

Don't ignore that bulging vein: Why prompt treatment for varicose veins is best

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Today, varicose veins can be easily treated with simple needle procedures that patients can walk in and walk out from.



When 34-year-old Venkatesh first began to see a ropey vein bulging on his left leg, he didn't take the problem too seriously. After all, he had seen his father and uncle have varicose veins and they seemed to live with the condition just fine. Like them, he too began to take an "assured" herbal remedy to treat the condition.

It was only when he developed a severe skin ulcer that Venkatesh finally sought the help of a vascular surgeon. He was pleasantly surprised to discover that the condition he expected to live with for the rest of his life was easily treatable with simple dressings, compression socks and a short procedure to seal off the problem vein and ease the pain and itching in his legs.

"There is a lot of misinformation that varicose veins cannot be cured, that surgery often fails and they always recur," explains Dr Balakumar, Clinical Lead and Senior Consultant Vascular Surgeon and Endovascular Surgery at Gleneagles Global Health City, Chennai. This leads

many like Venkatesh to needlessly live for years with pain and discomfort, though treatments for varicose veins have grown highly simplified as well as effective in recent years.

What are varicose veins?

Varicose veins are dilated, elongated and tortuous veins that develop in the thigh or lower leg due to improper blood flow. The legs comprise of superficial veins closer to the skin as well as deeper veins running along the bones that carry oxygen-poor blood up to the heart. This blood has to be pumped upward against the force of gravity using a series of muscle contractions and valves in the veins to keep blood flowing in one direction. Varicose veins occur when blood pools within some of the superficial veins leading them to become twisted and engorged.

What causes varicose veins?

Varicose veins can develop as a primary condition or as a secondary complication of a clot in the deeper veins, also called a deep vein thrombosis (DVT), explains Dr Balakumar. Superficial veins empty into the deeper veins, which carry the blood to the heart. A clot in deep veins (DVT) prevents the venous blood from flowing into the deeper vein, causing blood pooling in surface veins and causes varicosities.

The exact mechanism that causes primary varicose veins has not yet been fully understood. “However, a majority of people who are at risk for this condition have a family history of varicose veins. In such patients, building blocks called collagen and elastin, which help the veins maintain their structural integrity, malfunction and cause varicose veins. Other risk factors for developing varicosities include jobs that involve standing for a prolonged period of time, the use of oral contraceptives and hormonal changes during menstruation in women, obesity, and pregnancy. However, all of these conditions only aggravate the pre-existing genetic inheritance,” says Dr Balakumar.

Poor leg vein function often first appears in the form of spider veins or clusters of thin blood vessels just under the skin surface. For some people, varicose veins follow in due time, appearing as dark purple or blue veins that are twisted and bulging. Many of these people may remain asymptomatic for a long time. When symptomatic, varicose veins can include pain or a heavy feeling in the legs that gets worse in later parts of the day or after standing for a long time, muscle cramping or swelling in the lower legs, itching around the affected veins and changes in colour due to iron deposition on the skin. In some cases, varicose veins can lead to further significant complications such as skin ulcers, infections under the skin, blood clots and bleeding.

How can I prevent varicose veins?

“Varicose veins are a progressive condition and there is no way to reverse their development. People often develop symptoms over the course of two to ten years. However, they can take various steps to prolong asymptomatic conditions,” explains Dr Balakumar.

Continuous moderate exercise such as walking, yoga and swimming is often an effective strategy to delay the development of varicose veins, says the doctor. This helps reduce weight and the resultant pressure on the legs and also improves the capacity of other veins to take on the added load of blood from veins affected by varicosities. Regular massages and medication can also help in very early asymptomatic stages. Additionally, frequenting elevating the legs at various times of the day and wearing compression stockings are also advised.

How are symptomatic varicose veins treated?

“There is no mechanism for repairing affected veins. Earlier, we would have to go in for surgery to slice and strip away the affected veins. In the last 15-20 years, several needle procedures have developed, which give the advantage of immediate recovery. Patients can walk in and walk out of the procedure room,” says Dr Balakumar.

These needle procedures come in three types: thermal ablation, chemical ablation and medical adhesive. In the first method, laser or radiofrequency energy are used to heat up the veins to cause them to shrink and get sealed. In chemical ablation, a sclerosing agent is injected into the vein that injures the inner lining of the vein, causing blood to clot and the vein to seal itself. Finally, a more recent treatment involves injecting a medical adhesive made of cyanoacrylates into the vein, which seals the vein within seconds.

In all these procedures, as the affected vein gets sealed off, the body naturally adapts to reroute blood flow through other veins to compensate. Patients are required to wear compression stockings for some days after the procedure to help the other veins develop capacity for taking the additional blood flow.

Today, there is no need for patients to live with the discomfort varicose veins cause, says Dr Balakumar. “In most cases where the problem continues or recurs, it isn’t the treatment that fails, but a deeper vein problem that isn’t properly identified. Another challenge is the lack of compliance among patients, particular older patients, in wearing compression stockings when needed,” he explains. However, what is needed is proper diagnosis, suitable treatment and most importantly reaching out to a vascular surgeon. Vascular surgeons are vein specialists, who can monitor patients and know what kind of treatment is to be administered at what time. They are the ideal specialists, and when patients approach the right specialists and properly follow the treatment guidelines, varicose veins are easily handled.

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