

Varicose veins



Information for patients

Sheffield Vascular Institute



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



You have been diagnosed as having varicose veins. This leaflet explains more about varicose veins and answers some of the most frequently asked questions. If, after reading it, you have any more questions or concerns, you should write them down and discuss them at your next appointment.

Where will my hospital appointments take place?

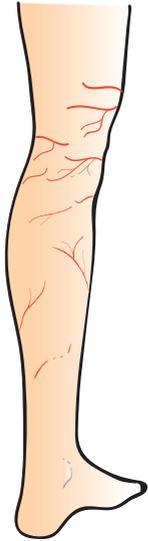
Your appointments will usually be at the Sheffield Vascular Institute at the Northern General Hospital. We also run local outpatient clinics at the Royal Hallamshire Hospital, Rotherham and Barnsley District General.

Sheffield Vascular Institute is a large vascular centre specialising in the treatment of all circulatory conditions affecting the arteries, veins and lymphatics. If you wish to find out more about the Sheffield Vascular Institute you can find further details under the Guide to Services section on the Sheffield Teaching Hospitals NHS Foundation Trust website: **www.sth.nhs.uk**.

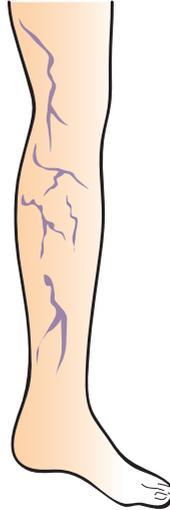
What are varicose veins?

It is perfectly normal to have visible veins on your legs and arms. However, varicose veins are veins under the skin of the legs that have become larger and more tortuous than normal.

They are not the same as spider (thread) veins, which are tiny veins in the skin itself. Although unsightly, these do not cause any trouble and treatment for these is not available on the NHS.



Spider veins
(thread veins)

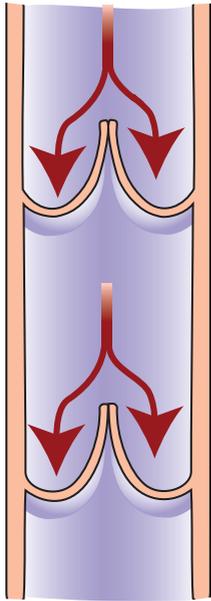


Varicose veins

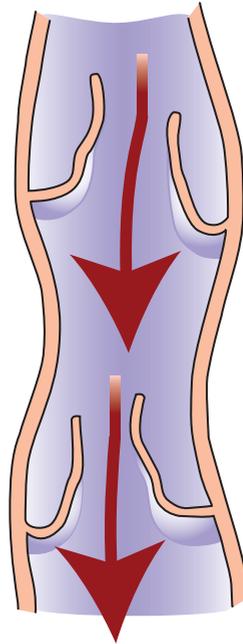
What causes them?

Blood flows down the legs through the arteries and back up the leg through the veins. There are two main systems of veins in the legs, the deep veins which carry most of the blood back up the legs to the heart and the superficial veins under the skin, which are less important and can form varicose veins. All of these veins contain valves, which should only allow the blood to flow upwards and from superficial to deep system.

If the veins are damaged, the valves no longer work properly. Blood can then flow backwards down the veins and this can produce a head of pressure when standing, walking about or sitting. This causes symptoms, and can lead to veins becoming larger and more prominent.



Normal valves



Leaking valves

Lying down or putting your feet up relieves the pressure and usually makes the legs feel better. The trouble people get from their varicose veins is very variable.

Why have I got them?

- Usually there is no special cause for varicose veins but they often run in families.
- In women, varicose veins often appear first in pregnancy, when hormones relax the walls of the veins and when the womb presses on the veins coming up from the legs.

- People who are overweight are more likely to get varicose veins and to find symptoms from them troublesome.
- Sometimes varicose veins develop after a deep vein thrombosis (post-thrombotic syndrome) or after a broken leg. Both of these can damage the deep veins leading to higher pressure in the superficial veins.

What are the symptoms of varicose veins?

Many people have no symptoms at all, except for the fact that the veins are noticeable, and they may cause embarrassment. Other than cosmetic problems, the commonest symptoms from varicose veins are:

- Aching and itching over the varicose veins, usually worse in hot weather.
- Heaviness and swelling of the lower legs, usually worse at the end of the day.

These symptoms are not necessarily serious, but can be treated if they are sufficiently troublesome. Although varicose veins can get worse over the years, this often happens very slowly. Worry that they might get worse is not a good reason for treatment of the veins which are not causing symptoms. It is best to leave them alone until they cause trouble. Many other conditions and lack of exercise can cause similar symptoms.

Are varicose veins dangerous?

Varicose veins rarely cause serious problems. In a few people, the high pressure in the veins causes damage to the skin near the ankle, which can become brown and eczematous. If these changes continue, or if the skin is injured, an ulcer may occur.

Varicose veins can occasionally become inflamed, hard, painful and tender. This is called superficial thrombophlebitis (or phlebitis for short). It is not the same as deep vein thrombosis, and is rarely dangerous.

The risk of bleeding as a result of knocking a varicose vein worries many people, but this is very rare and it usually stops with firm pressure. Any complication of varicose veins is a good reason to visit your GP to request referral to a specialist.

Will I need any tests?

A painless duplex ultrasound scan may be required before deciding which treatment, if any, is required.

Do I need treatment?

Various treatments are available for varicose veins depending on their location, severity and your fitness for surgery. Your surgeon will discuss the options with you in the outpatient clinic after examining you.

Conservative treatment: This consists of advice to you about lifestyle, exercise, leg elevation and the use of compression hosiery. A more detailed advice sheet is available.

Injection sclerotherapy: Treatment is given in the outpatient clinic or the day surgery department and involves the injection of a chemical into the varicose veins which causes them to seal off. Sometimes two or three visits to the clinic are necessary to get rid of all the noticeable veins. Time off work is not usually necessary after the treatment. A more detailed advice sheet is available.

Surgical treatment: Surgery involves a general or spinal anaesthetic and a number of cuts to your leg(s).

This is usually done as a day case and occasionally as an inpatient. Surgery generally gives good long-term results, although some patients do develop further varicose veins over the years. A more detailed advice sheet is available.

Endovenous laser / Radiofrequency ablation: Newer techniques that use heat to damage the vein wall and lead to it closing off have been developed. These avoid the need for conventional surgery, although the long-term results are not as well known. This is now advised as the first line option for patients undergoing varicose vein treatment. At Sheffield Vascular Institute, endovenous laser treatment has been introduced and is offered for suitable patients with varicose veins. A more detailed advice sheet is available.

Mechanicochemical ablation: This is a newer technique of keyhole treatment which takes place under local anaesthetic. Closure of the vein is achieved by using a device that rapidly rotates in combination with delivery of a drug that irritates the vein wall, and thereby causes closure of the treated vein. Fewer long term results of this treatment are available, but early evidence indicates that it gives similar success rates as laser or conventional surgical treatment.

How can I help myself?

- Eat a healthy balanced diet with plenty of fresh fruit and vegetables.
- Try to lose weight if you are overweight, as increased weight puts more strain on the veins.
- Exercise regularly, as this helps the calf muscle to pump blood up the veins. If you are unable to walk, try moving your feet up and down while you are sitting or lying. Consider an exercise bike.
- Avoid standing still for long periods of time.
- Smoking causes damage to the arteries in your legs and it is better for your overall health if you stop smoking.
- Wear compression stockings, which have been properly fitted by a healthcare professional, to prevent existing varicose veins getting worse.

Varicose vein funding

Currently, several health authorities (Clinical Commissioning Groups) have implemented a process of prior approval before patients are allowed to have treatment of their varicose veins on the NHS. The criteria used to decide whether to approve funding varies between different commission groups, but treatment will generally be approved if you have long standing, significant symptoms or complications from your varicose veins, and you are not significantly overweight. If required, this should have been sought by your GP prior to you being seen at the Vascular Clinic.

Useful contact numbers:

Vascular Nurse Specialists:

- **0114 226 9311 / 271 4688**

Vascular Admin Co-ordinator

- **0114 271 5534**

What if I need more information?

More details on varicose veins can be found at:

- **<https://www.circulationfoundation.org.uk>**

Alternative formats can be available on request.

Please email: **sth.alternativeformats@nhs.net**

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