



Your comprehensive guide to

VARICOSE VEINS

and the treatment options

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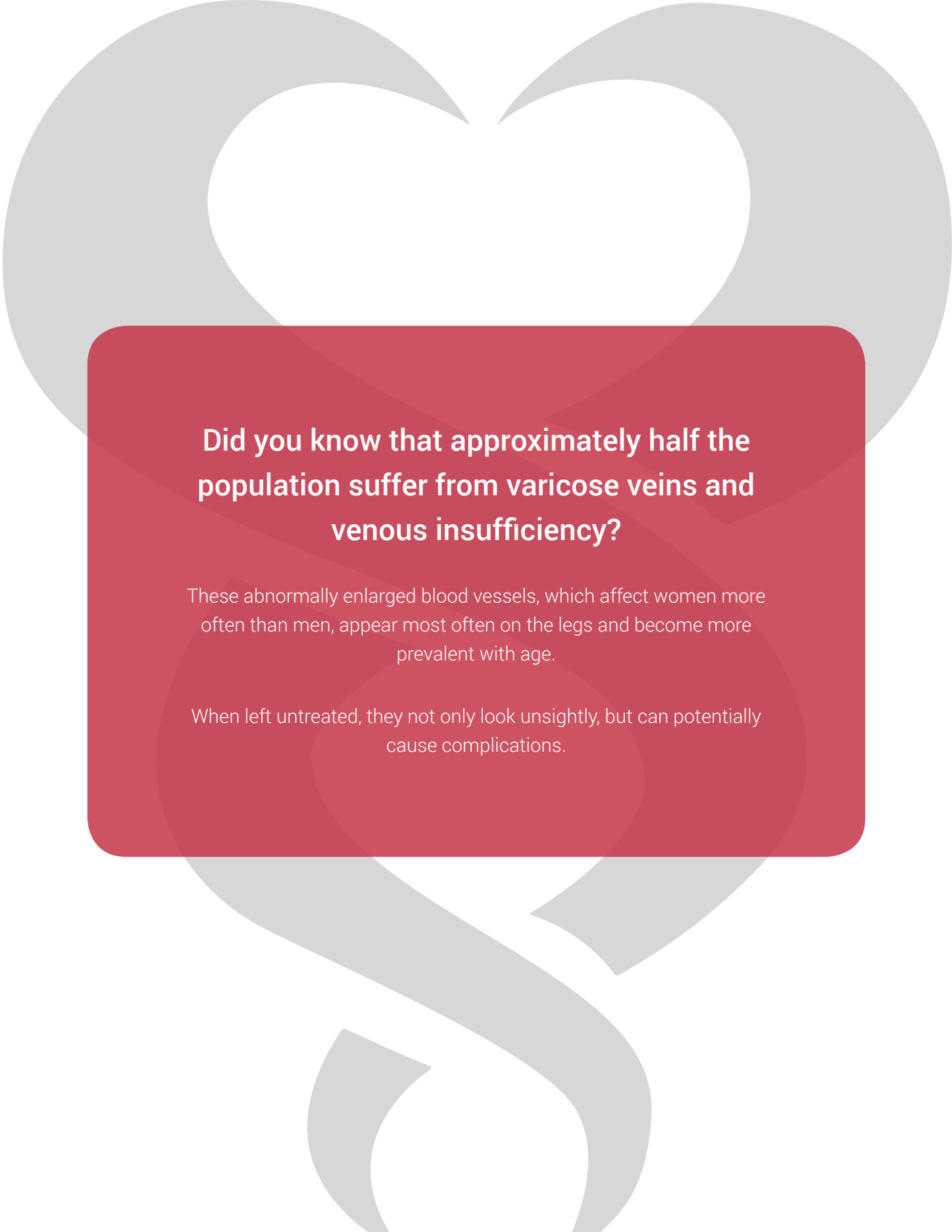
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Did you know that approximately half the population suffer from varicose veins and venous insufficiency?

These abnormally enlarged blood vessels, which affect women more often than men, appear most often on the legs and become more prevalent with age.

When left untreated, they not only look unsightly, but can potentially cause complications.



What are varicose veins?

Varicose veins are enlarged and tortuous veins which occur mainly on your leg. They are common, with just over 3 in 10 women being affected. Varicose veins often run in families. They are made worse by pregnancy and if you do a lot of standing.

How do varicose veins happen?

Veins carry blood up your leg and back to your heart. When we are standing, the blood must return to the heart against gravity. This occurs as the veins contain many one-way valves to help the upward flow and our calf muscles act as a pump.

Both legs contain a system of deep veins, which are buried within the muscles of your leg, and a system of superficial veins which run just underneath your skin.

When the walls of the superficial veins weaken causing them to enlarge, the one-way valves then fail to work properly causing the blood to flow in the wrong direction. The result is a build-up of pressure in the veins, which bulge resulting in varicose veins.



What causes varicose veins?

The specific cause of varicose veins is still not entirely known, though there are a number of predisposing factors. In many cases, they run in families, and women suffer from varicose veins more often than men. Some of the predisposing factors include:

- Occupations which involve a lot of standing – nurses, hairdressers, teachers, certain factory workers etc.
- Genetics, that is a positive family history
- Pregnancy
- Obesity

What are the symptoms of varicose veins?

Most patients with varicose veins have very few symptoms. A number of patients with varicose veins suffer pain, aching or even cramping of the legs. Other common symptoms include tiredness or heaviness particularly with prolonged standing, restlessness, throbbing, burning or even tingling.



Why you should consider treating varicose veins?

Perhaps the biggest misconception surrounding the treatment of varicose veins is the belief that treatment is only performed for cosmetic purposes.

Whilst it is performed for cosmetic reasons, it is also performed to relieve symptoms and in some cases to prevent complications from occurring.

This might include patients with swelling in the leg, venous eczema, discolouration of the skin, hardening of the lower leg and ankle, and even ulceration.



How do I treat varicose veins?

Surgical Treatment

The operation is performed with the aim of eradicating the troublesome veins and preventing others from emerging.

There are three aspects to the operation.

- Deal with the underlying cause. This may involve ligating the saphenous vein in the groin or behind the knee, or any incompetent perforating veins, which is the source of the problem.
- Remove the unsightly or uncomfortable varicose veins via multiple nicks in the skin.
- Remove or strip the saphenous vein as this will dramatically reduce the chance of other veins emerging.

Before the operation, your surgeon may need to mark the veins on your leg. You may have a Doppler ultrasound (or Duplex scan) of your legs. The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic, local anaesthetic or spinal anaesthetic. Your surgeon or anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes around 45 minutes.

Immediately after surgery the leg is bandaged and replaced by elastic stockings, which are to be worn for two weeks. You are encouraged to remain as active as possible, but not to overdo things. It is common to experience some bruising, particularly on the inner thigh from where the saphenous vein was stripped.



Endovenous Laser Treatment

Endovenous laser treatment (EVL) is a less invasive method for the treatment of varicose veins. This procedure is performed with the aim of closing down the saphenous vein which is the vein responsible for the varicose veins.

Most of the varicose veins will shrink as a result of EVLT and will not require any further treatment. Follow-up sclerotherapy might be required to obliterate any residual visible veins. This is generally performed six to eight weeks later.

The procedure

A tiny catheter (tube) is inserted into your saphenous vein using ultrasound guidance. The laser fibre is passed through the catheter to the point where the saphenous and deep veins meet. Local anaesthetic is inserted around the vein, to numb the area and protect the surrounding tissues.

The catheter and laser fibre are withdrawn slowly as energy pulses are sent down the laser fibre. This laser energy causes the saphenous vein to close.

It is important to note that the varicose veins are not treated at the same time, as they will shrink and often require no further treatment

A follow-up ultrasound scan will be performed one week following the procedure, and you will be reviewed at two weeks.



How do I choose between surgery and EVLT?

You will be guided by your surgeon as not all patients with varicose veins are suitable for EVLT. The advantages of EVLT over surgery is that it is:

- Less invasive
- Quicker recovery and less time off work
- Can be performed under local anaesthetic and therefore no need for hospital admission.

Are there any other alternatives?

Support stockings can often help the symptoms caused by varicose veins and reduce the risk of complications that varicose veins can cause. Foam sclerotherapy uses an injection of chemicals (sclerosant) to treat the veins, and is a good alternative in selected cases. Your surgeon will be able to discuss the options with you.

What will happen if I decide not to have treatment?

The varicose veins will not get better without treatment. The following problems may arise.

- Progressive enlargement causing unsightly appearance.
- Itching, aching and pain.
- Pigmentation (dark discolouration) of the skin around your ankle.
- Thrombosis or clotting of veins, which can be very painful (thrombophlebitis).
- Leg ulcers which are unusual but can be caused by some types of varicose veins.
- Bleeding from varicose veins, uncommon but can occur.

North Western Vascular

Dr Roger Bell is a Vascular Surgeon with over 25 years' specialist experience. Upon obtaining his undergraduate degree from the University of WA in 1979, he became a fellow of the Australasian College of Surgeons in 1988.

Dr Bell specialised in Vascular Surgery and Transplantation Surgery with fellowships at the Liver Transplant Unit in Sydney, and the Vascular Unit at St Thomas' Hospital in London.

Dr Bell was head of Vascular Surgery at Sir Charles Gairdner Hospital in WA from 1995 to 2000, before relocating to Melbourne to become part of the Vascular/Transplantation Unit at Monash Medical Centre. He has published and lectured widely in the fields of vascular surgery and transplantation surgery over the years.

This extensive experience allows Dr Bell to stand ahead of the field in the treatment of varicose veins and other vascular disorders through innovative and advanced technology.

If you think you may be suffering from varicose veins, or have pain and swelling in your legs, contact our experienced team today.

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