Management of Chronic Venous Disease

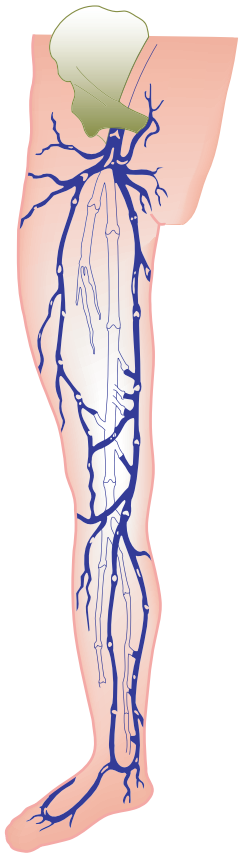
Clinic Procedural Treatments

SCLEROTHERAPY

Small needles and syringes are used to inject varicose veins with solutions that cause the veins to diminish.

REFLUXING SAPHENOUS VEIN ENDOVENOUS LASER THERAPY (EVLT)

Undertaken with local anesthetic and ultrasound guidance, this does not require a general anesthetic or incisions. It is not covered by provincial health in Nova Scotia and must be paid for by the patient.



VERICOSE VEIN SURGERY

Many patients also have the option of surgery, covered financially by provincial health plans. Dr Davidson can discuss this with you.

In association with

Dr Dion Davidson MD FRCSC FACS

Vascular Surgery - Critical Care

Ask your doctor or nurse practitioner if they feel a referral to Dr Davidson at Valley Medical is right for you. If you don't have a primary care provider, call us to discuss your venous disease.

VALLEY MEDICAL

VEINS • SKIN • MOVE

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CHRONIC VENOUS DISEASE

Varicose Veins and Other Leg Vein Problems

A GUIDE FOR PATIENTS & CAREGIVERS

VALLEY MEDICAL

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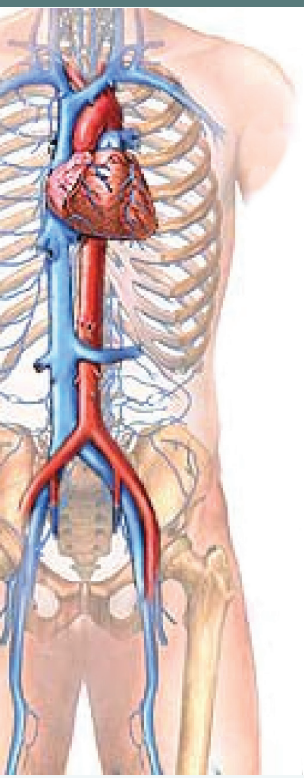
What is Chronic Venous Disease?



Veins are supposed to carry venous blood back to the heart from the other parts of the body.

Normal vein walls and valves

keep blood from flowing backward

Weak vein walls and valves

allow blood to flow backward (reflux)

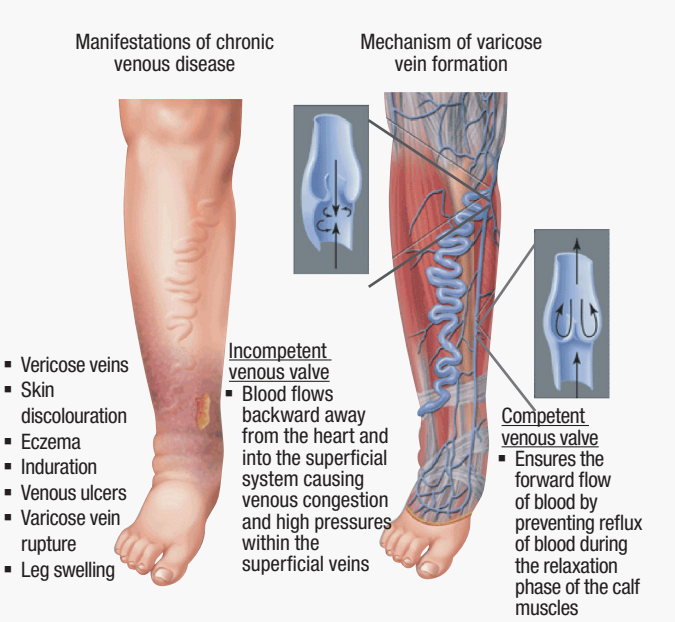
CHRONIC VENOUS DISEASE

Leg veins are supposed to carry blood back up to the heart. Since we are upright most of the time, gravity causes high pressure within our leg veins. Some people have weaker vein walls and under gravity pressure the veins dilate, the valves fail and the blood refluxes back down leading to even greater pressures and symptoms which can progress (over years) from varicose veins, pain and swelling to skin changes and ulcers.

Risk factors for Chronic Venous Disease and Varicose Veins:

- Pregnancy
- Deep vein thrombosis (clot)
- Vein injuries
- Obesity
- Prolonged sitting / standing
- Smoking

Venous Ulcer



Chronic venous disease is a lifelong disease which cannot be cured. Chances are that your legs are never going to be “perfect” again. However, there is much that can be done to improve symptoms and appearance, to prevent or treat ulcers, and to otherwise slow the disease down.

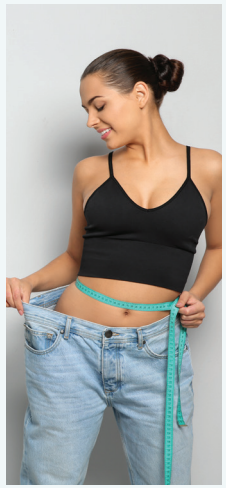
Management of Chronic Venous Disease NON- PROCEDURAL (Lifelong recommendations)

COMPRESSION STOCKINGS

Probably the single most important treatment is wearing good quality, prescription, fitted graduated compression stockings when upright. These work by pressing the vein blood from the skin veins and tissue into deeper and healthier veins and up out of the legs. To be most effective, the “official” recommendation is to wear them all day, every day. However, even just wearing them on the days you know you’ll be sitting or standing a lot definitely helps. The length is not as important as that the stockings are actually worn. They are especially important to wear after any vein procedures.

EXERCISE

Contraction of leg muscles pumps vein blood upward. Leg exercise, such as a brisk walk for 20 minutes a day, can reduce the venous pressure in the legs.



ELEVATION

It is gravity that causes the pressure. Avoiding sitting and standing for long periods, allowing breaks to put your feet up, having your feet up when you are sitting and learning to sleep with your feet on pillows can all help decrease the overall venous pressure.

WEIGHT LOSS

Abdominal weight can press on larger veins worsening venous pressure in the legs.