



Dr Mayo Theivendran

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.

Main aetiological components are

- inadequate calf pump function
- valvular incompetence
- venous obstruction

Symptoms

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

CEAP Classification of chronic venous disease

CEAP classification of chronic venous disease	Clinical Classification
C0	No visible or palpable signs of venous disease
C1	Telangiectasies or reticular veins
C2	Varicose veins
C3	Edema
C4a	Pigmentation or eczema
C4b	Lipodermatosclerosis or atrophie blanche
C5	Healed venous ulcer
C6	Active venous ulcer

Public wait list NSW if greater than C3 (skin change and or STP/bleeding) - wait time approx. 6-9 months

Insured patients - C1 and above meet indication

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.

First line treatment

- Encourage mobilisation with regular walking to improve calf pump function
- Compression therapy (25-35mmHg) below knee stocking in absence of arterial insufficiency. Not required in bed
- Elevating limb when at rest
- Weight loss

When to consider vascular surgical assessment

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

Urgent referrals accommodated for when STP, bleeding, chronic ulcers.

Continued overleaf... »



North Shore Private Hospital

Suite 5, Level 5
Westbourne St
St Leonards NSW 2065
Provider Number - 252959PB

Northern Beaches Hospital

Suite 8, Level 6
105 Frenchs Forest Rd West
Frenchs Forest NSW 2086
Provider Number - 5316965J

SAN Parkway Clinic

Suite 207
172 Fox Valley Rd
Wahroonga NSW 2076
Provider Number - 5316967H

St Vincent's Clinic

Suite 602
438 Victoria St
Darlinghurst NSW 2010
Provider number - 252959MF

Surgical options for Superficial Venous Insufficiency

Open Surgery

- 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:

- 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:

- reserved for spider and reticular veins due to 60% primary success rate. May need 2 or 3 cycles.
- good option for cosmetic result when major axial vein insufficiency ablated.

Hybrid approach (open and endovenous +/- sclerotherapy):

- may need to be employed in complex recurrence and to treat primary varicose veins effectively to mitigate risk of DVT and recurrence.

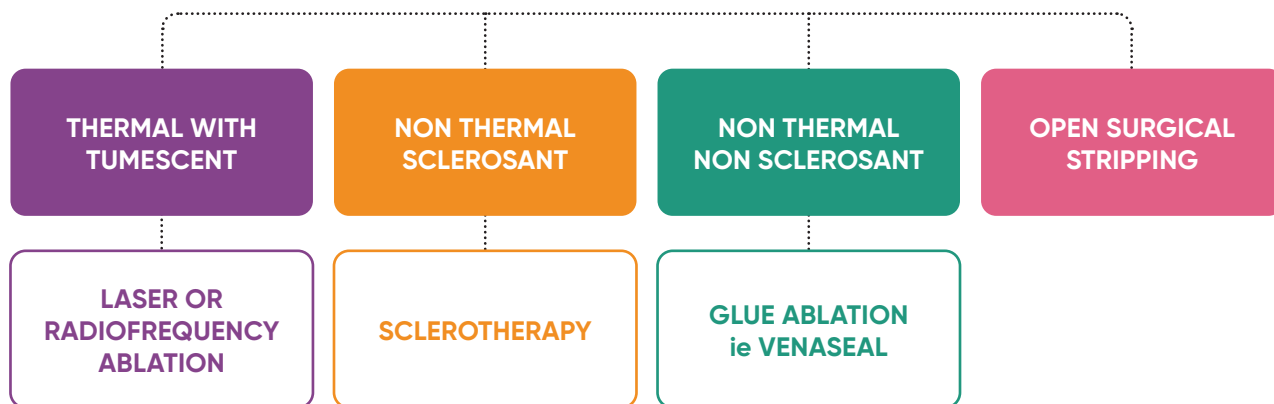
Post procedure instructions:

- 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

Risks of Venous surgery

- Risks: DVT 1-3%, neuropexia / numbness at avulsion sites 3%, haematoma / bruising which will resolve within 3 months

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, Wahroonga and Gosford.

He consults at Wahroonga on Monday, St Leonard's on Tuesday, Frenchs Forest on Wednesday and Gosford alternate Fridays.