

2 SPIDER VEINS

I first saw them one afternoon when I was pulling on my ballet tights. Three jagged lines, which appeared out of nowhere like faded purple lightning bolts on the side of my right knee. I tried not to think about them, and told myself they would surely go away, because, really: How many teenagers have spider veins?

They didn't go away. I am looking at them right now, and their indelible, uninvited relatives, too, which have stealthily emerged over the years, giving my porcelain-pale, 34-year-old legs the look of someone who's coasting through late middle age instead of having her I.D. scrutinized at liquor stores.

Some are a delicate smudge of purple-pink, barely more than a feathering of color. Others appear like superfine sea algae that rhythmically sway in a tangle under water. Then there are the larger, less poetic ones that look like clumsy blue ballpoint-pen doodles that someone has tried to scrub away with soap and water. I've stopped keeping track of their faint colonies or mapping their migration to the back of my knees and south toward my ankles because I just can't keep up.

I hate these little squiggles—broken capillaries just below the skin's surface—but I've learned to live with them, adopting an if-I-pretend-they-don't-exist-they-don't philosophy, which works until I shave my legs or twist myself into Mermaid during Pilates and am confronted with the awful, aging truth.

I want to wear short skirts—and short shorts. I want to sprawl on picnic blankets and beach chairs without constantly thinking, Who's looking at me? I want to experience the feeling of having perfectly smooth, tan, airbrushed calves—but without the tan. I want my legs (which otherwise make me happy and remind me of my mother) to make me feel like my age, or maybe even younger.

Fate intervened at a recent lunch, when I was fortuitously seated next to dermatologist Mitchel Goldman, M.D. We were having an intensive conversation about rosacea when Goldman revealed that he had also written the book on veins (seriously: four textbooks on sclerotherapy). I instinctively swiveled around in my chair to reveal the source of my long-standing shame for inspection. "Do they look awful? This isn't normal, right? I mean, how old do you think I am?" I blurted. "Twenty-four?" he asked, before practically shouting, "Come to my office! Let's get rid of these old legs!"

But, alas, the good doctor Goldman lives 2,500 miles away in La Jolla, so in the meantime—buoyed by his enthusiasm and an uncharacteristic surge of bravery—I found myself sitting in the waiting room of the promisingly named Vein Treatment Center, an entire brownstone on East Sixty-fifth Street devoted to the eradication of these dreadful things, run by the distinguished phlebologist Luis Navarro, M.D.

Warm, gentlemanly, originally from Barcelona, Navarro—a pioneer who opened his vein oasis in 1982—walks around his desk and takes a friendly seat next to me. "Small spiders,"

he says evenly, casting an expert eye up and down my pale, outstretched, unstockinged legs.

The process—and it will be a process, over several visits, accompanied by weeks of black-and-blue bruising (fall's leggings trend could not have come at a better time)—will entail injecting each snaking little wisp with a chemical compound that should "irritate the inner lining so the vein closes." This is sclerotherapy. A friend had it done several years ago, and from the look of her flawless and much-photographed legs, you'd never know a vein intervention was her best-kept beauty secret. Bigger veins—of which I have one on the back of my left thigh, which Navarro considers "a real vein" and "a problem," possibly a "leaky valve"—get the Endolaser treatment: inserting a terrifying-sounding laser fiber into the offending vein to close it with pulses of energy. "No ouch, no nothing," Navarro says reassuringly of the procedure, which boasts a success rate of nearly 99 percent. "You're watching a movie, and then you go back to work."

But why *me*, I want to know. Most women my age are just starting to see the very first glimpses of crow's-feet, not talking themselves into compression stockings. "You're so fair—it's Victorian skin, and that's the price you pay. You can see everything behind it," explains Navarro, adding that 60 to 80 percent of the time, genetics plays a role, as does taking birth control pills. "There's a little bit of work. We'll be friends for a while," he says, sending a chill up my spine.

Still, there is the pressing question of leg crossing. I am a chronic leg crosser who would politely cross my legs in my sleep if I could. Woefully suspicious that this habit ("compression") is the root of my vein vanity, I'd been bracing myself to go down the road of a disciplined friend who'd methodically had all of her little blue squiggles successfully zapped and then trained herself to not ever cross her legs again, *ever*. A common misconception; nothing to do with veins, corrects Navarro. When I tell him what a relief this is (truly), he smiles and, recrossing his own legs, agrees, "It's very comfy!"

With that, I say goodbye, promising myself and my new doctor that come fall, when I can hide my bruises under trousers and tights, I will gather my nerve, I will come back to this office, and I will get that elusive thing I've always dreamed about: legs that look as young as my face.—SARAH BROWN