

SPIDER AND VARICOSE VEINS

Spider veins are formed by the dilation of a small group of blood vessels located close to the surface of the skin. Although they can appear anywhere on the body, spider veins are most commonly found on the face and legs. They usually pose no health hazard but may produce a dull aching in the legs after prolonged standing.

Varicose veins are abnormally swollen or enlarged blood vessels caused by a weakening in the vein's wall. They can be harmful to a patient's health because they may be associated with the development of one or more of the following conditions:

1. Venous stasis ulcers which can result when the enlarged vein does not provide adequate drainage of fluid from the skin. The water-logged skin receives insufficient oxygen and an ulcer forms.
2. Phlebitis - inflammation of the veins.
3. Thrombosis - a blood clot formed in the enlarged vein.

The exact cause of spider and varicose veins is unknown, although heredity, pregnancy and hormonal changes are believed to be factors contributing to both conditions. More than 20% of women have some form of a varicose condition. Four times more women than men have varicose veins.

Sclerotherapy is a relatively inexpensive procedure which seldom leaves a scar. It can be performed by a dermatologic surgeon on an outpatient basis.

A concentrated saline or specially developed chemical solution is injected with a very small needle into the spider or varicose vein. The solution causes the vein to close up or collapse and become scar tissue that eventually is absorbed. The work of carrying the blood is shifted to other healthy blood vessels nearby.

Sclerotherapy generally requires multiple treatment sessions. One to three injections are usually required to effectively treat any vein, and 10 to 40 veins may be treated in one session. The same area should not be retreated for four to six weeks to allow for complete healing, although other areas may undergo treatment during this time.

Post-treatment therapy includes wearing bandages and support hose for two days to two weeks following treatment. Walking and moderate exercise can also help speed recovery. The treated blood vessels disappear over a period of six months. Although sclerotherapy works for existing spider veins, it does not prevent new ones from developing.

Most patients report few, if any, minor side effects from the sclerotherapy, which usually disappear in time. Temporary reactions can include a slight swelling of the leg or foot, minor bruising, itching, redness and moderate soreness.

Other treatments for varicose conditions:

1. Laser surgery. Laser therapy and intense pulsed light therapy may be effective for certain veins and facial blood vessels. The heat from the high intensity laser beam selectively destroys the abnormal veins.
2. Electrodesiccation. The veins are sealed off with the application of electrical current. The treatment may leave scars.
3. Surgical ligation and stripping. Varicose veins may require an in-hospital procedure usually performed by a vascular surgeon that involves making an incision in the skin and either tying off or removing the blood vessel.
4. Ambulatory phlebectomy. Removal of undesired veins through a series of tiny incisions along the path of an enlarged vein.

There is no cure for varicose and spider veins, only treatments to control them. Large vessels routinely recur but the use of compression hosiery can prevent this recurrence for years. For spider veins, new vessels of the same type can occur usually one to two years after treatment and touch-ups are the rule to maintaining improvement over time.

This procedure is considered cosmetic by most insurance companies. We will give patients a receipt for this cosmetic procedure but patients should consider this non-reimbursable and are expected to pay for these services at the time that they are rendered.

In general, different areas can be treated on a daily basis although we recommend treatments on a weekly basis. Treatment to any one given area is carried out at four to eight week intervals. This long wait between treatments can reduce the number of treatments because it lessens the chance of matting and allows any resulting pigmentation to fade.