

INFORMATION ABOUT UNSIGHTLY LEG VEINS

Threadveins - Introduction and background.

Threadveins are unsightly small red or blue blood vessels very close to the skin surface of the legs. Often they are widespread over both legs and although they rarely cause physical problems, sufferers perceive their appearance to be so distressing that they lose self-confidence and try to hide the appearance from others.

They are more common in women, who often find it socially unacceptable to wear above the knee skirts, shorts or swimwear, opting instead to wear ankle length clothing. Successful treatment greatly improves self-esteem and quality of life. Treatment is rarely available via the NHS where it is classified as being 'cosmetic'.

It is estimated that over half of the adult population suffer from unsightly leg veins but few are aware that they can be effectively treated. The 'Gold Standard' treatment is Sclerotherapy, which has been used and constantly refined for over 50 years. There are alternative treatments available (including laser, surgical removal of leg veins, radiofrequency, and diathermy), but Sclerotherapy remains the safest, and most successful treatment for the majority of leg veins.

The causes of varicose veins and threadveins are largely unknown but they often occur in members of the same family suggesting a genetic component. They often appear in women at times of hormonal changes during puberty, pregnancy or the menopause. They are more common in overweight individuals, and become more prominent and more numerous with increasing age, particularly in those people who stand for long periods, including teachers, dentists and hairdressers. Trauma or surgery to the legs can leave localised patches of veins at the site of trauma.

There is no proven method of preventing the veins appearing, but symptoms such as aching, swelling or itching can be treated by maintaining a healthy weight, taking regular exercise, avoiding standing for long periods, giving up smoking, and wearing graduated compression hosiery.

Treatment

During Sclerotherapy treatment, a solution (Fibrovein®) is injected directly into the threadvein using a very tiny needle. This causes the inside lining of the vein to become sticky and swell. External compression is applied to stick the opposite linings together and thus close the vein. Over a period of time the non-functioning vein is then broken down and absorbed by the body so that it fades away and is no longer visible.

The compression is applied with dental rolls (held in place with adhesive strips applied to the skin) and/or compression hosiery. Compression should ideally be kept in place for three to four days as this improves the results of treatment and reduces possible side effects. During this time the skin needs to be kept dry, which may make it difficult to bath, especially if both legs have been treated simultaneously.

Pre-treatment information

After you have completed the medical questionnaire and initial consultation, your veins will be assessed while you are in a standing position. This assessment is enhanced by the use of recent 'Veinlite®' technology, which enables larger reticular veins which 'feed' the superficial veins to be seen. The reticular veins lie 3-5mm under the skin surface and are not visible to the naked eye. Injection of these reticular veins reduces the total amount of injections needed as some threadveins disappear without injection because their blood supply has been cut off. Treating the reticular veins greatly improves the results of treatment and reduces the likelihood of new threadveins developing.

It is very rare to be able to treat all the visible veins in a single session as the volume of injecting solution used for each session is limited. On average, 2 - 4 half hourly treatment sessions are required, spaced at 4 - 8 week intervals. You will be informed of the cost and approximate number of sessions required before treatment commences. There is no obligation to continue with treatment if you do not wish to do so.

Sclerotherapy may cause a mild burning or itching sensation but should NOT be painful.

Aspirin and alcohol should be avoided for 48 hours before and after treatment. You should not be treated with Sclerotherapy if you are allergic to any of the contents of the product being used, or if you are pregnant or breastfeeding, or have infection or ulceration of the leg to be injected.

Possible side effects

Although extremely safe, minor side effects can occur at the treatment area following Sclerotherapy.

Initially your legs will look worse. The injected areas will appear red and swollen and there may be itching or bruising which may take 7 – 14 days to heal. Your legs may feel tender to the touch for a few days; this should respond to treatment with Ibuprofen®.

In a few cases pale brown pigmentation occurs in the skin overlying larger treated veins. This is caused by inflammation, and iron pigment (haemosiderin) leaking from treated vessels as they are broken down by the body. This is temporary and less unsightly than the original vein, but can take several months to fade completely, especially if exposed to strong sun light or sun beds.

Very occasionally tiny blood vessels appear (telangiectatic matting), looking like a small bruise which usually disappears spontaneously after a few months, but occasionally needs further minor Sclerotherapy. In very rare cases, the skin overlying a treated vein may form a small blister and scab, potentially leading to a tiny scar if not left alone.

Larger veins often appear lumpy, tender and warm (phlebitis) after treatment. This normally settles within a few weeks (Ibuprofen® is helpful) but seek advice from your Practitioner if this becomes very uncomfortable.

Allergic reactions to the product used are incredibly rare. They would occur during the treatment session and be treated immediately by your Practitioner. Infection in the treated area is also rare provided it is left alone.

Post treatment advice

- Walk immediately after treatment and continue to walk on a daily basis for 20 minutes each time.
- Maintain the compression on your legs as advised by your Practitioner. This may mean you cannot bath or shower fully for a few days.
- Avoid very hot baths and saunas for 2 weeks after treatment.
- Avoid high impact exercises, squatting, and prolonged standing or sitting in one position, for 2 weeks.
- Delay long-haul travelling for 2 weeks.
- Keep your legs clean and dry. Do not apply creams, false tans or perfumed products.
- Contact your Practitioner as soon as possible if you have any queries or concerns about possible side effects. There is no charge for this additional aftercare.

Treatment results

DO NOT EXPECT IMMEDIATE RESULTS.

Even small treated vessels take up to three months to disappear because they need to be broken down and absorbed by the body. During this time treated veins often change from a blue or red colour to a brown colour but remain visible for a while because they are so close to the surface of the skin.

Treated veins will not reappear, but your susceptibility to developing Threadveins means that other Threadveins may appear over time, making further treatments necessary. Treating the 'feeding' reticular veins with the help of 'Veinlite®' technology slows this process down.

Modern treatment of Threadveins is very successful and usually increases confidence in the way your legs look. The results of a single treatment do vary, depending on the number and complexity of the veins needing treatment. Several treatment sessions may be required.

The information and opinions in these information sheets have been checked by me, Dr John Oakley, in association with information available at the websites of The British Association of Sclerotherapy (BAS) (www.bassclerotherapy.com) and The British Association of Cosmetic Doctors (BACD) (www.cosmeticdoctors.co.uk). Dr John Oakley is a member of both of these Associations. They are designed only as a supplement to a full consultation with me and should not be used as a single definitive source of information. My opinion may differ from that of some other Doctors.

If in doubt, please consult another suitably qualified medical professional.

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