



Yellowstone Medical Center - East Lower Level

2900 12th Avenue North • Suite 2E • Billings, Montana 59101

Anne W. Giuliano, M.D.
R. Rex Dietz, M.D.
Joseph Dillard, M.D.
John S. Brandon, M.D.
Aimee Alvord - Brown, P.A. -C
Ari Greenberg, P.A. -C
406-237-VEIN (8346)

TREATMENT OF LEG VEINS

If you suffer from problems related to varicose and spider veins, you are not alone. More than 50 million Americans suffer from some form of venous disorder. While some seek treatment for cosmetic improvements, others are looking for symptomatic relief. Whichever category you may be in, there is help available.

What are Varicose and Spider Veins?

Varicose veins are swollen and/or stretched veins, which protrude in a rope like manner from the skin. Normal veins, by virtue of one-way valves, channel blood back to the heart and lungs. When a valve becomes defective, it allows blood flow to leak down and pool resulting in congestion and dilation of the vein.

Spider veins or telangiectasias, are small red, blue, or purple web-like or linear veins (less than 2 mm in diameter, flat or raised) on the surface of the skin.

In addition to being unsightly and often embarrassing, varicose and spider veins can be symptomatic. Pain in the legs is frequently related to these abnormal veins. Symptoms are often made worse by prolonged standing or sitting and include fatigue, heaviness, aching, burning, throbbing, itching, cramping and restlessness of the leg. In advanced cases, skin rash, pigmentation changes, inflammation, ulceration and bleeding can occur.

Why me?

Heredity is the number one contributing factor causing varicose and spider veins. Women are more likely to suffer from these abnormal leg veins. Up to 50% of American women may be affected. Hormonal factors include pregnancy, menopause, and the use of birth control pills. Other factors that can accelerate and aggravate the appearance of veins, beyond gravity and age, include pregnancy, leg injury, obesity, lack of exercise, weight fluctuation, and long periods of sitting or standing.

When and how are veins treated?

The most commonly asked questions are: Do veins require treatment and what treatment would be best? At the Yellowstone Vein Center success in the treatment of varicose and spider veins is due to our comprehensive approach.

After obtaining a history and performing a physical exam, the patient undergoes a noninvasive Doppler ultrasound and color ultrasound exam to determine areas of venous disease (dilated veins, faulty valves, and area of clot). Based on the above information, an individual treatment plan is formulated and discussed with the patient. Veins that are cosmetically unappealing or cause pain or other symptoms are prime for treatment.

There are many treatment options; they can be classified into two forms:

Supportive measures, which include (the 5 E's) exercise, elevation, emollient (moisturizing lotion), elastic support hose, and evaluate.

Corrective methods include minimally invasive procedures - sclerotherapy, ambulatory phlebectomy and thermal ablation.



Sclerotherapy

Sclerotherapy (injections) can be used to treat both varicose and spider veins.

The procedure is simple. A tiny needle is used to inject the veins with a medication that irritates the lining of the vein. Over a short time, in response to the irritation, the vein closes and is reabsorbed. The blood from the closed veins is routed to properly working veins, restoring correct circulation. Sclerotherapy relieves symptoms due to varicose and spider veins in most patients. With this procedure, veins can be dealt with at an early stage, helping to prevent further complication and unsightliness.

You may need one to several sclerotherapy sessions for any vein region and the number of injections varies per session. Generally, normal activities can be resumed after sclerotherapy. Medically prescribed support hose may need to be worn for one to several weeks to assist in resolution of the veins. The procedure, performed at the Yellowstone Vein Center, usually causes only minimal discomfort. Bruising and pigmentation may occur after sclerotherapy. If bruising occurs it usually disappears within 1-2 weeks. Although pigmentation almost always fades, it can last for several months. Scarring and other complications are rare.

Ambulatory phlebectomy

Ambulatory phlebectomy is a minimally invasive surgical technique performed under local anesthesia to remove bulging veins. Punctures are tiny (sutures are generally not necessary) and typically leave nearly unperceivable scars. Generally, ambulatory phlebectomy is the preferred treatment for varicose veins.

Thermal ablation

Thermal ablation is a minimally invasive ambulatory procedure performed at Yellowstone Vein Center. It is an alternative to surgical stripping of the greater saphenous vein. A small catheter is inserted through a needle puncture in the skin, into the damaged vein. The laser fiber is then inserted into the vein, and goes up to the groin area. The doctor then numbs the vein, and turns on the laser. Its targeted energy heats and seals the vein shut. This procedure is performed using a local anesthetic in usually one hour. The patient is immediately ambulatory and ready to resume normal activities.

If you have any further questions or need more information please call the ***Yellowstone Vein Center, 2900 12th Avenue North, Suite 2E, Billings, MT at 406-237-VEIN (8346)***

Web sites of interest:

www.phlebology.com

www.venacure.com

www.sirweb.org