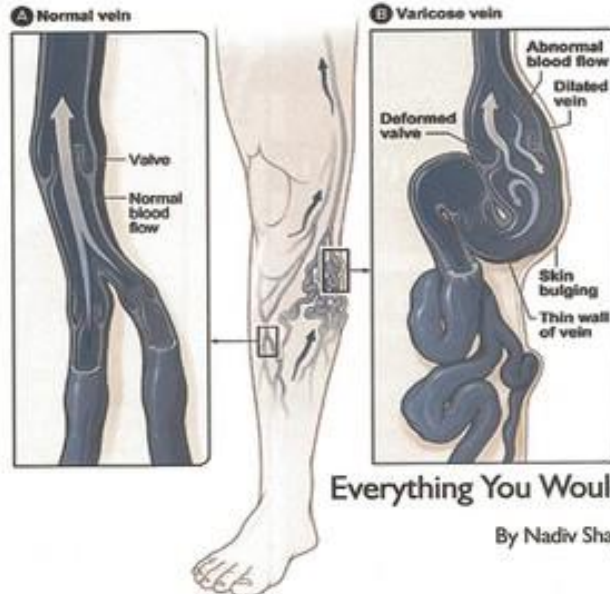


# VARICOSE AND SPIDER VEINS:



## Everything You Would Like to Know

By Nadiv Shapira, MD, FACS, FACP

### What are Varicose Veins?

Varicose veins are enlarged, swollen, bulging, often twisted rope-like veins and are commonly appearing in the legs.

### What are Spider Veins (= telangiectasia)?

Spider Veins are red /purple fine lines appearing in starburst-like clusters or a web-like maze near the surface of the skin, measuring between 0.5 and 1 millimeter in diameter. They are most common in the thighs, ankles, and feet.

### Why People get Varicose and Spider Veins?

Veins are blood vessels that carry blood towards the heart. Unlike arteries, which carry blood away from the heart, veins are often closer to the skin and contain delicate leaflet-like valves that help keeping the blood flowing in only one direction, towards the heart. By pressing on the leg veins, the leg muscles pump the veins to return blood to the heart against the effects of gravity, while the valves prevent blood from flowing backwards. When these valves fail, blood flows backwards and accumulates under pressure. Gradually, it makes the vein engorged, enlarged, distorted and tortuous to become a varicose vein. The high venous pressure within varicose veins can result in flow abnormalities within the tiny veins that lay very close to the surface of the skin and this is manifested as spider veins.

### Who is at Risk of Developing Varicose or Spider Veins?

Hereditary is the number one contributing factor that causes varicose and spider veins. Women are more likely to develop them than men are. In fact, 55% of American women may be affected with varicose or spider veins during their lifetime. Hormonal changes that occur during puberty, pregnancy, or menopause, or hormonal changes due to the use of birth control pills may affect the disease. Leg injury and Thrombophlebitis (inflammation of

the vein that occurs in association with a blood clot) can also result in varicose and spider veins. In addition, Obesity, aging, occupations that require long periods of standing on your feet, smoking, an unhealthy diet and a sedentary life style (being a "couch potato") can significantly increase the risk of developing this condition.



### **Management of Varicose and Spider Veins**

In the past, varicose veins were treated by indiscriminately stripping of the entire vein from ankle to groin. The operation was painful and required hospitalization and general anesthesia. Today however, modern treatment targets only a segment of the abnormal vein. Directed by information collected through duplex ultrasound examination, the abnormal vein segment is obliterated by heat emitted through a very thin laser (or radiofrequency) fiber inserted through a needle into the vein. The heat causes the abnormal segment to ablate and disappear and the symptoms to improve. The procedure which lasts an hour or less is done in the office, under local anesthesia and is pain free. The patients who walk out of the office can return to work 2-3 days later and resume exercise routines in one week.

Next month: A more detailed review of modern management of varicose and spider veins and is varicose and spider veins a cosmetic issue or a disease?



Nativ Shapira, MD practiced adult cardiac and thoracic surgery for over 20 years in the Christiana Care Health System, in Delaware. Recognizing the need for improvement in the care of venous disease, Dr. Shapira established First State Vein and Laser Center in Delaware, utilizing minimally invasive treatments for all forms of venous disease including spider veins, large and small varicose veins, leg swelling, and skin ulcerations. He is a diplomate of the American Board of Surgery and the American Board of Thoracic Surgery, fellow in the American College of Surgeons, the Society for Thoracic Surgery and the American College of Phlebology. Dr. Shapira's office is located at the "Neuroscience and Surgical Institute of DE", 774 Christiana Rd., Suite 202, Newark DE 19713 and can be reached at 302 294 0700 or at: [nshapira@christianacare.org](mailto:nshapira@christianacare.org).