

Varicose Veins General Information

Patient information Leaflet

January 2020

What are Varicose Veins?

Varicose veins are under the surface of the skin of the legs, which have become widened, bulging and tortuous. They are very common and do not cause medical problems in most people.

Blood flows down the legs through the arteries, and back up the legs through the veins.

There are two main systems of veins in the legs – the deep veins in the muscles, which carry most of the blood back up the legs to the heart, and the veins under the skin, which are less important and which can form varicose veins.

All these veins contain valves, which should only allow the blood to flow towards the heart. Failure of the valves allows blood to flow backwards down the veins and produce a head of pressure when standing. This excess pressure leads to dilation of the veins and the appearance of varicose veins.

How do Varicose veins present themselves?

Varicose veins often appear first in pregnancy, when hormones relax the walls of the veins and when the womb presses on the veins coming up from the legs. People who are overweight are more likely to get varicose veins and to find symptoms from them troublesome. There is some tendency for bad varicose veins to run in families, but this is by no means always the case. Usually there is no special cause for varicose veins.

Very many people have no symptoms at all from their varicose veins, except for the fact that they are noticeable, and their appearance can be embarrassing.

Other than cosmetic embarrassment, the commonest symptoms from varicose veins are aching, discomfort, and heaviness of the legs, and itching which are usually worse at the end of the day. Sometimes the ankle can swell too. These symptoms are not medically serious, but can be treated if they are sufficiently troublesome.

Although varicose veins can get worse over the years, this often happens very slowly.

In a few people the high pressure in the veins causes damage to the skin near the ankle, which can become brown in colour, sometimes with scarred white areas. Eczema (a red skin rash) can develop. If these skin changes are allowed to progress, or if the skin is injured, an ulcer may result. Skin changes are therefore a good reason to have treatment.

Tameside and Glossop Integrated Care NHS Foundation trust has a leg ulcer clinic, supervised by the vascular consultants and trained nurses.

Other problems, which varicose veins can occasionally produce, are phlebitis and bleeding. Phlebitis (sometimes called thrombophlebitis) means inflammation of the veins, and is often accompanied by some thrombosis (clotting of blood) inside the affected veins, which become hard and tender. This is not the same as deep vein thrombosis (DVT) and is not usually dangerous. It does not mean that the varicose veins necessarily have to be treated.

The risk of bleeding as a result of knocking varicose veins worries many people, but this is very rare. It will always stop with firm pressure and the veins can then be treated to remove the risk of further bleeding.

Varicose veins are associated with DVT in some patients. It is not clear whether varicose veins themselves increase the risk of DVT, but certainly DVT leads to varicose veins and skin damage around the ankle.

What tests can be used to investigate Varicose Veins?

Most varicose veins originate from leaking valves at groin level or behind the knee. It is important to accurately locate the site of the valve leaks.

In outpatients, a small probe will be used to assess your veins. It is called continuous wave Doppler. The probe can detect the direction of blood flow in the skin (superficial veins) veins. It shows where the veins have come from and helps in the planning of any treatment that may be required.

A more comprehensive scan called a Duplex scan will be required if the simple doppler probe doesn't give the whole answer. It looks in detail at the skin veins and deep veins. It can detect leaking valves and sometimes evidence of previous blood clots in the deep veins (deep vein thrombosis).

Who is at risk?

Varicose veins are very common and affect women more than men. Pregnancy is often the time when varicose veins first begin.

Jobs involving long periods of standing often make the symptoms of aching worse.

A previous history of DVT predisposes to varicose veins and skin damage around the ankle (lipodermatosclerosis), which may lead to ulceration.

What does treatment involve?

Stockings: Support stockings, either to just below the knee or full length will usually control the symptoms of aching from varicose veins. They can be prescribed by your GP. Caution must be exercised in people with poor arterial circulation.

Surgery: Operation is performed under general anaesthesia. Through tiny incisions, the varicose veins are removed. This deals with the cosmetic problem. To deal with the cause of the veins, an incision is usually made in the groin. The main skin vein is tied off and divided. Sometimes if the main vein on the back of the knee contains leaky valves, a further horizontal incision is required here to ligate it as well.

Foam sclerotherapy: This is a new technique for treating varicose veins and does not need an anaesthetic .

Is treatment successful?

Injection of very small varicose veins can be successful, but if there are valve leaks associated with the varicose veins, recurrence is bound to happen.

Surgery is followed by recurrence in about 1 in 7 over a ten year period, or due to new valve leaks beginning elsewhere.

What Are The Alternatives?

If you do not wish to have surgery or foam sclerotherapy, simple measures such as wearing support hosiery will help control the systems for many people.

Stockings may also help to prevent the progression or enlargement of varicose veins.

Other Useful Contacts Or Information

For advice and information you can contact The Vascular Studies Unit, 0161 922 6413
Information can also be obtained from the vascular secretaries on 0161 922 6529 and
The Health/Patient Information Centre 0161 922 5332.

Source Of Good Practice

The Vascular Society website has been consulted to compile this information leaflet.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

Language, Interpretation and Patient Support Service (LIPS):

If you require an interpreter to assist your appointment, please ask an appropriate family member to contact our central booking office between **Monday to Friday 8am to 5pm** on **0161 922 6991** to arrange this for you. Further information can be found on the Trust public website <https://www.tamesidehospital.nhs.uk/patients/lips.htm>

語言翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 **0161 922 6991** 聯絡本中

央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (*Language, Interpretation and Patient Support Service LIPS*):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (*Central Booking Office*), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem **0161 922 6991**.

لینگویج، انٹرپریٹیشن اینڈ پیسٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Help us to help you

It is important that we keep your records up-to-date. If the information about you is incorrect, we may be unable to contact you should we need to inform you about any changes to your appointment. Therefore, if you change your GP/Dentist, address or telephone number, please contact us as soon as possible. Please provide a mobile number where possible as we operate an appointment reminder service via text message.

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