

FAQ - Varicose Veins/ EVLT/ Phlebectomy:

Q: What are varicose veins?

A: Varicose veins are dilated and swollen blood vessels that appear as large veins in the leg. They are diseased veins that have lost the ability to return blood from the legs to the heart and lungs against the force of gravity. These abnormal veins can be chronic and quite uncomfortable. Swelling in the ankles and sometimes a feeling of heaviness or tiredness of the legs, dull leg pain, and leg cramps at night can occur. When left untreated, varicose veins may lead to the formation of blood clots, phlebitis, severe swelling, bleeding, and ulcers.

Q: What causes varicose veins?

A: No one knows the exact cause of varicose veins, but there are several factors that cause a person to be more likely to develop them. Heredity, or being born with weak vein valves, is the greatest factor. Hormones play a role. The hormonal changes that occur during puberty, pregnancy, and menopause as well as taking estrogen progesterone and birth control pills can cause a woman to develop varicose and spider veins. During pregnancy, besides the increase of hormone level, there also is a great increase in the volume of blood in the body that can cause veins to enlarge. The enlarged uterus also puts more pressure on the veins. (Within three months after delivery varicose veins usually improve. However, more abnormal veins are likely to develop and remain after additional pregnancies.) Other factors that weaken vein valves and that may cause varicose or spider veins include aging, obesity, leg injury, and prolonged standing, such as long hours on the job.

Q: My mother has varicose veins will I get them too?

A: Unfortunately varicose veins tend to run in families, so most likely you will get them, too.

Q: Do men get varicose veins?

A: Yes, it is estimated that 10-15% of men have varicose veins.

Q: I'm 30 years old and have terrible varicose veins. Should I wait until I'm finished having children before I have them fixed?

A: That is not necessary. Your veins will only get worse before and or during your next pregnancy and it will take much longer to get rid of them afterwards. The sooner they are treated the less time it will take to get your legs feeling and looking great again.

Q: I am on a diet, should I wait until I reach my goal weight to begin my treatment?

A: Weight has nothing to do with the success of vein disease treatments.

Q: My friends say that these veins will just come back, so what's the use of having them treated?

A: When treated properly by an experienced professional, your treated veins will not come back however; you may over time develop new veins.

Q: What is the preferred way to treat varicose veins?

A: The preferred way to treat varicose veins is to do an EVLT for the large saphenous trunks. Sometimes we may need to inject the rest of the varicose branches with ultrasound-guided foam Sclerotherapy.

Q: What is another way to treat varicose veins?

A: The old traditional vein stripping is still being performed as well as Phlebectomy where they remove small portions of the veins and ligations where they tie the trunks off. The newer EVLT and ultrasound-guided Sclerotherapy procedures are much less invasive and require little to no downtime.

Q: Will I have to wear support hose?

A: When undergoing treatment of certain types of veins, compression of these veins is part of the treatment. To ensure you have the very best results, we require that you wear them for a specified time after the procedure.

Q: How long will my treatment take?

A: Every patient is different and the extent of his or her disease will vary greatly. Most patients EVLT procedures are completed in under an hour.

Q: What is the first step in treating varicose veins?

A: The treatment begins with an initial consultation. Our staff will examine you, answer any questions you may have and develop a treatment plan. The plan will include anticipated results, an estimation of cost and the length of time required for treatment. Upon approval of the treatment program, you can schedule your first appointment.

Q: Don't I need these veins for circulation?

A: Varicose veins are dilated incompetent veins that are actually a burden on your system. Therefore they are not performing the function for which they were intended and are unnecessary. After treatment your return blood flow will reroute into your deep venous system and your symptoms will resolve.

Q: Who performs the treatment procedures for varicose veins?

A: The Vein Center is staffed by board certified Radiologists with specialized vascular and interventional fellowship training, as well as a surgically trained vascular physician assistant. Care is provided by Board Certified Radiologists, A certified Physician Assistant, a Radiology Practitioner Assistant, and dedicated Vascular Ultrasound Technicians.

Q: After vein treatment, when can I return to normal activity?

A: Although recovery from vein treatment varies from patient to patient, there is typically no downtime. Patients can resume normal activities almost immediately. Minor bruising or swelling may occur, but should gradually fade within a week or so.

Q: Can I continue to exercise after treatment?

A: Absolutely! No special activity modifications are needed.

Q: How long do the results last?

A: Saphenous veins and primary varicose veins do not recur although it is still possible at sometime in the future to develop other varicose branches.

Q: Will my insurance pay for the treatment?

A: The initial consultation and any necessary testing are usually covered by your insurance. Many insurance plans including Medicare, will cover the treatment for the larger varicose veins. Many insurance companies consider the spider vein treatment cosmetic and do not cover that treatment.