

the thin
blue line

Nothing mars legs and ruins short-skirt season like varicose veins. Sally Singer resorts to surgery to erase her unsightly squiggle once and (she hopes) for all.

he first time I hear the words *vascular surgeon*, I'm sitting at DB, one of those midtown bistros where impossibly thin people eat foie gras hamburgers. I'm with an impossibly beautiful friend who looks amazing in Tsubi jeans, and we're talking about our new babies—my third, her first. And then, shamefully and inevitably, we talk about something much darker, and indeed bluer: the veins that have suddenly popped up, hideously, on our legs. "Have you seen me in a skirt recently? Never," my friend says a tad bitterly. I confess to her that after my first child, I had a dermatologist friend give me a few saline-like injections—sclerotherapy—but to no real effect. Two kids later, the situation is worse: A knobbly, quarter-size squiggle has lodged itself under my right inner knee. I do wear skirts, but I'm bothered by my blemish. "Dermatologist?" she almost yells. "We need a vascular surgeon."

I nod, but I'm thinking that my friend is, in effect, engaging in a classic piece of New York excess (don't forget, she's the one for whom only a foie gras burger will do). Varicose veins are ubiquitous (it's estimated that half the women in this country suffer from them) and in most cases only uncomfortable: Why elevate them to a medical emergency? Surgeons actually save lives, not just unsightly kneecaps. So once again I go to a mere dermatologist. That doctor—let's call her

Dr. Who—is a very reputable practitioner. I sign the waiver acknowledging the possibility of the treatment's back firing, and happily submit to a bunch of injections that progress down the affected vein from the knee to the ankle. I also wear compression tights, as instructed, for a week. The result? A large night-blue question mark ("pigmentation," caused by the presence of dried blood in the treated vein) materializes on my interior calf muscle, and the original varicosity remains unchanged. Dr. Who says the question mark will lighten over time, just like the bruises inevitably caused by the sclerotherapy. It doesn't. Serves me right, I think, for being so vain. (The pun is horribly unavoidable.) I should have listened to my brother and sister, both physicians and both proponents of compression tights as part of the daily life of the varicose-inclined—i.e., anyone whose mom had varicose veins. "The research shows they make a difference," my brother says with infuriating authority. "And now they come in black," adds my sister. "Vogue women don't wear compression tights," I say tightly.

Anyhow: No more cosmetic procedures, I vow. Promises, promises. . . . Two years later, I'm in a lotus posture at my yoga haunt Laughing Lotus and I'm not laughing: The question mark on my leg is more darkly and cockily interrogative than ever. Enough is enough, I say to myself. I'm a New Yorker. I don't have to take this.

I make some calls. By the end of the

week, I have a list of the best people in the city. I know they're the best because every person I talk to—from my own physician, the wonderful Jahangir Rahman, M.D., to Patricia Allen, M.D. (one of the country's leading experts on medicine and menopause), to Lisa Airan, M.D. (cosmetic dermatologist)—talks about the same three men. None, interestingly, is a skin doc.

I start with Luis Navarro, M.D., of the promisingly named Vein Treatment Center. He's a general surgeon, originally from Barcelona, and he's a coinventor of the endovenous laser treatment—the procedure (first performed by a Carlos Boné, M.D., of Palma, Spain) that has transformed a field once dominated by the highly aggressive, and one might even say barbaric, business of vein stripping (in which, under general anesthesia, cuts are made at the groin and ankle, and the offending blood vessel is pulled out like an old telephone line). Unlike Dr. Who, Navarro—a tanned and efficient ringer for Yves Montand—spends a considerable amount of time exploring the Amazonian tributaries of my leg. He listens to the great and the short saphenous veins, which run near the surface of the inner and rear of the limb, respectively, with a handheld Doppler device. Defective veins with nonfunctioning valves sound different from working veins: You can actually hear the blood puddling in a varicose vein. Then he does an extensive ultrasound and finds something surprising. My saphenous veins are fine; what's

not fine is a "malformation" of other veins that form an abnormal "spongy mass" in my upper thigh. These veins are horribly tangled and twisty and are untreatable by the endovenous laser, which can shoot only in straightish lines. When Navarro sketches my internal network with a red pen, it looks like a ball of string after a cat's gotten to it. His advice? A mini-phlebectomy—i.e., the removal of parts of the tortuous vessel that are near the knee through a series of tiny (one eighth of an inch) cuts into my leg—plus ultrasound-guided sclerotherapy (with either solution or foam) to zap the spongy mass.

Next I see Robert Min, M.D., the chairman of radiology at Weill Cornell Medical College and another coinventor of said laser treatment (Min is an ex-colleague of Navarro's). He's a very reassuring and clearly brilliant fellow. He also does a Doppler test and an ultrasound, and arrives at the same diagnosis as Navarro. I have a very, very strange situation. It is little wonder that Dr. Who's inject-by-numbers approach hadn't worked. And if you are going to inject the saphenous veins, as Dr. Who wrongly did, you should never shoot progressively from bottom to top, as Dr. Who also did, because blood in malfunctioning veins flows backward. Min advises a two-stage course of sclerotherapy: first, ultrasound-guided injections into that disgusting-sounding spongy mass; next, a month or two later, a second round of mop-up injections in the lower leg. According to Min, it's quite possible that the first stage would relieve pressure to such a degree that the lower half of my legs would begin to look better before round two—especially if I were to wear compression tights.

I'm now in a bind: I have one diagnosis but two very different suggested cures, both of which come from experts in whom I have absolute and equal faith. So for the tiebreaker I go to Gary Giangola, M.D., the chief of vascular surgery at Lenox Hill. Once again, an ultrasound reveals my "one in hundreds" (Navarro) spaghetti-vein syndrome (my medical term). Giangola, who exudes the authority of a man who is in fact authorized to save lives day in, day out, tells me that I have two options—and he proceeds to describe in eerily precise detail exactly the courses of action proposed by Navarro and Min.

But what to do? I ask everyone and anyone the same question. And what I learn is this: Women of a certain age have a lot to say about veins—a Hollywood actress who hates that hint of delft on her ankles; the sleek socialite who has spent four years battling her spider veins with injections, refuses to wear skirts, and says, "There is no magic cure" with frightening conviction (spider veins, by the way, are tricky to treat by laser and notoriously difficult to rid oneself of); the professional moms who turn out to be veterans in the war against displeasing venosity. Even the unimaginably polished and stylish Lisa Airan, who's yet to have children, confesses that she won't fly longer than five hours without wearing her compression tights. "And they come in black,"

she says. *Vogue* women, it turns out, compress. ("But what shall I do?" I badger my husband. "About what?" he says. "My varicose vein," I say. "What varicose vein?" he says.)

In the end, I decide to go to Navarro. Why? Because he does only veins and because he himself freely admits that there are many ways to skin this cat—or, as he puts it, "How are you going to Connecticut? The train? The car?" That's the other advantage of Navarro: I want to get to Connecticut fast, and his treatment is the express train.

So one sunny day I enter the Vein Treatment Center holding a prescription tube of numbing cream. Navarro's associate Ousaima Al-Misky, M.D., runs a test to ensure that my deep venous system is fully functional. Then, guided by ultrasound, she marks up my leg for cutting and shooting. The cream is applied and the leg wrapped in plastic, and I'm sent away for two hours and told to eat a heavy lunch: "It's going to be a long afternoon." I'm also told to pick a DVD to watch during my surgery. Which I do: *Sex and the City*, season four.

When I return with a stomachful of matzo-ball soup from the local diner, it all begins. I'm lying on my back with a headset, watching Miranda cope with leaky breasts, while somewhere south of the Mason-Dixon Line Navarro is

cutting and untwisting and shooting. I feel pricked and a little prodded, but otherwise the local anesthetic is doing the trick. Nearly two hours later, I ease myself off the table and step gingerly into my jeans. My right leg is wrapped like a mummy's from groin to ankle. I'm told to go home, take aspirin as necessary, and come back the next morning at nine for the great unwrapping. I obey. When the Ace bandages come off, Al-Misky begins another series of sclerotherapy (if you

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have a problem with needles, you're in trouble). She then rewraps the leg and utters the dreaded words *compression tights*. I am to wear them that night and perhaps for a day or so later. Fashion crisis: The city's in the throes of a mini-heat wave, so trousers are a no-no. Fashion solution: Wear a Phi cotton ball gown with a Lanvin silk cardigan and get a jump on the fall 2006 long-for-day trend.

I end up spending a week in compression tights (boy, are they hot to wear!) and ball dresses. My leg is aubergine in color, and sore. The cuts themselves are still bandaged, and every day I must cover them with Neosporin pads. It all feels like a lot of work, but before I know it, it's over. To be exact, the bruises have faded almost completely within two weeks (during which I must keep my legs out of the sun). And the cuts are so tiny as to resemble mosquito bites. As for the dark question mark, it's still there, being a "pigmentation issue" caused by Dr. Who's incompetence; Navarro is giving me a lightening cream. And what about the varix—the blue knob under my knee? Gone.

This doesn't mean that I'm cured forever. Another varicosity could emerge at any time. So I'm keeping my compression tights, just in case. They come in black, you know. □