

Varicose Veins: Vascular Fix Its



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If protruding veins are putting a damper on your leggy allure, get familiar with your options. There are new, safe, and pain-free treatments aplenty.

BY BETH LANDMAN PHOTOGRAPH BY FADIL BERISHA

YOU WORK EVER SO HARD TO LOOK GREAT IN A SHORT skirt. Those miles on the treadmill and hours on the Pilates reformer have left your legs strong and toned. And yet there they are—unsexy, protruding veins that mar the appearance of your gams like nothing else can. These veins can throb, cause pain, and prove deleterious to your circulatory system. Instead of directing blood to your heart, the valves of damaged veins wind up sending blood away from the heart. “The pressure builds up, and those little valves are no longer gatekeepers,” says Minnesota-based vein specialist Dr. Roger Hogue.

If such is a reality in your life, you are hardly alone. More than 50 percent of US women and more than 40 percent of US men experience some type of vascular issue. Meanwhile, varicose veins affect half of all people age 50 years or older, according to Womenshealth.gov. “Spider veins actually affect 75 percent of the population,” says Dr. Julie Karen, a New York dermatologist. In the past, the cure for varicose veins involved excruciating injections or surgery. Happily, a host of new treatment alternatives are state-of-the-art, and ready to abate your symptoms.

WHERE DID THEY COME FROM?

The pressure that ultimately damages the valves results from a number of issues. “It’s multi-factorial,” insists Dr. Mitchel Goldman, a San Diego dermatologist. The chief cause is genetic disposition. If your mother has varicose veins, you have a 61 percent chance of getting them. If both parents have them, Dr. Goldman puts that increased likelihood to approximately 90 percent. Age is another big issue. “The older you are, the more likely you are to have varicose veins,” says Dr. Hogue. “If you’re 80, you have about an 80 percent chance, but there are outliers. Our youngest patient was 14 and her veins were worse than her mother’s.” Other factors include obesity, the wearing of tight clothing, high heels, periods of standing in one spot for long periods of time, constipation, and birth control pills or estrogen supplements. All the while, time spent in the sun can decrease the skin’s elasticity, which weakens support to the veins. One of the primary reasons more women have unsightly veins—and pregnant women are prone to them—is hormone fluctuation. “Circulating hormones have a tendency to relax the vessels, making them prone to distention or dilation, and therefore visible,” explains Dr. Karen.

FIRST STEPS TO FREEDOM

“You should try to walk to encourage circulation, keep heels no higher than two inches, and wear graduated compression stockings or socks to support veins so they don’t expand,” says Dr. Goldman.

According to Dr. Hogue, elevating the legs, moving more frequently, over-the-counter analgesics, and some herbal medications such as horse chestnut can be helpful in interrupting the progression of varicose veins. Veins that are varicose—or protruding—are a sign of actual venous disease, and require treatment to avoid some potentially serious conditions. Not all obvious veins are varicose, however, and treatments vary depending upon the severity. Have a specialist diagnose the problem so you know what type of veins you are dealing with. The smallest red vessels known as “spider veins” and blue reticular connecting veins can be eradicated with sclerotherapy. With sclerotherapy, a solution is injected into the vein, which causes irritation in the lining that ultimately seals up the vein. The body then absorbs the vein. “If you just inject the spider veins, they will come back,” advises Manhattan dermatologist Dr. Howard Sobel. “You have to inject the reticular “feeder” veins that supply them as well.”

THE CAVALRY

Those who have experienced sclerotherapy in the past may remember an intense, unpleasant, burning sensation as a solution of saline was injected. However, new solutions such as polidocanol are virtually painless. Unlike saline, they won’t cause ulcerations if they touch the skin. “If you have large veins that are not very elevated, they can be treated best by making the solution into a bubbling foam,” according to Dr. Neil Sadick, who helped pioneer Asclera, the brand name for polidocanol.

There’s a definite art to sclerotherapy, mentions Dr. Luis Navarro, who operates the Vein Treatment Center in New York. “Sometimes you come up with different mixtures involving polidocanol, glucose fatty acids, and glycerin, depending on the skin color, pressure, and how superficial the veins are,” he says. Navarro also employs polarized light and magnification so that he can view underneath the patient’s skin. “We numb the area with cold air and apply mechanical pressure,” he explains. “You won’t even know when we are injecting you.”

Spider veins and other vascular conditions—short of those that are varicose—can also be treated with lasers such as Cutera’s Excel V, which eradicates them with one or two treatments. When feeder veins are deeper, infrared and ultrasound can locate them, and if veins are elevated, a test called Duplex Ultrasound will determine where they initiate and whether or not they are associated with the large feeding vessel of the leg, called the saphenous vein. If they are independent from that vein, they can generally be injected. But if they are connected to the saphenous vein, the damaged vessel has to be closed off in other ways. “If your legs look like maps, traditional sclerotherapy alone probably won’t work,” suggests Dr. Sobel.

The processes of ligation—the tying off of, or stripping of, damaged veins—are known to require more than an hour of surgery, along with anesthesia. Ligation has become obsolete since the advent of minimally invasive endovenous laser ablation, pioneered by Dr. Navarro. With local sedation, an optical fiber is inserted into the damaged vein and a laser, such as the Pro-V, sends pulses to gently heat the vein and destroy it from the inside out. This causes it to collapse and seal shut, usually with one session. “The treatment is 95 percent successful, and patients can walk or do light exercise right away,” says Dr. Karen.

In the case of bulging veins near the surface of the skin, a mini-pherbectomy might be recommended. “We make a little nick in the skin, and with a tiny hook remove the vein,” says Dr. Navarro, who says the procedure takes 35 minutes and requires no pain medication. “You are a little black and blue, but you can go back to work and head to the gym the next day.”

All the while, working out is likely to keep those unattractive veins at bay. Says Dr. Navarro: “Good, strong leg and calf muscles fight against the pulling of blood into varicose veins, and help lead it back to the heart.” Once again, exercise is the ultimate win-win. □

VASCULAR FIX-ITS

The Duplex Ultrasound (approximately \$500–\$1,000) is a 20- to 30-minute painless imaging procedure to determine the structure of your blood vessels and the speed of blood flow. This test helps your doctor determine the best treatment for you.

Solutions for spider and other unsightly veins, which are not varicose, include sclerotherapy (the injection of polidocanol or other solutions to close up veins, approximately \$350 per treatment,

3–5 treatments), foam sclerotherapy (\$1,000 per leg), and lasers (approximately \$1,100 per treatment, 1–3 treatments) such as Cutera’s Excel V.

Endovenous laser ablation (between \$1,500–\$3,000) is the go-to varicose fix. Under local anesthesia, a thin laser fiber is inserted into a vein and guided through the vessel with ultrasound. It delivers laser energy to a varicose vein and collapses it, diverting blood flow to the other nearby veins that are functioning properly. Also available is a phlebectomy (approximately \$2,000), a process during which a tiny hook is inserted through a needle poke to remove the vein in a minimally invasive procedure. This treatment requires only local anesthesia.