YOUR GUIDE TO
Varicose Veins Treatment

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You may have seen dark blue, twisted and protruding veins on your or other people’s legs. This isn’t the result of some skin infection, or a parasite lurking beneath the surface of your epidermis; this is, in fact, varicose veins.

Veins are the vessels your body uses to carry deoxygenated blood to the heart. Our legs and calf muscles work to pump blood back to the heart against gravity. A series of valves ensure correct blood flow back to the heart. If these valves do not close properly, blood can pool and cause the veins to build in pressure and enlarge – this is when they become ‘varicose’.

WHAT CAUSES VARICOSE VEINS?

Though there is no definitive answer on what causes these valves to stop working correctly, research suggests women are more likely to have varicose veins. Additionally, there is evidence that points towards genetic factors increasing the likelihood of issues. Aside from this, there are a few potential causes that may increase the likelihood of varicose veins, these include:

• Lack of physical exercise and activity
• Standing or sitting for lengthy periods of time i.e. if you have a job that requires standing for seven hours a day
• Not having any mobility at all for a long period of time i.e. if you are confined to a bed
• Obesity
During the first trimester of pregnancy, it is common for women to develop varicose veins. In fact, around 40% of women will experience varicose veins during pregnancy. This is predominantly due to changes in hormone levels and an increase in blood volume, as this leads the veins to expand and swell. Additionally, as the uterus expands it puts more pressure on the large vein running on the right side of the body, the inferior vena cava. Pressure on this vein can cause the legs to swell and lead to issues with varicose veins.

For most women, pregnancy-related varicose veins tend to minimise in the three months after giving birth. However, successive pregnancies can result in worsening of the varicose veins. Other factors that contribute to varicose veins during pregnancy are the age of the woman, the length of time spent standing, obesity, inactivity, and leg injury.
Aside from the aesthetics of varicose veins, they can be quite painful. Varicose veins can cause:

- Aching of the legs
- Swelling in the ankles
- Eczema
- Cramping

More serious complications include the inability to walk, dermatitis, ulcers, cancer and severe bleeding. One unique and potentially fatal complication of varicose veins is deep vein thrombosis.

**DEEP VEIN THROMBOSIS**

This is a type of blood clot that can form in the veins of legs. If you have varicose veins, then you run the risk of developing deep vein thrombosis (DVT). DVT carries a high risk of pulmonary embolism, which is a blood clot that can travel up from the legs and into the pulmonary arteries. Pulmonary embolism can be fatal, with over a third of Australia’s 14 000 DVT sufferers dying due to the clot last year.
How are varicose veins treated?

Treating varicose veins differs when the patient is pregnant. However, there are some preventative, and surgical methods that can be used in the treatment of varicose veins.

PREVENTING VARICOSE VEINS

Some preventative methods for varicose veins include;

- Leading an active and healthy lifestyle
- Avoiding high heels
- Wearing support stockings

VARICOSE VEIN TREATMENT

There are a number of different treatment options for varicose veins. One of the main forms of treatment is sclerotherapy. This is a procedure that involves injecting a sclerosing solution directly into the affected veins. The solution causes a reaction which increases the size of the internal wall of the vein, so it sticks together. Consequently, the vein can no longer fill with blood and will gradually reduce in size over a period of weeks.

For deeper vein issues, in the past, surgery was required; however, with the use of modern ultrasound technology our medical professionals can effectively guide the injection while avoiding vital structures. This is called ultrasound guided sclerotherapy.

There are also laser options (endovenous laser ablation) for varicose vein treatment. This is a beneficial alternative to extensive invasive surgery. This is done by passing a fine laser fibre along abnormal veins and heating the vein. This prevents the accumulation of blood and stalls flow in the unhealthy vein and shrivels the vein away. Endovenous laser ablation is commonly used for larger affected veins.

VENASEAL IS A NEW TREATMENT FOR SMALLER VARICOSE VEINS

The VenaSeal Closure System (VenaSeal System) is intended to permanently treat the underlying veins that cause varicose veins by sealing the affected veins with a medical adhesive.

HOW DOES IT WORK?

A catheter is inserted through the skin into the diseased vein and a clear adhesive is injected by the Doctor. The placement of the catheter is monitored and the delivery of the adhesive performed using ultrasound imaging. Once the adhesive is injected inside the diseased vein, the area is manually compressed, and the adhesive changes into a solid to seal the varicose vein. Your Doctor will advise if this treatment is suitable for your vein condition.
Vein Doctors Group and VenusCentre Vein Clinic are an experienced, supportive, and quality assured group of experts. When it comes to pregnancy related varicose vein issues, Vein Doctors Group and VenusCentre Vein Clinic hold a vast wealth of knowledge and compassion.

At Vein Doctors Group and VenusCentre Vein Clinic, you can visit any of our centres throughout Queensland for a consultation. We will be able to assess your situation and recommend treatments tailored to your needs. Pregnancy is, of course, a life-changing experience and making sure that issues like varicose veins can be minimised is always beneficial for both health and stress. If you would like to learn more about your options for varicose vein treatment or would like to book a consultation, simply contact one of our centres.
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