

Varicose veins – myths and facts

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With about 20% of the adult population affected, **Chronic Venous Disease (CVD)** remains one of the most common conditions in New Zealand. Commonly recognised as a cosmetic problem, in fact it is a chronic and progressive **DISEASE**,

leading to potentially serious complications with a significant burden to both - the patient and society.

Vein disease is caused by a weaker vein wall, which leads to valve incompetence allowing the blood to flow backwards to the leg. The hydrostatic pressure of the venous blood can reach 200mm of Hg, severely altering circulation in the skin and muscles. The high venous pressure blows the veins in the leg, which we can see as tortuous varicose veins or spider veins in the dermis. If untreated, chronic inflammation caused by swelling can cause skin changes (brown, purple legs) and even a non-healing skin ulcer (venous ulcer).

There are many myths and misconceptions associated with varicose veins, with the most common as follows:

#1 Varicose veins are just a cosmetic issue not causing any symptoms

The most common misconception. CVD is a disease associated with many symptoms like **ache, legs heaviness, cramps, tiredness, swelling, discolouration, restless legs**, to name a few. As the condition is progressing slowly, patients often get used to their symptoms, not linking them with their bulky veins. Often, after the treatment of the more affected leg, the patient “starts to feel symptoms” in the other, better leg.

#2 Varicose veins are the disease of elderly people

They are not. As a genetic condition, they usually start to form in younger age. Of course the number of varicose veins increases with age, however the



Spider veins on the thigh

youngest patient treated in *The Vein Centre* was just 16!!!

#3 Women are more affected

According to Edinburgh Study men are similarly affected by CVD! Women are simply more aware of the problem and seek help earlier. Also women more frequently and earlier experience symptoms like **heaviness, restless legs and throbbing**.

#4 Exercises or standing cause varicose veins

CVD is an inherited condition. Long-standing at work contribute to symptoms and “blow” veins of people with a predisposition to the disease. Those with jobs like **builders, hair dressers, flight attendants, retailers** are among the frequently affected, but it does not mean all people doing these jobs must have varicose veins. Similarly people who haven't spent their life on their feet at work, can have varicose veins.

Activity is generally good for our legs, however some types of weight exercises (like leg press) might aggravate CVD.

#5 Only big, visible varicose veins cause problems

Paradoxically, some patients with hardly any visible varicose veins, but incompetent, refluxing truncal veins can suffer from severe skin changes around ankles. On the other side, huge varicosities can cause no symptoms. Often, in patients with thicker subcutaneous fat, varicose veins “sink” and are more difficult to find.

#6 Changing life style doesn't help

Although varicose veins are usually a genetic problem, we can modify the risk of complications and decrease severity of symptoms. **Losing weight to a normal BMI**, giving up smoking, being generally active are among many others. Several medications can also worsen CVD symptoms (like some OCP or anti-hypertensive ones). Although compression stockings used daily help with symptoms of CVD, there is no evidence they stop the progression of varicose veins.

#7 Varicose veins must be treated with surgery with long, painful recovery

Another common **myth and misconception**. Almost all patients affected by the condition has someone in the family who underwent old school surgical stripping. Often, their parents who underwent surgery “warn” them not to have the procedure!!!

Treatment of varicose veins has developed a lot in the last 20 years with the **minimally invasive, non-surgical** methods being a treatment of choice in all guidelines published in recent years around the world. Nowadays treatment methods like **Endovenous Laser Ablation (EVLA), Venaseal (Glue) occlusion, Radiofrequency Ablation, MOCA and Sclerotherapy (and ultrasound guided one)** will be discussed in the next edition of the Doctor Magazine, however they all have in common – a good outcome, walk in, walk out character and fast return to normal activities (patients also drive home by themselves).



Typical varicose veins



Very advanced venous disease

8 Varicose veins will always come back

Varicose veins can come back, as we can only treat veins incompetent on the day of the treatment. However the treatment usually stops or slows down the disease, so either no, or much less treatment is needed in the future. Also treatment is the only way to prevent patients from having a debilitating venous ulcer in the future.

In summary, varicose veins are a very common disease, with underestimated importance due to many existing misconceptions causing delay in their management. It doesn't matter how bad the veins of our patients are, it is always good to have an assessment with an Ultrasound examination, to discuss treatment options.

In the next issue of *Doctor* we will discuss the most modern treatment options of varicose and spider veins.

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