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Varicose vein – noninvasive treatment

Varicose veins are swollen, twisted, painful veins that have filled with blood.

Description

Varicose veins most often develop in the legs. They often stick out and are blue in color.

- Normally, valves in your veins keep your blood flowing up toward the heart, so the blood does not collect in one place.
- The valves in varicose veins are either damaged or missing. This causes the veins to become filled with blood, especially when you are standing.

The following treatments for varicose veins can be done in a health care provider's office or clinic. You will receive local anesthesia to numb your leg. You will be awake, but will not feel pain.

Sclerotherapy works best for spider veins. These are small varicose veins.

- Salt water (saline) or a chemical solution is injected into the varicose vein.
- The vein will harden and then disappear.

Laser treatment can be used on the surface of the skin. Small bursts of light make small varicose veins disappear.

Phlebectomy treats surface varicose veins. Very small cuts are made near the damaged vein. Then the vein is removed. One method uses a light under the skin to guide treatment.

This may be done along with other procedures, such as ablation.

Ablation uses intense heat to treat the vein. There are two methods. One uses radiofrequency energy and the other uses laser energy. During these procedures:

• Your doctor will puncture the varicose vein.

- Your doctor will thread a flexible tube (catheter) through the vein.
- The catheter will send intense heat to the vein. The heat will close off and destroy the vein and the vein will disappear over time.

Why the Procedure is Performed

You may have varicose vein therapy to treat:

- Varicose veins that cause problems with blood flow
- · Leg pain and feeling of heaviness
- Skin changes or skin sores that are caused by too much pressure in the veins
- Blood clots or swelling in the veins
- Undesirable appearance of the leg

Risks

These treatments are generally safe. Ask your provider about specific problems that you might have.

The risks for any anesthesia and surgery are:

- Allergic reactions to medicines
- Breathing problems
- Bleeding, bruising, or infection

The risks of varicose vein therapy are:

- Blood clots
- Nerve damage
- Failure to close the vein
- Opening of the treated vein
- Vein irritation
- Bruising or scarring
- Return of the varicose vein over time

Before the Procedure

Always tell your provider:

- If you are or could be pregnant
- About any medicines you are taking. This includes drugs, supplements, or herbs you bought without a prescription.

You may need to stop taking aspirin, ibuprofen (Advil, Motrin), warfarin (Coumadin), and other medicines that make it hard for your blood to clot.

After the Procedure

Your legs will be wrapped with bandages to control swelling and bleeding for 2 to 3 days after your treatment.

You should be able to start normal activities within 1 to 2 days after treatment. You will need to wear compression stockings during the day for 1 week after treatment.

Your leg may be checked using ultrasound a few days after treatment to make sure the vein is sealed.

Outlook (Prognosis)

These treatments reduce pain and improve the appearance of the leg. Most of the time, they cause very little scarring, bruising, or swelling.

Wearing compression stockings will help prevent the problem from returning.

Alternative Names

Sclerotherapy; Laser therapy – varicose veins; Radiofrequency vein ablation; Endovenous thermal ablation; Ambulatory phlebectomy; Transilluminated power phlebotomy; Endovenous laser ablation; Varicose vein therapy

Patient Instructions

Varicose veins – what to ask your doctor (../patientinstructions/000256.htm)

References

Freischlag JA, Heller JA. Venous disease. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, eds. *Sabiston Textbook of Surgery*. 20th ed. Philadelphia, PA: Elsevier; 2017:chap 64.

Garg N, Gloviczki P. Chronic venous insufficiency. In: Creager MA, Beckman JA, Loscalzo J, eds. *Vascular Medicine: A Companion to Braunwald's Heart Disease*. 2nd ed. Philadelphia, PA: Elsevier Saunders; 2013:chap 55.

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