Varicose Veins

What is this condition?

Varicose veins are abnormally enlarged (more than 3mm while standing), tortuous, superficial veins. They occur most commonly in the lower legs, but can occur anywhere. They are part of a spectrum of chronic venous disorders of the lower leg.

How common is it?

Varicose veins are very common and can occur in up to 30-40% of the population.

What causes this?

The exact cause of varicose veins is unknown. A number of factors including abnormalities of the vein wall, inflammation and increased pressure in the vein play a role. Increased pressure is mostly due to malfunction of the valves and reflux, inadequate calf muscle pump function and occasionally due to proximal obstruction due to thrombosis or compression by a tumour or major artery.

The risk factors for developing varicose veins are:

- Age: risk increases with age
- Sex: more common in women
- Genetics: more common in families
- Pregnancy
- Obesity
- Smoking
- Prolonged standing
- Previous deep vein thrombosis
- Clotting disorders

What are the symptoms?

Many patients have no symptoms and the veins are a purely cosmetic concern.

Other patients have a variety of symptoms which are usually made worse by standing or at the end of the day and improved by elevation. These include:

- Sense of heaviness or fullness of the leg
- Itching

- Throbbing, aching, tingling, burning
- Leg fatigue

Approximately 20% of patients may develop local complications:

- Superficial thrombophlebitis: red, hot tender inflamed veins with clotting of the blood
- Bleeding
- Swelling
- Haemosiderin staining: darkening of the skin, especially around the ankle area
- Lipodermatosclerosis : inflammation of soft tissue with thickening and tenderness

Around 5 % of patients with increased pressure in the veins go on to develop ulcers (chronic open wound) around the lower leg or ankle area.

Can it be treated?

The goals of treatment are to relieve symptoms, improve the appearance and to correct reflux and insufficiency to prevent progression to the more severe forms of disease. With dramatic recent advances in the treatment of venous disease, a wide range of modalities are now available and an individualised management strategy should be considered for each patient.

Conservative Options, Medication and Compression

Even in an era of minimally invasive interventions, conservative measures or compression may be the most appropriate therapy in some patients, particularly those unsuitable for or unwilling to undergo a procedure. Specific groups where conservative therapy or compression may be preferred include: pregnant patients, elderly patients with significant other illnesses, patients with mild symptoms, or symptoms that may not be due to venous disease and patients unwilling to accept the risks of surgical or endovenous interventions.

Conservative measures include weight loss, exercise, limb elevation and minimizing periods of prolonged standing.

Venoactive drugs like purified flavonoid fraction and suledoxide have shown promising clinical results, but are not readily available in South Africa. Small studies have suggested potential benefits with rutins and horse chestnut seed extract (contained in Venavine), although their use is limited.

Compression has been the mainstay of treatment of venous disease. The benefit of wearing compression stockings in patients with uncomplicated varicose veins is unclear. They can improve symptoms, but have not been shown to prevent progression of disease.

Intervention

Various interventional methods are available:

1. Traditional ligation and stripping: The great saphenous vein is disconnected from the deep system and stripped out.
2. Endovenous or catheter based treatments: These are minimally invasive techniques where a fine catheter is placed in the vein and the vein is blocked using heat (laser, radiofrequency ablation, steam) or non heat methods (mechano-chemical or glue). The advantages are less pain and bruising and quicker return to normal activities
3. Phlebectomies: the enlarged varicosities are removed via small puncture incisions
4. Sclerotherapy: an irritant is injected into the vein to cause it to block off.

How successful is treatment?

Although it is possible to treat the veins and the underlying problem, this does not prevent veins coming back. Recurrence is common and occurs in up to 35% of patients at 2 years and 65% at 10 years.

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