

PATIENT INFORMATION: VARICOSE VEIN DISEASE

1 INTRODUCTION

Veins are blood vessels that return blood from the peripheries of the body to the heart. Veins contain valves that prevent blood from flowing away from the heart. In your lower limbs there are three main groups of veins: the deep veins including the femoral and popliteal veins, the superficial veins including the great saphenous vein (GSV) and short saphenous vein (SSV) and the branch veins.

Varicose veins are tortuous and knotty veins that are mostly seen in the legs. They occur due to degeneration of the walls and the valves of the vein. This increases the volume of blood in the veins and allows the blood to flow away from the heart. In the case of the legs, this results in either prominent veins in the legs, spider veins, discolouration in the calf or ulceration. The spectrum of disorders of vein disease in the legs is termed venous incompetence.

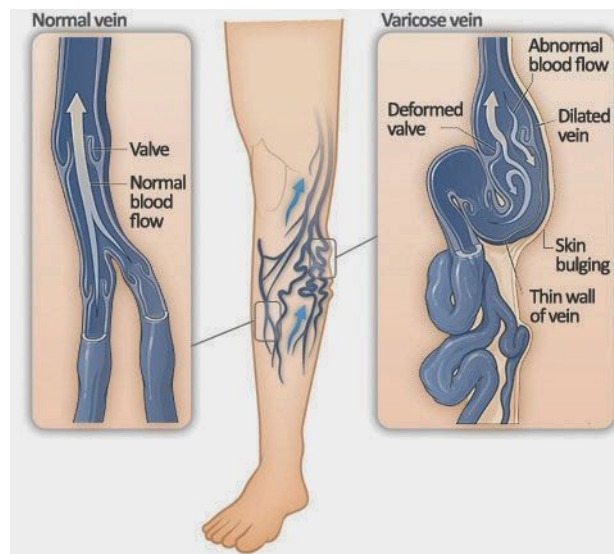


Fig 1. Normal and varicose veins



Fig 2. Varicose veins and spider veins

2 WHAT CAN BE DONE ABOUT THEM?

There are many effective treatments for vein disease.

Your treating vein doctor will examine you and take a history. Your lower leg large and small veins will need to be assessed with an ultrasound prior to treatment. Your treating doctor will organise this at a local radiology provider. Once this has been done your doctor will have a management plan for treating your veins including sizing you up to compression stockings. Compression stockings are an important part of managing your vein disease. They compress the treated veins, alleviate swelling in your calves and prevent irritation of the veins. They are also important in preventing deep vein thrombosis (DVT).

3 SPIDER VEINS AND TELANGECTASIAS

These can be treated by an injection treatment known as direct vision sclerotherapy. This is a technique whereby small veins are injected with a vein hardening agent also known as a sclerosant. The sclerosant substance is placed into the superficial spider veins using a needle. This closes the vein. Please talk to your doctor and see the specific information sheet regarding this therapy.

4 VARICOSE VEINS

The varicose veins need to be assessed prior to treatment to map them out and decide how to remove them completely. Once your treating doctor has an idea of the extent of your venous disease there are three(3) main methods by which the veins are treated.

A) THERMAL OR GLUE ABLATION OF LARGE (TRUNCAL) VEINS:

The large superficial veins in your lower limbs are called the great saphenous vein (GSV) and short saphenous vein (SSV). The GSV starts in the groin and travels down the inner aspect of your thigh and calf to your ankle. The short saphenous vein is seen in the back of the calf. It either flows into the deep vein (popliteal vein) in the back of the knee or continues on into the back of the thigh (in the hamstring and buttock) region. These are known as truncal veins.

Thermal Ablation:

This is a method of closing the large truncal vein by applying heat. The procedure may be done using either laser (Endo-Venous Laser Therapy also known as EVLT) or radiofrequency(RF). The process of closure is called ablation. A small puncture is made around the knee (for GSV ablation) or in the calf (for SSV ablation). Local anaesthetic solution is injected around the vein using a pump. A catheter tube is placed in the vein and heat energy is used to close the vein. This procedure does not need a general anaesthetic. You will not feel much pain but may feel discomfort. It can be done in the office and it is important that you wear your compression stockings and walk after the procedure. Your treating doctor will talk to you about this procedure. Please see the specific information sheet regarding the procedure.

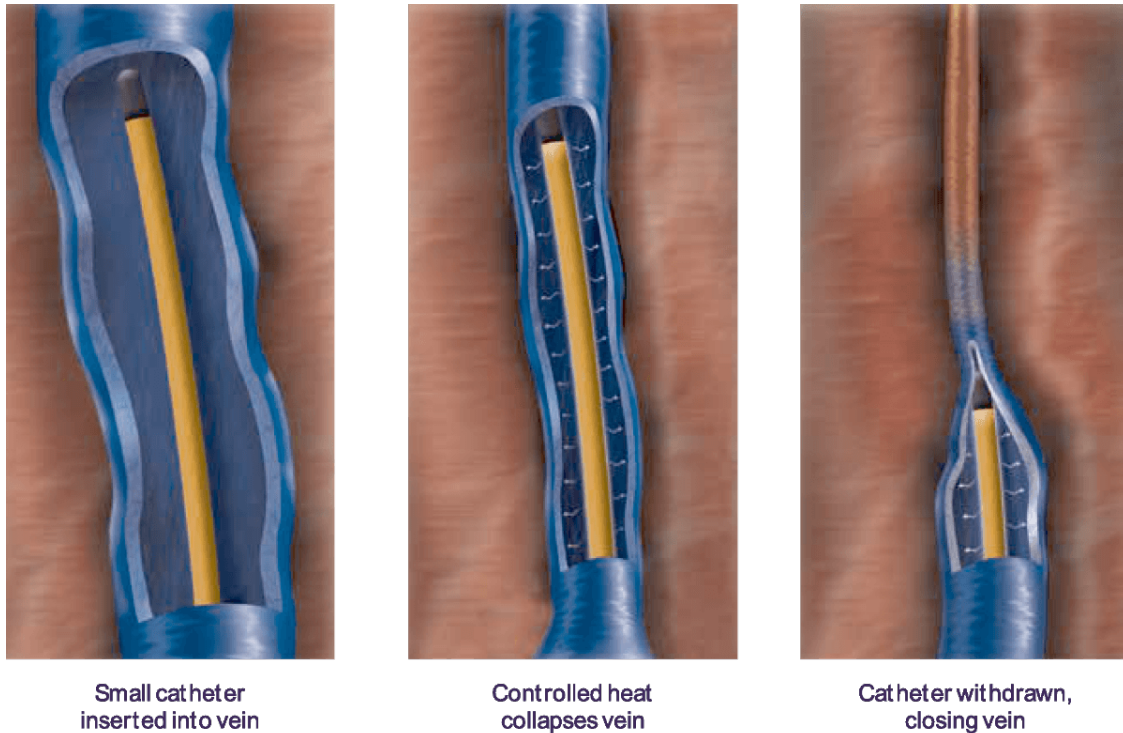


Fig 3. Thermal ablation of the vein.

Glue Ablation:

This is a method of closing the vein using glue similar to skin glue. It also involves making a small skin incision over the GSV at the knee or SSV at the calf. A catheter tube is again passed into the vein. The glue is squirted into the vein and the vein is closed by compression only. This is a less painful method of performing the procedure but carries other risks. Your treating doctor will talk to you about the risks involved prior to performing the procedure.

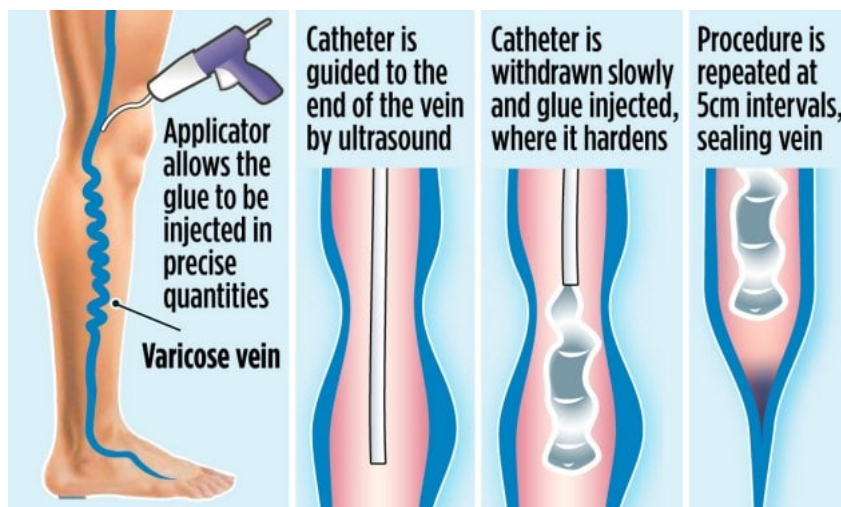


Fig 4. Glue ablation of veins.

Ultrasound guided foam sclerotherapy:

This is procedure used to close the smaller varicose branch veins. It involves finding the veins using the ultrasound machine. The sclerosant foam is injected into the veins using the ultrasound camera. This is often done either at the same time or immediately after the closure of the larger truncal veins. Please see the information sheet provided.

Ambulatory Phlebectomy

This is a method of removing large muscular knotty superficial varicose veins. The veins are marked. Local anaesthesia is applied around the veins. These veins are then extracted using a special instrument and discarded. Your treating doctor will talk to you about the procedure if it needs to be performed.

5 POST TREATMENT

The treatments that are available are safe and effective for venous conditions in the lower limbs. These treatments are done in the office or medical rooms. Most of the complications can be treated without going to hospital.

The treatments are specific to each patient and therefore a consultation is necessary to draw up a management plan. Once performed they are highly effective and have a very low risk profile, high patient satisfaction and quick return to activity. This means that the procedures that have been discussed do not effect your day to day activities and work significantly.

6 SUCCESS RATES

As a treatment, they are highly successful. The rates of closure of veins is above 90%, rates of complications over all are less than 5%. Once performed completely, they have a very low rate of recurrence and most people are symptom free for many years.