

vein hopes

For one in five adults, varicose veins, those lumpy blue patches of vascular knots are an ugly, unavoidable and painful reality. Unfortunately, there's really no sure-fire way of preventing them if you're genetically inclined towards them. Varicose (and spider) veins usually are hereditary, and you're 70 per cent more likely to develop them if your parents had them.

"The only definite way to avoid vein problems is to choose your parents carefully," is how one of Australia's leading sclerotherapists, Dr Paul Varcoe, of the Vein And Laser Clinic on Queensland's Gold Coast, puts it.

However, there are ways to significantly reduce your chances of triggering this unattractive family legacy, through diet and exercise. And, even better, there are many ways to eradicate problem veins, via plastic surgery, if you've already lost the lineage lottery.

VARICOSE VERSUS SPIDER VEINS

There are two main categories of problematic veins:

- 1. Varicose veins** These appear as bluish bulges, particularly on the thighs and behind the knees, often branching out in a tree-like form. Although they are just unsightly at first, they can become painful if left untreated.
- 2. Spider veins or broken capillaries** These fine, threadlike veins appear as a small purple filigree maze under the skin, usually on the legs, but also on the face. Although they're less painful and noticeable than varicose veins, they're usually as unwelcome. It should be noted that spider veins do not lead to varicose veins.

"Varicose veins usually arise off a deeper abnormal vein, while spider veins come from larger reticular veins that are often blue-green in colour," explains

Dr Varcoe. "Varicose and spider veins are different manifestations of the same condition, but they're not really connected."

Varicose and spider veins can strike at any time. However, both conditions *affect flue* times more women than men. One of the main reasons for this is that they commonly develop during and after pregnancy.

Amanda Bruster, now 35, developed varicose veins for the first time when she was 20. "I'd been expecting them, as both my mum and my grandmother had them," explains Amanda. "They appeared when I had my first child but, after the pregnancy, they weren't quite as bulbous, and I hoped they'd disappear. After my second child, it looked as though I had permanent bruising, and they were really popping out. There was also a lot of pain. My legs would throb at night and get very ▶

Prevention

Left untreated, varicose veins usually get worse, and can lead to other problems such as skin damage, ulcers, increased risk of infection and even dangerous blood clots. Although not easy to avoid, there are ways of actively discouraging them.

1. If your parents have varicose veins, it won't hurt you to have regular massages.

Light upward strokes, using a few drops of lemon oil mixed in an egg cup of almond oil, will have a toning effect.

2. Avoid standing or sitting still far too long, as this causes the blood in the legs to backtrack, causing or worsening varicose veins.

3. Watch your weight - the overweight are more prone to varicose veins.

4. Exercise regularly, from walking to yoga to simple cycling-legs-in-the-air exercise at home.

5. See a herbalist about taking St John's Wort, horse chestnut or nettle to improve blood flow.

6. Avoid fats and refined sugars - research shows that a typical Western diet significantly contributes to varicose veins.

7. Eat plenty of garlic, onions and parsley - all these help increase the elasticity of veins.

8. Cut down on *caffeine*, as this has a narrowing effect on blood vessels.

9. The same goes for smoking, so cut down or give up altogether.

10. Wear support hose to compress veins and stop them enlarging.

what can be done

FOR VARICOSE VEINS ONLY

Stripping

Traditionally, the only sure-fire treatment for larger varicose veins, which have been left to develop unchecked for some time, has been a procedure known as "stripping".

This involves surgically removing the offending vein, with the surgeon making several small incisions in the leg to cut the vein and then literally pull it out.

"It's a fairly uncomfortable process," says Dr Varcoe. "A cut is made at the groin, at the knee and perhaps the ankle. The vein then is tied off and pulled out. Your legs usually will take a few weeks to settle down after this stripping treatment."

While it sounds brutal, modern refinements to this surgical procedure use much smaller incisions and cause less trauma than used to be the case a few years ago.

"More and more surgeons are doing inverted stripping now," explains British vascular expert Philip Coleridge-Smith. "This procedure results in less pain and achieves more aesthetic results, with much less scarring than the old operations used to result in."

With stripping, once the affected vein is removed, other veins present in the leg take up the job of blood flow. **Does it require hospitalisation?** Yes. **Post-op requirements:** Patients usually require one week off work and two post-operative check-ups. They also must wear compression stockings for at least one week after the operation. **Cost:** \$1100 for one leg. Medicare rebates are available.



sore at the end of a long, hot day. And I would get what I called 'restless legs' if I had to sit still for a long time, for example, at the cinema. They just wouldn't be comfortable, no matter how I sat."

Amanda chose the Venocuff treatment pioneered by Sydney's Dr Rodney Lane.

"My other option was stripping, but having a vein ripped out sounds far too painful," she says. "My legs were pretty sore for a week or two after the operation, then it was back to normal. The best thing is that they no longer ache."

Varicose and spider veins are caused by the breakdown of blood-flow control valves in the veins. All veins have valves, which direct the blood towards the heart. If the valve gets stretched or no longer closes properly, the blood is allowed to flow in the wrong direction, towards the toes. Pools of blood gather, causing the varicose veins. The Venocuff tightens the valve so that the vein works again.

Gladys McNicoll was in her late 50s when she first noticed the series of lumpy patches developing on the backs of her

knees. She was an unlikely candidate for varicose veins, as she'd never had children and her parents had no history of vein problems.

"At first, I just hoped they'd go away, but they got worse and worse," says Gladys. "I became quite self-conscious about them. I had tried to ignore them, but it got to the stage where I decided that they were very ugly."

"I hid them, but that meant I couldn't wear anything above the knee, including shorts. I'd always have to wear trousers or skirts that were a little bit below the knee, to cover them up."

When the veins started to cause her pain, as well as embarrassment, Gladys decided it was time to have something done about them. She opted for sclerotherapy (see right).

While Gladys was motivated by a mild touch of vanity to have her veins treated, she also was advised that leaving them untreated could lead to even more serious problems, including leg ulcers and, at worst, thrombosis.

Venocuff

Pioneered by Sydney's Dr Rodney Lane, this method uses a small device called a Venocuff to tighten loose vein valves. Made from Dacron and solid silicone, a Venocuff is surgically implanted around the vein at the site of the main non-functioning valve and tightened until the valve resumes normal operation.

Venocuffing is popular as it is less traumatic than vein stripping and, if the valves are undamaged, Venocuffing can actually restore them to working condition. There is usually only minor pain postoperatively. With Venocuffing, there is a less than five per cent recurrence rate, compared to stripping, for example, where there is around a 30 per cent recurrence rate. **Does it require hospitalisation?** Yes. **Post-op requirements:** Two check-ups post-operatively are suggested and a week wearing compression stockings. A week off work is usually required, and patients should keep mobile. Cost: From \$1700, including anaesthetist's and assistants' charges. Medicare and health-fund rebates are available.

Ultrasound Guided Sclerotherapy



Ultrasound Guided Sclerotherapy is being heralded as a breakthrough in the treatment of varicose

veins. It makes it possible to treat deeper veins without surgery. This form of sclerotherapy also is often suitable for patients who have had a recurrence of vein problems after surgery, can't afford surgery or don't want to take the time off required for stripping. The success rate compares favourably to the surgical option, with one study showing up to 90 per cent success rate a year after treatment.

"A lot of people don't like the idea of going to hospital or going under a general anaesthetic," says Dr Varcoe. "With Ultrasound Guided Sclerotherapy, you can come in, have the treatment in an hour and be back at work that afternoon."

It works like regular sclerotherapy to inject the veins with sclerosant and cause them to close down. However, using an ultrasound, the doctor is able to

inject the deeper veins. The procedure causes little discomfort and needs to be repeated in only around 20 per cent of cases. Most patients are able to return to work the same day. **Does it require hospitalisation?** No. **Post-op requirements:** As with other forms of sclerotherapy, patients need to walk for at least 30 minutes each day, wearing compression stockings, for a week after the procedure. **Cost:** \$600 with a \$300 Medicare rebate.

FOR SPIDER VEINS ONLY

Photoderm Laser

Photoderm works very well to treat spider veins and broken capillaries on the legs and face. It's a high-intensity light treatment that "cooks" the spider veins and destroys them. Photoderm can't be used on people with dark skin, because it sometimes produces areas of increased or decreased pigmentation.

"Photoderm is excellent for facial veins," says Dr Sharon Phillipson, of the Elizabeth Laser and Cosmetic Medicine Centre in Sydney. "It works on the disparity between the skin colour and the vein colour. So with white skin and a good red vein, you can use parameters that can damage the red vein without damaging the white skin, but this is more difficult if the skin is darker."

Photoderm involves directing an intense pulse of white light on smaller thread veins. The light heats the blood and actually damages the vessel wall. The veins then collapse, and are naturally removed by the body. It usually takes three months for the veins to disappear altogether. Another advantage of the Photoderm process is that there is little pain; the skin may be reddened and swollen for two or three days after the process, but normally settles quickly. Patients usually require up to six treatments, depending on the severity of the spider-vein problem. **Does it require hospitalisation?** No. **Post-op requirements:** Photoderm is a very safe, painless procedure. The main requirement is that patients avoid direct



sunlight for two weeks after the procedure to prevent pigmentation. Cost: From \$150 for 10 one by three centimetre areas.

FOR VARICOSE & SPIDER VEINS

Sclerotherapy Injections

This is the best treatment for spider veins and usually is used for cosmetic purposes. It also may be used to "clean up" problem veins that remain after surgery. A very fine needle is used to inject an irritant substance called sclerosant. This destroys the lining of the vein by causing inflammation, and causes the vein walls to stick together, closing them permanently.

- Two or three 30-minute sessions are required about two weeks apart.
- The problem veins disappear during the next three months..

- Patients should expect some bruising after the procedure. **Does it require hospitalisation?** No. **Post-op requirements:** Patients must wear compression stockings for three days after the procedure and should walk around for 30 minutes a day while wearing the stockings. **Cost:** \$140-\$250, depending on the extent of treatment needed. There is a Medicare rebate available if larger veins are treated.

CONTACTS:

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