Varicose Veins Interventions

Varicose veins are dilated subcutaneous veins that may be small and harmless or large and bulging. Other types of varicosities include reticular veins and spider veins (telangiectasias). Varicose veins are caused by increased venous pressure and incompetent vein valves. They typically occur in the legs but may also occur in the esophagus, vulva, anorectal area, and spermatic cord (varicocele). Interventions include laser therapy, sclerotherapy, or surgical removal of the saphenous vein. To prevent worsening conditions, the patient should be taught to avoid prolonged standing and to wear elastic compression stockings.



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Laser Therapy

Laser

Pulsed light therapy, or laser therapy, causes vessel sclerosis by heating the hemoglobin in the vessels. Sessions are scheduled at 6- to 12-week intervals and may cause pain, blistering, hyperpigmentation, and superficial erosions. The treatment is indicated for patients unable to experience effective results using sclerotherapy. Laser therapy is also performed on patients with isolated small telangiectasias. Important to note the risks with this procedure, which may be increased pain and burns to the overlying skin, which cannot always be avoided.

Sclerotherapy

Skull-arrow

Sclerotherapy is a possible form of treatment for patients with varicosities. The direct IV injection of a sclerosing substance causes inflammation and destroys superficial varicose veins less than 5 mm in diameter. Substances may include hypertonic saline, polidocanol, and glycerine. The procedure is performed in an office setting. Although sclerotherapy causes minimal discomfort, potential complications include itching, pain, edema, inflammation, hyperpigmentation, and venous thromboembolism. To maintain pressure over the vein, a thigh-high elastic compression stocking is worn for several days after the procedure.

Removal of Saphenous Vein

Removing Sapphire from saphenous Vein

Surgical removal of the affected vein, usually the greater saphenous vein, is indicated in patients with recurrent superficial venous thrombosis or chronic venous insufficiency. The procedure involves the removal of the entire vein, including its incompetent branches, by using a tissue resector to destroy the varices and aspirating the pieces for removal. Since potential complications, including bleeding and infection, are possible, a less invasive procedure is endovenous ablation of the vein. The insertion of an energy-emitting catheter causes collapse and sclerosis of the vein. Potential complications of ablation therapy include bruising, paresthesia, and reopening of the vein.

Considerations

Avoid Prolonged Standing

Avoid-sign at Long Standing-line

In individuals with varicosities, prolonged standing or sitting may experience a heavy, achy feeling or pain. Walking or elevating the limbs helps relieve the pain. To prevent symptoms of varicose veins, instruct the patient to avoid prolonged standing or sitting.

Elastic Compression Stockings

Stockings

Long-term compression therapy prevents increased venous pressure from exacerbating varicose veins. Custom-fitted thigh-high elastic compression stockings are used to help improve circulation of the lower extremities. For optimal results, instruct the patient to apply stockings in bed before getting up in the morning.

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