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# Varicose Veins

## Veins

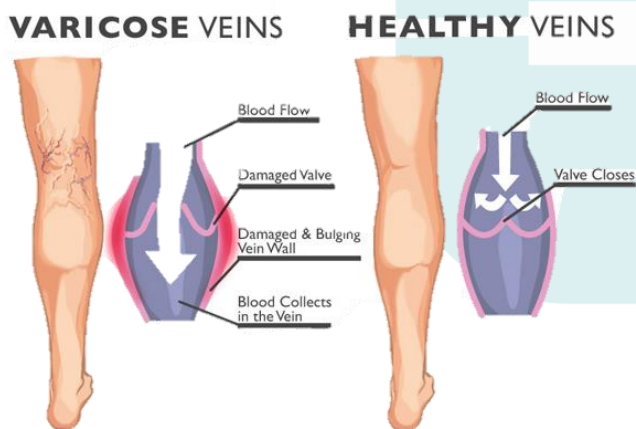
Veins in the legs take blood from the feet back to the heart. They normally contain valves that prevent the blood flowing back down the leg. Most of the veins are deep, however, we also have superficial veins including the great saphenous vein on the inside of the thigh and leg, and the short saphenous vein on the back of the calf. The function of the valves in these superficial veins can become compromised and the blood can reflux in the wrong direction back down towards the feet.

## What causes varicose veins?

Abnormal flow through the superficial veins is the most common cause of varicose veins. When people stand for long periods of time, the pressure in the legs can rise causing the veins to swell. Patients are often troubled by an ache in their legs. The veins can clot causing further discomfort. Due to the high pressure, fluid can leak out of the veins causing swelling, skin changes including pigmentation and in extreme cases, the skin can break down resulting in venous ulceration.

## What management and treatment options are available?

One option to manage varicose veins is to wear firm compression stockings which can assist in promoting more normal blood flow. This may provide relief particularly for patients not well enough to proceed with more invasive treatments or who are pregnant. The stockings need to be individually fitted for each patient and should be checked by a vascular surgeon. Alternatively, a range of treatments are available that in some way remove the diseased veins and re-direct the blood into the healthy deep veins. The veins that are removed are redundant and once diseased or incompetent; perform no useful function.



**Varicose Veins vs Healthy Veins**

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## **Injection sclerotherapy**

This involves injecting a substance (sclerosant) that acts as a detergent, into the vein so that the vein walls stick together. The area is compressed and over time the body gets rid of the veins. Injections have the advantage of avoiding surgery and time off work. However, multiple treatments are often required. There may be some soreness at the injection site and lumps that can sometimes last weeks. There may also be some staining where the vein was that will generally fade over a period of months but there may be some permanent discolouration. Patients are encouraged to walk for about 30 minutes soon after the treatment and the surgeon will recommend how long any bandages or stockings should be worn.

## **Surgical stripping**

This involves making an incision over the junction of the great or short saphenous vein with the deep venous system and passing a device down the vein to completely surgically remove it from the thigh or leg. At the time of surgery small incisions can be made to remove the individual varicose veins. After surgery, the legs are bandaged for a period of time and then the patient wears a stocking as prescribed by the vascular surgeon. Patients will usually require 1-2 weeks off work and will also need to avoid any heavy or strenuous activity over this period.

## **Endovenous laser/ radio-frequency ablation**

This method uses heat to close off incompetent great or short saphenous veins. A probe is inserted into the refluxing vein under ultrasound guidance, activated and passed down the vein. The heat produced destroys the vein and as this heals the diseased vein completely disappears. This is a less painful and traumatic alternative to traditional surgical stripping. Patients recover and resume normal activity sooner.

### **What are the risks involved in treatment?**

- Blood clots
- Soreness and lumpiness
- Infected/bleeding wounds
- Scarring
- Nerve damage
- Numbness

### **Important things to note**

Patients are encouraged to discuss treatment options with a vascular surgeon and to determine the best option for them. Before having treatment, it is important to inform your vascular surgeon of any medical problems, current medications especially medications that can cause bleeding, and existing history of blood clots.

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