Varicose Veins



Long, tortuous, dilated veins of the superficial venous system.

Pathology

- Retrograde venous flow from the deep veins of the leg to superficial veins can occur if valves in the perforating veins become incompetent. This results in an increased pressure in superficial veins.
- Risks: prolonged standing, obesity, pregnancy, family history, COCP use.

Clinical features

- Symptoms: Most asymptomatic except for aesthetic problems. May get pain, cramps, heaviness, tingling and restless legs.
- **Signs**: oedema, varicose eczema, venous ulcers, haemosiderin deposits, phlebitis, lipodermatosclerosis (subcutaneous fibrosis due to chronic inflammation and fat necrosis), atrophie blanche (white scarring around healing ulcer).
- Saphena varix: dilation in the saphenous vein at its confluence with the femoral vein. It transmits a cough impulse.

Treatment

Refer if: bleeding, pain, ulceration, thrombophlebitis, severe impact on QOL.

- Education: avoid prolonged standing, stocking support, regular walking, weight loss
- Injection sclerotherapy: sclerosant injected at multiple sites in varicosities
- Laser coagulation
- Surgical stripping