

What is Vein Disease?

Conditions and Treatments

The most common venous conditions are spider and varicose veins, however both can lead to much more serious conditions, including blood clots that form in the superficial and deep veins (aka Superficial and Deep Vein Thrombosis). Spider and Varicose veins can also be a sign of Chronic Venous Insufficiency. If you would like to learn even more about various types of vein disease, check out the book [Healthy Veins...Healthy Legs](#) or talk to a [vein care specialist](#).

Vein disorders are not always visible; diagnostic techniques are important tools in determining the cause and severity of the problem. If you're worried about a possible venous disorder, you should seek professional medical advice from a [vein care specialist](#) like The Vein Clinic at 906-273-1821.

Spider Veins and Varicose veins

If the valves of the veins don't function well, blood doesn't flow efficiently, and the veins become enlarged because they are congested with blood. These enlarged veins are commonly called spider veins or varicose veins. Spider veins are small red, blue or purple veins on the surface of the skin. Varicose veins are larger, distended veins that are located somewhat deeper than spider veins.

Deep Vein Thrombosis

When the blood flow in our veins slows down, it can form clots in the veins. When these clots break free, they can travel to the lungs resulting in a pulmonary embolism, which can cause death. Fortunately, DVT is treatable and preventable. The first step is learning if you are at risk by taking the [DVT Risk Assessment](#). The second step is to take preventive measures such as wearing compression socks and keeping your legs moving if you have to sit for a long period of time and discussing DVT with your doctor if you are pregnant or undergoing a medical operations. Go to www.healthyveins.org to watch a video segment on The Balancing Act to learn more.

Symptoms

Aside from an undesirable cosmetic appearance, frequent symptoms of venous disorders include leg pain, throbbing, burning, fatigue, restlessness. Severe varicose veins can compromise the nutrition of the skin and lead to eczema, inflammation, intense itching or even ulceration of the lower leg. In serious cases, most often in elderly patients, vein rupture and bleeding can also occur.

Symptoms are often made worse by prolonged standing, sitting, or lying down. The severity of your symptoms will vary based on the severity of the condition.

Evaluation

What to Expect from Your Visit with a Vein Care Specialist

Your initial evaluation for vein treatment will vary slightly from physician to physician, but generally, it will include three components: a clinical history, a physical examination, and a discussion about your treatment expectations and concerns. When seeking treatment for venous disorders, it is important to remember that vein disease is a lifelong problem that cannot be cured with a single procedure or treatment. Cosmetic reduction in visibility of spider and varicose veins is very possible, however most patients will continue to develop new spider veins throughout their lives.

Medical History

Because genetics plays a large role in vein disease, gathering a comprehensive medical history is an important part of your evaluation. Generally, the office staff will gather demographic data and initiate a patient chart for you. This chart may include financial and insurance information as well as a privacy disclosure. Information on your past medical history is typically gathered at this point, and often you will be asked about the vein problems you are currently experiencing.

When meeting in private with the physician or their staff, you may be asked more in depth questions regarding your and your family's medical history.

Exams

The specialist will ask you about the symptoms you've been experiencing, and conduct an examination. After carefully examining your legs, the physician may also examine the abdomen or pelvis to search for other abnormal veins. You may wish to bring loose-fitting (baggy) shorts with you to the physician's office, and ask the staff if it would be appropriate for you to change into them once in the exam room.

After the initial exam is complete, your physician may decide that further testing is in order. These tests often include duplex ultrasound and/or Doppler exams of the legs. These non-invasive procedures use sound waves to evaluate the function of the valves in the veins of the leg. These tests are very important in diagnosis, and can improve the effectiveness of any treatment.

Treatment Discussion

At this point, your physician will discuss your treatment expectations and options with you. You should feel free to ask any questions about costs, complications, and potential benefits as well as side effects of treatment. You should also feel free to question your physician about their qualifications, training, background, and the number of previous procedures performed of the type they are suggesting.

Treatment

Veins that are cosmetically unappealing or cause pain or other symptoms are prime candidates for treatment. There are two general treatment options: conservative measures, such as compression stockings or herbal remedies, and corrective measures such as sclerotherapy, surgery and light source/laser treatment. In some cases, a combination of treatment methods works best. A number of factors go into determining the right treatment for you, including your desired outcomes and the severity of your condition. It's important to discuss your treatment options with a vein care specialist.

Untreated Conditions

What Happens If I don't treat my varicose veins?

There are several adverse consequences of untreated varicose veins, and their severity will vary from person to person depending on their circumstances. Many people who don't treat their varicose veins will experience continued symptoms of pain, fatigue and swelling of the legs or ankles. More advanced medical problems can include hyperpigmentation, lipodermosclerosis, venous leg ulcers, spontaneous bleeding, superficial thrombophlebitis, and a potentially life-threatening condition called deep vein thrombosis. If you're unsure of the severity of your varicose veins, you should see a vein care specialist, who will be able to determine the severity of your condition and whether treatment is necessary.

Blood that pools in the varicose veins is depleted of oxygen and nutrients. The veins also do not tolerate high pressure well and begin to allow red blood cells and fluid to leak into the tissues of the leg, which causes painful swelling. The red blood cells in the tissues cause chronic inflammation and the skin becomes dark and discolored. The medical term for the dark discoloration is hyperpigmentation.

When the skin and the fat under the skin are inflamed for years, the tissues become woody and firm. The medical term for this woody, hard tissue is lipodermosclerosis.

A condition that may occur over time, when there is chronic venous insufficiency, is a venous leg ulcer. The ulcers due to varicose veins are painful and difficult to

heal. Sometimes the ulcers cannot be healed until the backward blood flow in the veins is corrected.

Another possible consequence of untreated varicose veins is spontaneous bleeding from the varicose veins. As the skin over the veins becomes thin, eventually the vein can be exposed to the outside world and be easily injured by clothing, bedding, etc. The blood loss can be significant and is painless.

Superficial thrombophlebitis (ST) is an inflammation of a vein just below the surface of the skin. The cause of inflammation is not an infection. Rather, inflammation is due to decreased blood flow through the vein, damage to the vein and blood clotting. The features of ST include redness to the skin and a firm, tender, warm vein. Localized leg pain and swelling may occur as well.

Deep vein thrombosis (DVT), unlike ST, can be associated with significant and serious medical problems. DVT is often first noticed as a “pulling” sensation in the calf of the lower leg, and it can be quite painful. Symptoms also include associated warmth, redness and swelling. The swelling often extends to above the knee.

Some patients are at higher risk for developing DVT. These include people with one or more of the following characteristics:

- Over 60 years of age
- Recent surgery
- History of prior DVT
- Prolonged immobility/paralysis
- Malignancy
- Blood Clotting Disorders
- Obesity
- Pregnancy and Postpartum
- Infection

When a diagnosis of DVT is made, anticoagulation treatments are often started. Anticoagulation prevents progression of the blood clot, breaks up the clot and prevents the clot from traveling to the lungs. If a clot travels to the lungs it is called a “pulmonary embolus” and the outcome can be fatal.

If you're not sure whether you need to treat your varicose veins, see a vein care specialist for a consultation. A specialist will be able to evaluate your condition and determine what kind of treatment is needed.

Information from www.healthyveins.org