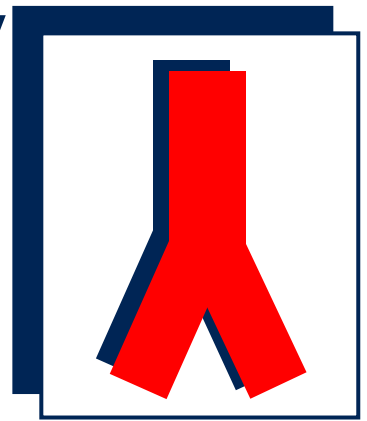


# Will Butcher – Vascular Surgery

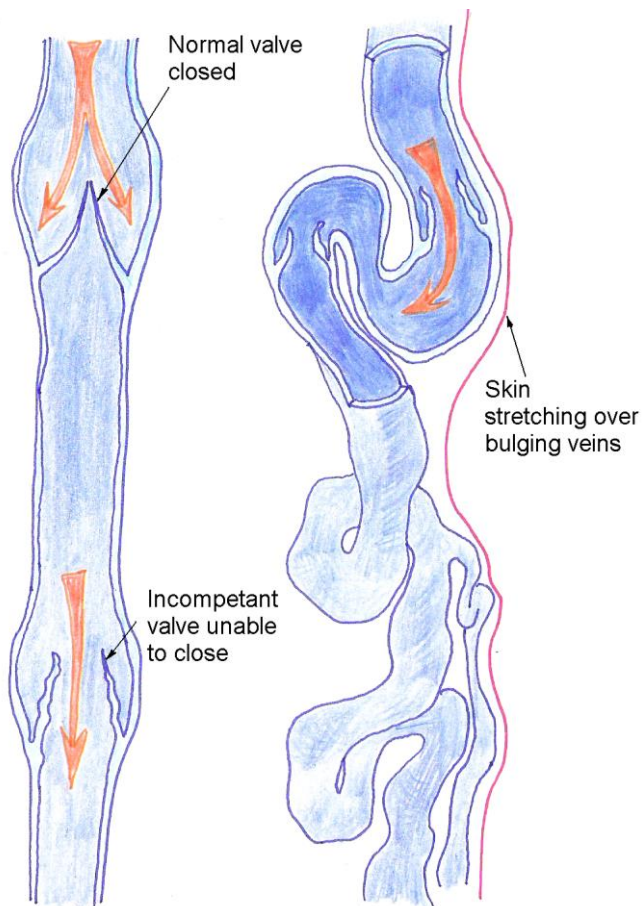
## Patient information

### Information to help you understand varicose veins better



Varicose veins are abnormal skin veins of the legs. They occur as a consequence of leaky valves allowing a high pressure to build up in the veins lower down, causing them to enlarge. They may vary from large unsightly veins that have been described as “bunches of grapes”, right down to tiny thread or spider veins that some people have.

#### What do varicose veins do?



In general terms varicose veins cause very little harm. They often cause little in the way of symptoms, if they do cause symptoms, these are generally mild:

- Discomfort in the veins
- Leg discomfort especially at the end of a day on your feet
- Burning or itching
- Cosmetic embarrassment

#### Are there any serious complications?

Bad varicose veins may cause some problems, however the majority of varicose veins very rarely cause any great trouble. Although there has been a lot of publicity about DVT or thrombosis in the deep veins (especially while flying) and ulceration in association with varicose veins, there is very little evidence that mild to moderate varicose veins cause either of these. However, rarely, some patients may suffer these complications:

- Eczema: sometimes the pressure in the veins can cause a rash or eczema at the ankle.
- Bleeding: very rarely veins can bleed causing significant embarrassment. This is very rare though. Injury to varicose veins causing significant bleeding is very uncommon.
- Thrombophlebitis: this is when a varicose vein clots off. It causes quite a lot of pain and warmth at the place where it happens and the vein becomes hard. Usually this just settles down with time (6 to 8 weeks).
- Ulcers: A very few veins, (and we can usually predict which ones) will cause an ulcer at the ankle. The good news is that if you have an ulcer caused by simple varicose veins it is usually very easy to treat.

Because varicose veins rarely cause any great harm there is no medical need to have them treated. However, if you have one of the complications listed above, we would generally advise some sort of treatment to resolve the problem or prevent it coming back.

#### Why do they happen?

We do not know all the answers about this. However, in the veins of the leg there are tiny valves which prevent blood that is on it's way out of the leg flowing back into the leg. When these valves become damaged or leaky then the pressure in the veins builds up and causes varicose veins. Pregnancy and being overweight are significant contributing factors. Also if you are overweight it is likely that the veins will

be more uncomfortable. Some people seem to have a family tendency to develop varicose veins

### **What can I do to help?**

If you have developed complications of varicose veins or they are uncomfortable then this can be relieved by wearing elastic compression stockings (available through your GP). Also you will find the pain is a lot better if you exercise regularly, lose weight and stop to put your feet up from time to time during the day. If you have thrombophlebitis an "anti-inflammatory gel" from the pharmacy may help. If your veins bleed you should lie down and wait for the bleeding to stop (which it will do if you lie down on the ground).

### **Should I have them treated?**

As before, there is very little real risk from varicose veins, and so patients with mild to moderate veins probably NEED no treatment. People come along to have the veins treated because they do not like the way they look or because they are uncomfortable. Pregnancy is a powerful cause for recurrent veins and if the veins are not too troublesome we generally advise that we wait until your family is complete before proceeding.

### **What treatments are available?**

We treat veins one of several ways:

#### *Injection sclerotherapy*

This involves injecting foam into the veins. The effect is to damage the lining of the veins causing the veins to glue themselves shut. It has the advantage that it is very easy to do and does not involve any anaesthetic. Most patients are able to return to work within a day or so. The down side of this treatment is that after injection, the veins become hard and lumpy and are often tender. This can take 4 to 6 months to completely resolve but it will. Also the injections can leave some staining or shadowing on the leg, which takes a long time to go. As a consequence some people have been unhappy about the cosmetic consequences of this treatment.

#### *Traditional Surgery:*

This has been used for many years and remains largely unchanged. Under a full general anaesthetic a cut is made in your groin or behind your knee. The offending vein is stripped out of the leg and then further tiny nicks are made to remove any other unsightly veins. Most people take a week or two off work and need about 6 weeks to get back to full

speed. The leg will be bruised and uncomfortable for 4 to 6 weeks (the bruising is often very impressive, do not be alarmed). Surgery offers a very good cosmetic result but comes at the price of feeling quite battered for a while.

#### *Endovenous therapy:*

Modern care involves passing a fine catheter into the veins that are normally stripped, the catheter is used to burn the vein thus causing it to shrivel up. It results in a more rapid recovery than traditional surgery. In some cases this is undertaken under local anaesthetic but may be under a full anaesthetic. Some surgeon will also remove some of the unsightly veins while others may wait to see how things look in time.

#### *Glue*

This is a new treatment which hold some promise. Essentially a long catheter is used to deliver superglue into the veins that causes them to be glued shut. It seems to be quite cost effective and also surgically effective.

#### *Day case treatment:*

All the treatments above are usually delivered on a day case basis. Most people will go home on the same day, or failing that, early the next morning.

#### *Anaesthetic:*

Modern anaesthetics are very good and safe. The risk to normally fit and well patients is very tiny.

#### *Complications*

There are complications related to treatment, on the whole though these are not terribly worrisome and should not constitute a barrier to treatment.

#### *Recurrent veins:*

Treatment for recurrent veins is much more complicated than primary veins. And the results are generally not as good. You should always keep this in mind when considering treatment for recurrent veins

### **Will my veins come back after treatment?**

We know that the majority of patient will see some veins return after the treatment. This usually starts after many years. It is probably more likely with injections than surgery. Less than one quarter of patients ever return for further treatment which leads us to suspect that recurrent veins are not as worrying. Recurrence is made more likely by pregnancy and obesity.

### **Will any investigation be necessary?**

Mostly we can decide on exactly what needs to be done in the outpatients with no need for further tests. Occasionally a scan will be needed in the Medical Physics department. This is a painless jelly scan familiar to most as the scan that pregnant women have.

### **How often can I have this surgery?**

Varicose veins are non-essential veins and can be removed as often as they reappear. Subsequent treatment is never as good as the first and thus the advisability of treatment should always be considered carefully. Some people worry about where the blood that is in the varicose veins will go after surgery, these are non-essential veins and the leg does not need them in order to work properly.

### **More information**

The first sensible step is to discuss your problem with your GP or surgeon, they will be best positioned to explain what to expect.

If you need more information you can go to one of these vascular organisation's websites:

The Australia and New Zealand Society for Vascular Surgery.

[www.anzsvs.org.au/patientinformation/](http://www.anzsvs.org.au/patientinformation/)

The Vascular Surgical Society for Great Britain and Ireland.

[www.vascularsociety.org.uk/patients/](http://www.vascularsociety.org.uk/patients/)