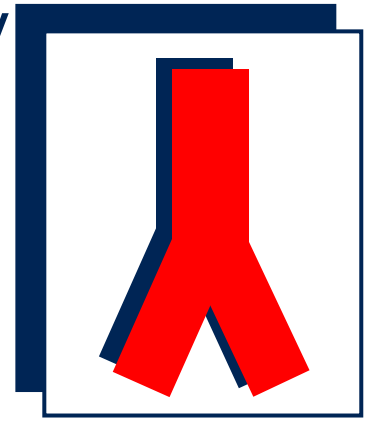


# Will Butcher – Vascular Surgery

## General practitioner information

### Varicose veins



Varicose veins are a common condition that affect up to 40% of the population. Despite this it is not unusual that most non-vascular doctors do not know much about this common condition.

Like all things varicose veins come in all sorts of different shapes and sizes. When someone says I have varicose veins one might be inclined to think of something that looks like a bunch of grapes hanging from the patient's leg, but it is just as likely if not more so that your patient will complain about fine thread veins on his or her leg.

#### Symptoms

Many patients may complain about pain in their veins this is the most usual problem. Even patients for whom the main concern is the cosmetic appearance of their veins will at times have felt pain and will report this prior to admitting their cosmetic worry. The pain may be diffuse through the leg or specifically over the veins. It is often described as throbbing. Commonly the pain is worst towards the end of the day and traditionally is worse in jobs where people stand for long periods of time. Jobs which involve exercise, are often better. In contrast to the view that putting your legs up helps, some people complain that the pain is worst when they get into bed, it does settle after a little while though.

Other symptoms include:

- Swelling
- Itching
- Hotness
- Heaviness
- Swelling
- Discomfort
- Bleeding
- Almost all patients will have some cosmetic concerns although many will deny it.

Many patients have leg pain and some of these have varicose veins. It can be tricky to separate pain caused by varicose veins from other leg pains for

example those caused by arthritis or peripheral oedema. Treatment of varicose veins is not certain to relieve pain. Many people who have careers where they are on their feet for long periods have leg pain whether or not they have varicose veins.

Swelling is another troublesome symptom. Varicose veins are often blamed for leg swelling. My experience is that if varicose veins cause swelling it is generally mild. Significant leg swelling is seldom caused by varicose veins in isolation. Also, all forms of varicose veins treatment are inclined to cause some swelling due to the surgical damage, and should be used with caution in cases where swelling is the main symptom.

Bleeding is an uncommon symptom. Usually if varicose veins do bleed they do so in a particular way. They usually bleed from a tiny very superficial varix near the ankle. Typically it occurs during or soon after a shower. At first the patient may not be aware of what is happening because it is completely painless. Usually the patient is elderly and often does not have true varicose veins. Obesity is often also a factor. It is very rarely a complication of the young. In many cases the bleeding is sufficient to cause major distress and may ruin several carpets. Fortunately, the bleeding spot can be easily treated with sclerotherapy. If the offending varix is not treated it will almost certainly bleed again.

#### How to decide what to do?

Some patients are quite anxious or troubled by their veins, others appear quite unconcerned and simply want reassurance. For the most part varicose veins are not an especially serious condition and nothing needs to be done at all. For some patients this is all the reassurance they require. It is important to stress that the association between VVs and DVT or ulcer is not strong. More clearly there is no evidence that treatment of VVs either prevents DVT or ulcer in the future. It is true that if a patient develops an ulcer and has varicose veins sometimes treatment of the

varicose veins results in prompt healing of the ulcer. This is by no means certain, however. Patients with varicose veins can fly quite safely but should be advised to wear travel stockings and follow the advice offered by airlines for the prevention of DVT.

If it is clear that the patient wants treatment or there are some concerns then they can be referred to a vascular surgeon for treatment of their veins. Concerns causing a GP to feel that treatment might be warranted are:

- Presence of a rash or eczema
- A Non-healing leg ulcer
- Superficial thrombophlebitis (which is doomed to return if the veins are left)
- Lipodermatosclerosis – discolouration at the ankle.
- Swelling
- Severe pain.

#### **Cosmetic concerns:**

Many people feel that varicose veins are simply a cosmetic problem and that sufferers are either making a fuss or lying in order to get attention for their veins. This is probably not true. We recognise that the vast majority of varicose veins are symptomatic to some extent. And in truth even if a patient has purely cosmetic concerns these too may cause distress that merits our attention. Very simple thread veins, common in women in later child bearing years may truly be cosmetic problems only, all others probably cause some pain.

#### **Treatment**

Modern treatment of varicose veins has come a long way. Traditional surgery – high ligation and strip, is still used but is now the less preferred option for treatment.

#### **Sclerotherapy:**

This involves injecting a chemical into the vein, the chemical causes a burn in the vein which results in thrombosis of the vein which then hopefully scars up and disappears. Mostly, if the veins are small thread veins, a liquid is used, for larger veins we use a foam which is injected under ultrasound guidance. This can be very effective for smaller veins but in patients with larger veins some sort of recurrence is nearly always inevitable. It is inexpensive and easy to do, though. In patients with small veins or recurrent veins which are harder to treat surgically it is a good first option. There are some options to improve the effectiveness of sclerotherapy in primary varicose veins where a

catheter is introduced into the vein to agitate the intima and improve the effect of the sclerosant. This may be associated with a reduced recurrence rate.

#### **Traditional surgery:**

This involves a cut in the groin or behind the knee to ligate the problem vein. Usually this involves stripping or removing the offending vein. Varicose veins are then removed with a small hook using tiny cuts on the leg. This is still a very good and effective operation although some practitioners feel that it is out of date. There are some patients who are quite simply not suitable for the more modern types of treatment and can only be treated with a traditional operation. In my experience this is about 10% of patients.

#### **Endovenous therapy:**

Modern care for varicose veins utilises fine catheters which are introduced under ultrasound guidance into the vein traditionally stripped. The catheter then burns the vein using laser (endovenous laser therapy – EVLT) or microwave (Radiofrequency ablation – RFA). This removes the need for stripping or a groin incision. Recovery is generally faster than traditional surgery. This treatment is sometimes undertaken in the rooms or in an operating theatre, and may involve removal of the varicose veins as well or not. Individual practitioners will vary depending on their skill set and other factors. I favour RFA because laser can be problematic but the results are similar.

#### **Glue:**

An exciting new development in the treatment of varicose veins involves treating the veins traditionally stripped by literally gluing them closed with superglue. Although new this seems to hold great promise and may be a good cost effective solution for self funding patients.

#### **Vascular Surgeon or Vein therapist?**

Traditionally all varicose vein treatment was undertaken by a surgeon. In more recent times the greater range of treatment options means that non-surgical practitioners have a larger role in this treatment. It is true that surgeons have the option to use some surgical techniques which are not available to non-surgical practitioners, but most varicose veins can be very effectively managed by non-surgeons. For insured patients, treatment may be cheaper if they can access their insurance by being treated in a hospital by a surgeon, but for uninsured patients the hospital environment may be more costly than the

therapist. Most surgeons, however, will have access to all the same treatments as vein therapists and at no greater cost. One thing is clear, varicose veins need to be treated by someone experienced in all aspects of care and should be a designated specialist in the field if the patient is to get a good result.

### **Stockings**

Stockings are often advocated as a treatment for varicose veins. They can be effective at reducing the symptoms from varicose veins and may be very helpful. Truthfully though most patients do not tolerate them well for long. They are often hot and uncomfortable and cosmetically unattractive. If the patient's symptoms are removed by the stockings, they will almost certainly do well with treatment of their veins, so this can be a helpful test. People with leg pain associated with long work hours on their feet will benefit from stocking wearing even if they do not have varicose veins.

### **Conservative care**

While it is perfectly legitimate to opt for non-treatment of varicose veins for reasons of affordability or convenience, varicose veins do not usually get better in time they deteriorate. The rate at which varicose veins increase or become more symptomatic is variable. Some may go for many, many years with no troubles at all, others may experience quite a rapid deterioration. There is quite simply no magic that will prevent veins getting worse.

### **Pregnancy**

Varicose veins and pregnancy are common associations. Pregnancy may make existing varicose veins much more symptomatic, usually this recovers after delivery but may not. Certainly, patients may experience a deterioration in their veins through subsequent pregnancies and in cases of recurrent varicose veins pregnancy is often a potent contributor. It is unusual for pregnant patients to be offered care for their veins until the baby is born. In truth in the majority what was a significant issue during pregnancy frequently becomes irrelevant later as the veins almost always recede nearly completely. Superficial thrombophlebitis in pregnancy can be especially unpleasant, sadly there is not much that can be done to alleviate this apart from wearing stockings and using simple anti-inflammatory medications.

### **Public Care**

The majority of public institutions across the world limit access to care for varicose veins. This is predicated on the perception that varicose veins are largely cosmetic and is false. Nevertheless in a cost constrained environment restrictions around some care is inevitable. In Australia in order to justify care the patient has to have complications of their veins. In general this restricts care to those with ulceration, bleeding, lipodermatosclerosis, eczema and superficial thrombophlebitis. Pain and swelling are so common as to not be regarded as complications. Some hospitals may allow this but many will provide so little varicose veins surgery that it effectively prevent access for the majority of varicose veins patients.