

MAMMA MIA WHERE DID THOSE VEINS COME FROM!

Mr Sudip Ray, a vascular specialist in Kingston and Wimbledon, explains how pregnancy can bring on varicose veins, and why putting your feet up on Mother's Day is a medical necessity...



During pregnancy there are many changes in the circulation which allow more blood to flow to the growing baby, and to prepare the expectant mum for childbirth. First is the large increase in the hormone levels of progesterone and oestrogen which lead to an eightfold increase in blood flow to the uterus and a corresponding increase in the size and pressure of the surrounding veins - this is then transmitted to leg and groin veins.

There is also a 30% increase in the amount of fluid in the body, some of which must be stored in the legs. Finally, the growing uterus partially blocks blood returning from the legs veins. It's therefore not surprising that up to 70% of women notice some form of either "spider" or varicose veins during pregnancy which may become itchy and uncomfortable, but are rarely harmful. However, as one has more babies the chances of being left with permanent varicose veins increases,

particularly if there were veins before pregnancy or there is a family history of the condition.

Given that most of the changes that cause varicose veins during pregnancy are inevitable, what can we do about them?

There is quite a lot you can do to reduce the amount of discomfort or pain from varicose veins, particularly in the last couple of months before delivery and in the first few months afterwards:

- Avoid sitting or standing in the same position for long periods of time. Change your position every 20 minutes.
- Avoid wearing high heels. It is better to wear lower-heel or flat shoes as this works your calf muscles and empties the veins more efficiently.
- Get regular exercise if it is safe to do so.
- Wear maternity support hosiery. These compress the leg veins, stimulating blood flow towards the heart.

- Elevate your legs periodically to improve fluid return.
- Drink plenty of water and eat enough fibre to prevent constipation which might otherwise increase pressure in the leg veins.

It is reassuringly rare to treat varicose veins during pregnancy as they often improve after delivery anyway. We usually wait at least six months to assess whether they should be treated, and keyhole procedures can often be recommended which allow a quick return to family-life!



Mr Sudip Ray is a Consultant Vascular Surgeon at Parkside, Wimbledon and the New Victoria Hospitals.
020 3000 6900, www.endovein.co.uk