

Thread Veins and Microsclerotherapy

Thread veins, also known as spider veins or dermal flares, are very fine dilated veins situated just beneath the surface of the skin. Heredity, as with larger varicose veins, is an influencing factor as are hormonal surges as at the onset of periods and during pregnancy. In some patients they are associated with varicose veins but in other people they occur without any problems associated with their deeper veins. It is essential that patients with thread veins undergo a venous assessment to make sure that there is no underlying condition causing them. This involves a full medical history, physical examination, examination of the thread veins using a special Veinlite and usually a full venous duplex scan. Treating surface veins in the presence of varicose veins, even though they are not visible, results in them not disappearing or returning quickly giving an unsatisfactory result.

Some pain can be associated with thread veins as well as aching and throbbing. This can quite often be cyclical in women and related to their periods. Such symptoms that present with larger varicose veins do not always disappear following surgery but do diminish with subsequent sclerotherapy treatment for thread veins. The best form of treatment for these small veins is microsclerotherapy.

Microsclerotherapy is a technique used for the removal of surface and spider veins. It involves injections with a very fine needle of a sclerosing agent which has an irritant effect on the lining of the veins causing the walls of the veins to stick together. Blood stops flowing through the veins, which are then absorbed by the body's natural defence mechanisms over a period of several months. The blood is then directed back to the deeper venous system. After the injections a compression stocking is applied and needs to be worn constantly for 3 days to 1 week.

As with all medical procedures there are potential complications. These include

- Bruising which can last anything from two weeks to three months depending on the size of the blood vessels treated. Due to bruising following injections the treated areas can look worse before they improve and it is necessary to be patient to obtain a good result.
- Brown staining - occasionally thicker bruises in larger veins, which can remain for several months, may cause brown discolouration of the skin. This could take up to a year to fade.
- Inflammation - occasionally the inflammation spreads outside the vein. If troublesome it can be treated with anti-inflammatory medication.

Compression stockings are worn for up to seven days to help reduce the amount of bruising. It is usually advisable to leave several weeks between treatments on the same area to allow bruising to settle.

Certain areas are more susceptible to swelling, particularly the ankle and knee areas. It is also possible for some larger veins to develop a small degree of thrombophlebitis where the vessel can feel hard, warm and a little sore. These symptoms resolve spontaneously and only simple analgesia may be required. Larger veins may require strong compression for a little longer to help minimise this problem.

Fifty percent of vessels treated at any one session usually disappear. Usually around eighty percent of veins treated during the course of microsclerotherapy can be expected to be

eradicated. Unfortunately there are always a few exceptions.

It is possible to drive immediately after a treatment and a brisk walk of 20 minutes is beneficial. Normal exercise can be resumed after 24 hours. Air travel may be undertaken straight away but it is advisable to drink plenty of water and to wear class II compression stockings on journeys over six hours. As a general rule standing still should be avoided and feet kept elevated whilst sitting.

Microsclerotherapy is a very successful treatment for the eradication of surface veins and a good outcome can generally be expected.

Treatment can only be started after an initial consultation to confirm that the veins are suitable for microsclerotherapy. This consultation includes a full venous assessment to fully assess the veins of the leg. You may also need a venous duplex scan. If the veins are suitable for treatment then the number of sessions needed will be agreed in advance.

Treatment takes place in the outpatient department. Each session lasts about twenty five minutes and is relatively pain free.

As the treatment is considered to be cosmetic it is not available on the NHS, nor is it covered by most health insurance companies.

Further information

Further information may be obtained from:

www.lincolnveinclinic.co.uk

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