

NOT IN VEIN



Tackle unsightly veins now so you can bare beautiful legs come Summer!

By: Wendy Schmid

You probably don't spend much time thinking about your leg veins. That is, until you notice them as hair-fine purple tributaries, spidery starbursts, or cord-like bluish bulges. Then they can make you look and feel older—and stop you from showing off what may be your best asset.

As an actress and former model, Pamela Thompson, 65, was used to baring her legs in chic, short skirts. "Over

time, though, I started noticing spider veins and a few larger, bluish veins on my thighs. They made me self-conscious," Thompson says. So she sought out New York cosmetic surgeon Kevin Jovanovic, MD, for treatment.

NEW ADVANCES

Everything from genetics to your profession (teachers and nurses commonly seek treatment) can pave the way for faulty leg veins. Women are particularly susceptible due to higher levels of estrogen and progesterone. Evaluations in this complex field used to be done somewhat blindly, but now ultrasound is paving the way for better diagnosis and longer-lasting results. "With ultrasound we can see beneath the surface and locate what's causing the damage," says Dr. Jovanovic. "This allows us to treat more effectively from the inside out." Similar to sonogram technology, topically guided ultrasound enables doctors to see not just the problem vein, but the source feeding the vein, on the screen. It also indicates if blood is flowing correctly or backwards.

"Even small spidery starbursts can be a warning sign of damage that's causing pressure and may eventually result in bigger, protruding or varicose veins," explains Dr. Jovanovic.

Dr. Luis Navarro, MD, medical director of The Vein Treatment Center in New York, considers ultrasound an invaluable tool. "It's indispensable—like a phlebologist's stethoscope," he says. With good reason: It can help prevent re-dos. Says Dr. Jovanovic, "If there's more damage beneath the surface and you just treat the visible issue, improperly flowing blood can back up again, eventually bringing you back to square one."

In the case of spaghetti-thick, protruding veins on the calves, back-of-the-knees or thighs, the problematic source is often the saphenous vein, which runs from inside the groin to the knee. (Dr. Navarro estimates that it is the culprit in 70 to 80 percent of cases where leg veins are bulging.) "If blood in this vein isn't flowing correctly, then closing it can relieve pain, pressure, and swelling in visible veins," Dr. Jovanovic explains. "Depending on the case, it may solve the problem enough to prevent further treatment."

Leg Do's and Don'ts

Do: Take breaks and wear compression socks or stockings if your job requires prolonged sitting or standing. Doctors favor the brand Sigvaris (sigvaris.com)

Don't: Sit on hard surfaces or cross legs for hours on end. This can create undue pressure on veins.

The procedure for this, called endovenous laser ablation, is done by threading a tiny needle-like laser fiber into the vein and closing it from the inside. (The body re-absorbs it over the next two weeks.) This procedure isn't always necessary, though it was for Pamela. With ultrasound, Dr. Jovanovic determined she needed closing of the saphenous vein as well as two other common procedures: Sclerotherapy and microphlebectomy.

TREATMENTS AND RESULTS

When it comes to spider veins about the width of hair, sclerotherapy is the procedure of choice. A chemical detergent is injected into the tiny veins, irritating the walls and causing them to collapse and disappear over time. It's very effective and often a one-time treatment, though stubborn veins may need re-injection. Pigmentation or lingering redness at the injection site is possible, but usually temporary.



Kevin Jovanovic, MD, is a board-certified cosmetic surgeon and founder of the Laser Vaginal Rejuvenation Institute in New York City. He also co-founded the Manhattan Laser Center for Vein Treatment. In 2006, he won the Top Plastic Surgeons Award in the field of cosmetic surgery.

When it comes to large, superficial veins that sclerotherapy can't fix, doctors like Navarro and Jovanovic favor microphlebectomy. An incision is made and the doctor removes the vein (or veins) with a small instrument that looks like a crochet hook. As with any surgical procedure, even minimally invasive ones, there's a risk for scarring or pigmentation changes, but Dr. Jovanovic says it's rare to have lasting issues.

As for Pamela, who required all three approaches, she couldn't be happier. "I'm glad Dr. Jovanovic used the ultrasound, which showed that I had back flow in some of my veins so we knew how to proceed," she says. "I had great results with all three procedures and insurance paid for it. My legs look great and I'm back in short skirts again!"