Varicose veins!

VARICOSE VEINS – AN UPDATE ON THE LATEST TREATMENTS BY MR SUDIP RAY, CONSULTANT VASCULAR SURGEON

Varicose veins are one of the most common circulation disorders and are found in around 20% of Western populations. Although they may simply be of cosmetic concern, they can often produce quite disabling symptoms such as throbbing, aching and itching. If severe and untreated they can even result in skin pigmentation, eczema and ulceration.

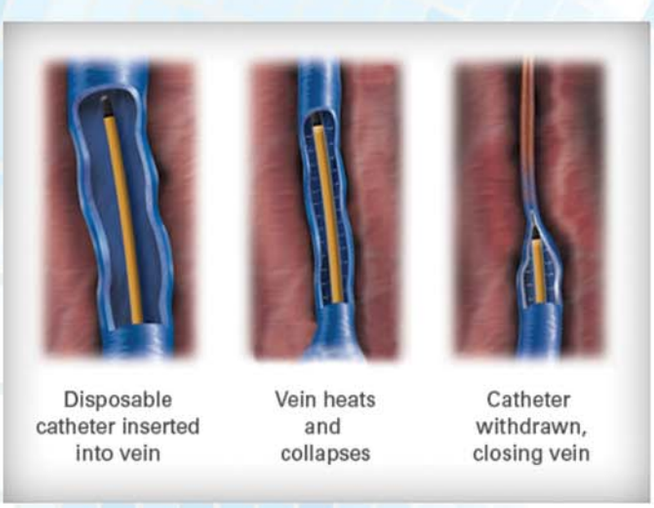
For more than 50 years the usual surgical treatment for varicose veins was an operation called 'stripping', where the main faulty (saphenous) vein in the leg was removed under general anaesthetic. Severe bruising and pain often followed, and recovery could take weeks. Fortunately the last 10 years have seen the development of a variety of successful 'keyhole' treatments, which can be performed under local anaesthetic with discharge home a few minutes later, and provide similar and often better outcomes than surgical stripping:

Laser ablation (EVLA)

Lasers are used to treat a variety of medical conditions, from corneal reshaping to cancer destruction. In the EVLA procedure a laser fibre is inserted into the saphenous vein that heats the blood inside to several hundred degrees C. This produces a steam bubble that destroys and closes the vein. Again, local anaesthetic injections are required but, because of the intense energy production, the pain and bruising afterwards is slightly greater when compared with VNUS.

Radiofrequency ablation (VNUS procedure)

This was one of the first keyhole procedures to be performed, and around a million patients have been successfully treated with it. The saphenous vein is heated by a cathater to 120 degrees C by high-frequency ultrasound, which destroys the lining and thereby closes the vein in more than 95% of cases. Local anaesthetic needs to be injected around the vein, which can be a little uncomfortable for a minute or two. The procedure is performed through a 2mm puncture under ultrasound control and takes around 15 minutes. Any bulging varicose veins can then be removed through tiny incisions.



Sclerotherapy

It is possible to obliterate veins by simply injecting a chemical solution called a sclerosant, which irritates the lining of the vein to make it swell and start closing. A compression stocking is then required for at least a week to aid full closure. If the veins are large it may be necessary to repeat the injections a few weeks later. Adding air to the solution (foam) may improve the results, but occasionally brings on headaches or temporary visual disturbance. Also, as the veins close there may be inflammation, which discolours or stains the skin, so one has to be careful using sclerotherapy in patients with paler complexions.

Bioadhesive glue (Venaseal)

Tissue glues are often used to close small skin incisions or lacerations, but a recent product by Sapheon seems to close abnormal veins too. Under ultrasound control the bioadhesive glue is introduced into the abnormal vein and seals it within 30 days. No local anaesthetic injections are needed and patients do not require stockings afterwards, so this is probably the most patient-friendly of the keyhole procedures. However, this is a recent innovation so we cannot yet be sure how long the results will last.

Mr Sudip Ray MA (Oxon), MS, FRCS is a Consultant Vascular Surgeon in London and has regular clinics in Guernsey and Jersey. For further information regarding the management of varicose or thread veins please contact his team at the Aeshetic Skin Clinic in Guernsey (01481 736699) or the Surgical Suite in Jersey (01534 625000), or visit www.jerseyveinclinic.co.uk.