

VARICOSE VEINS: NOT ALL VANITY

Tackling one of the most common health complaints in the UK, the Vascular Unit at The Wellington Hospital is on hand to help if you're one of the thousands suffering from varicose veins

Many women are all too aware of those unsightly protuberant veins blurring what once were smooth, attractive legs. What are these veins, and why the sudden breakout? Perhaps more importantly, are our concerns driven by vanity or could they be omens of ill health? And crucially, is it possible to reclaim our legs with minimal inconvenience?

Varicose veins are swollen, visible bluish/purple veins, which can occur anywhere but are most common in the legs. Around one third of adults will have them, increasing as we get older, and women are more affected, often associated with pregnancy and influenced by hormones. It is possible that if unattended, they worsen and may damage skin irreversibly.

Venous blood from the legs flows slowly upwards against gravity, carrying used blood to the heart and lungs for

re-oxygenation. It relies on a one-way valve system to keep the flow towards the heart, but when these valves fail repeatedly (for whatever reason, including vein wall weakness), the leakage causes accumulation of venous blood, pressurising and stretching the veins causing them to become swollen and unsightly.

Varicose veins only affect humans as the result of our erect posture. There is a familial tendency, and they are also more likely to occur and worsen as we get older. There are some cases in which they cause leg aching and swelling especially after standing for long or at the end of the day. Itching, cramps, heaviness and restless legs are also common complaints. The veins may also cause inflammation (phlebitis), bleeding, leg swelling, eczema, dark brown staining/discolouration of the legs and thickening of the skin which may be permanent.

Although varicose veins are not life-threatening, this does not mean that they should be ignored. If they are causing any symptoms or complications, they should be treated. Vascular surgeons at The Wellington Hospital are experts in this area and available for specialist advice and treatment.

Simple advice or compression stockings may be sufficient for minor cosmetic veins causing no symptoms although they will not disappear; avoidance of prolonged standing and elevating the leg at the end of the day may also prove helpful.

Classical surgery involves a small incision to the groin or sometimes behind the knee to divide and strip out the damaged saphenous vein before removing the daughter varicose veins. This is an excellent operation in expert hands using small incisions under general anaesthesia. More recently many veins can now be sealed with laser or radiofrequency (RF) catheters. This needle-hole method is effective and avoids the need for incisions. Under ultrasound guidance, the vein is entered with the laser or RF wire which when activated seals the major varicose vein – and the procedure can be performed under local anaesthetic. However not all veins can be treated completely in this way. Thread and spider veins may be injected via very fine micro-needles to close them down with the procedure (sclerotherapy) performed in the outpatient clinic. It is effective, but may require repeated sessions to achieve a final satisfactory result. In summary, varicose veins are common, unsightly can be uncomfortable and may worsen over time. Stockings and leg elevation may help but will not cure and will be needed indefinitely. Modern surgical techniques are minimally invasive, quick and effective (even the classical stripping procedure is now performed through smaller incisions). The expert venous surgeons at The Wellington will be able to advise you as to which is the best procedure for you allowing a prompt return to the life and legs we all desire.

For further information and for details of the consultants carrying out this procedure at The Wellington Hospital, contact the Enquiry Line on 020 7483 5148 or visit www.thewellingtonvascularunit.com

