaining an ideal weight and regular exercise, especially walking, may also be helpful.

- **How are dilated blood vessels on the legs treated?**

For the majority of patients a procedure called sclerotherapy can be used. A solution (called a sclerosant) is injected directly into the veins using a very fine needle. The solution irritates the inside of the vessel wall causing it to inflame and stick to itself, thus closing it off and preventing any blood flow. Over a period of weeks the vessels fade, becoming barely visible or invisible. Depending on its size a single blood vessel may have to be injected more than once, a month or more apart. In any one treatment session many vessels may be injected. After the injections, a firm support stocking and bandage is applied, to be worn for one week after treatment.

- **Sclerosants**

STD (sodium tetradecyl sulphate) is primarily used for larger varicose veins, as it is the most potent sclerosant available.

- **What are the most common side effects?**

The most common side effects experienced with sclerotherapy are:

- 1. Blood trapping:** After sclerotherapy the treated veins are closed down. In large varicosities some blood can be trapped inside the vein. The body takes two to three months to break down and reabsorb the blood. In the meantime the vein can feel hard and lumpy. Occasionally the trapped blood can make the vein feel tender. This is a temporary effect. These areas of trapped blood are not clots that can travel, as the vein around the trapped blood is closed off.

2. Hyperpigmentation: Approximately 10% of patients notice light brown streaks over the treated veins after treatment. In rare instances this darkening over the vein persists for 4 to 12 months.

3. Phlebitis: In about 1% of cases the irritation of the vein caused by the sclerosant is sufficient to cause inflammation extending to the skin surface causing redness and possible discomfort or pain. If the treated vein is painful it will settle with anti-inflammatories like Aspirin, Voltarol, Nurofen etc.

Rare possible side effects after sclerotherapy include:

1. Ulcers: They consist of a small ulceration at the injection site that heals slowly over one to two months. The scar that follows should return to a normal colour. Fortunately this is a very rare complication.

2. Allergic reactions: Very rarely a patient may have an allergic reaction to the sclerosant.

3. Telangiectatic matting: This refers to the development of new tiny blood vessels around the treated vessel and occurs in less than 2% of patients. It is temporary, occurring 2 to 4 weeks after treatment, and usually resolves within 4 to 6 months.

4. Ankle swelling: Ankle swelling may occur after treatment of blood vessels in the foot or ankle. It usually resolves in a few days and is lessened by wearing the prescribed compression hosiery.

5. Deep Vein Thrombosis (DVT): This is a very rare complication, seen in approximately 1 out of every 7000 patients treated for varicose veins greater than 3mm in diameter. The risks of DVT include the possibility of a pulmonary embolus (a blood clot to the lungs) and post-phlebitis syndrome, in which the blood clot is not carried out of the legs, resulting in permanent swelling of the leg.

