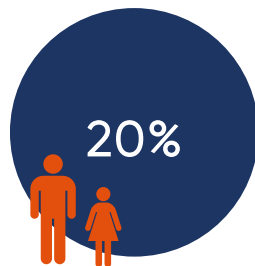


Varicose Veins and Venous Hypertension

Up to 50% of the population can present on the spectrum of venous hypertension. This can result in functional, medical and cosmetic concern.

Varicose vein disease is a common condition that affects up to 20% of Australians



What is the difference?

Varicose Vein Disease can cause discomfort and affect your appearance. Varicose veins usually affect the superficial veins that lie closest to the skin. They can predispose you to thrombosis, bleeds or skin inflammation.

Chronic Venous Insufficiency is a less common condition, it affects both superficial and deeper leg veins. Blood tends to pool in the lower legs, ankles and feet. Chronic venous insufficiency can occur with or without varicose veins. It affects around 0.3% of Australians.

What are varicose veins?

Varicose veins are enlarged, twisted, and swollen veins that typically appearing the legs and feet. Healthy veins have one-way valves that prevent blood from flowing backwards towards your feet, but when these valves fail, blood can pool in the veins, resulting in varicose veins

Risk Factors



Age



Gender



Obesity



Prolonged sitting or standing



Family History

What are the symptoms?

- Visual – cosmetic concern, oedema
- Inflammatory skin change
- Ulcers
- Superficial thrombophlebitis (STP) progressing to DVT without anticoagulation
- Bleeding
- Fatigue, heaviness
- Discomfort
- Restless legs
- Pruritus

Indicators for Treatment

- Symptoms of venous hypertension (oedema, pain, restless legs, pruritus) not manageable with compression
- STP, bleeding, Skin changes
- Ulcers
- Bleeds
- Cosmetic concern

Diagnosis

Clinical assessment

- Assess for signs of venous hypertension
- Assess distribution and size of varicosities

Venous duplex assessment

- Venous insufficiency scan of lower limb
- Abdominal and pelvic venous insufficiency if atypical pattern (fed by ovarian vein reflux and pelvic congestion in most circumstances leading to early recurrence)
- Determine arterial inflow status

Duplex scanning can demonstrate the competency and patency of the deep and superficial venous system. It will allow for anatomical characteristics of the insufficiency to be assessed which will impact the surgical method of ablation.

How are varicose veins and venous insufficiency treated?

The treatment of varicose veins and chronic venous insufficiency depends on the severity of the condition and the symptoms. There are several approaches, ranging from lifestyle changes and/or compression stockings to medical procedures

Lifestyle Modifications

Before considering medical interventions, there are several lifestyle changes you can make to relieve symptoms and prevent them from worsening:

- Exercising
- Maintaining a healthy weight
- Elevating your legs
- Avoiding prolonged sitting or standing
- Wearing compression stockings

Medications


Some over-the-counter and prescription medications can help with varicose veins and chronic venous insufficiency



Non-Prescription Pain Relievers: like ibuprofen or aspirin can help relieve pain and discomfort associated with these conditions



Topical Creams & Ointments: Some over-the-counter or prescription anti-inflammatory creams can reduce itching & inflammation



Blood Thinners: If you are at risk of developing blood clots, your doctor may prescribe blood thinning agents to help prevent clot formation

Surgical procedures for varicose veins and venous insufficiency

Often lifestyle changes and/or medications don't provide sufficient relief from the discomfort of these conditions. The appearance of your veins may also be bothering you. You could also be at risk of complications. In these situations, your doctor may refer you to Dr Theivendran. There are several surgical solutions for varicose vein disease and venous insufficiency.

Open Surgery

If you have severe varicose vein disease or venous insufficiency, the affected vein may be surgically tied off (ligated) and removed (stripped)

- Stripping, ligation of perforators, stab avulsion
- Has 97% success rate but has prolonged recovery time and more painful.
- DVT risk is 3-5%
- Reserved for when contemporary endovenous option is not anatomically suitable (large vein diameter, extreme tortuosity and complex recurrent sapheno-femoral junction)

EndoVenous:

A laser can be used to close off cauterise the affected vein, redirecting blood flow to healthier veins.





- Thermal (laser or radiofrequency ablation) or non thermal
- (VenaSeal glue ablation) 97% technical success, rapid recovery and minimal pain
- The DVT risk is 1%

Sclerotherapy:

This is a minimally invasive procedure that involves injecting a solution into the affected veins, causing them to collapse and eventually be absorbed by the body

- Reserved for spider and reticular veins due to 70% primary success rate. May need 2 or 3 cycles.
- Good option for cosmetic result when major axial vein insufficiency ablated.

Risks of Venous Surgery

1-3%		DVT (Deep vein thrombosis) To mitigate this, you will wear compression stockings post-op.
<3%		Neuroprexia/ numbness at avulsion sites
<3%		Haematoma/ Bruising
<2%		Infection

Varicose Veins and Venous Hypertension

What is to be **expected** post-op?



Discomfort

It's normal to experience some discomfort or soreness in the surgical area after the procedure.



Tenderness

This discomfort usually improves gradually as the healing process progresses.



Discolouration (pigmentation):

This will start dissolving in approximately 3 weeks. Normal time for complete resolve is 6-12 months.

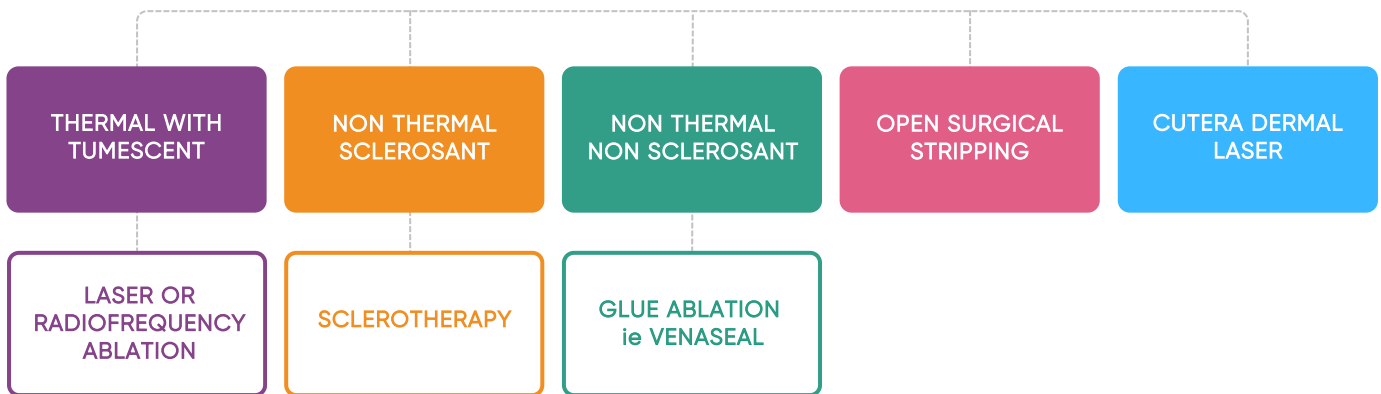
Post-op Instructions

- Compression stockings 4 weeks (First 2 weeks 24hrs, following 2 weeks 12hrs)
- No gym work, running, swimming for 4 weeks
- No long haul flights for 4 weeks
- Review with Dr Theivendran in week 1 week post procedure with ultrasound to exclude DVT
- Final review at 6 weeks
- Ultrasound follow up bulk billed for all patients



If varicose vein disease or venous insufficiency is affecting your quality of life, or you're at risk of complications, ask your treating doctor for a referral to Dr Theivendran - (02) 9066 6547

TREATMENT **OPTIONS** FOR VENOUS INSUFFICIENCY



This snapshot has been developed by Dr Mayo Theivendran for GPs.

Dr Theivendran is a vascular and endovascular surgeon with an interest in minimally invasive vascular surgery. He can see patients in St Leonard's, Frenchs Forest and Wahroonga.

He consults at Wahroonga on Monday, St Leonard's on Tuesdays/ Fridays and Frenchs Forest on Wednesdays.