

MANAGEMENT OF CHRONIC VENOUS INSUFFICIENCY

SURGICAL/PROCEDURAL TREATMENTS

SCLEROTHERAPY

Small needles and syringes are used to inject varicose veins and “spider veins” with solutions that cause the veins to diminish. Usually done in the office or clinic.

MICO-PHLEBECTOMIES

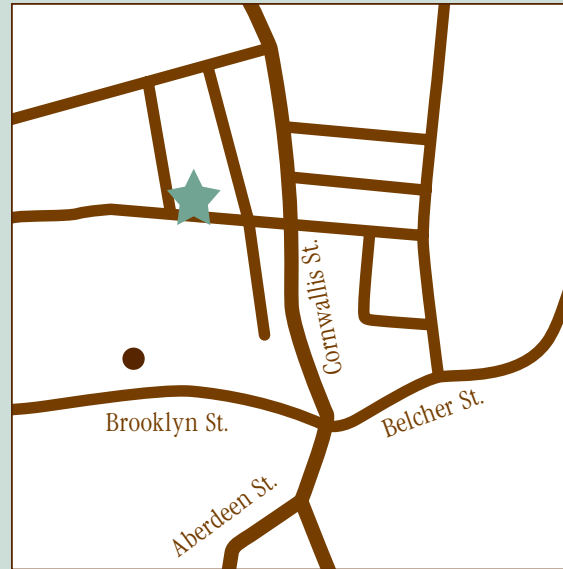
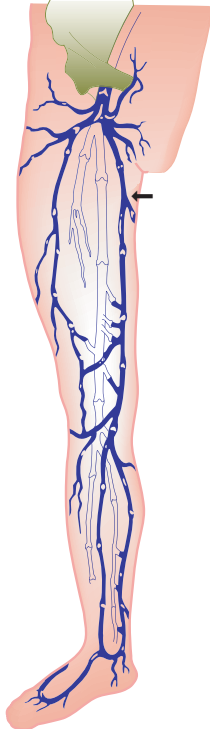
Small incisions can be used to remove smaller varicose veins. Usually done in the operating room.

REFLUXING GREATER SAPHENOUS VEIN (GSV) “STRIPPING”

The traditional GSV procedure, done in the OR under a general anesthetic. An incision is made at the groin, the GSV is dissected, a plastic tube is passed down the vein and it is pulled up out of the leg. Works well but causes pain and usually requires 1 – 3 weeks recovery.

REFLUXING GSV ENDOVENOUS LASER THERAPY (EVLV)

A newer procedure, this is done in our office with local anesthetic and ultrasound guidance. No general anesthetic, no incisions and better recovery but must be paid for by the patient.



DR. DION DAVIDSON
Vascular & General Surgery, Critical Care

81 Exhibition Street
Centennial Professional Centre
Kentville, NS B4N 1C2

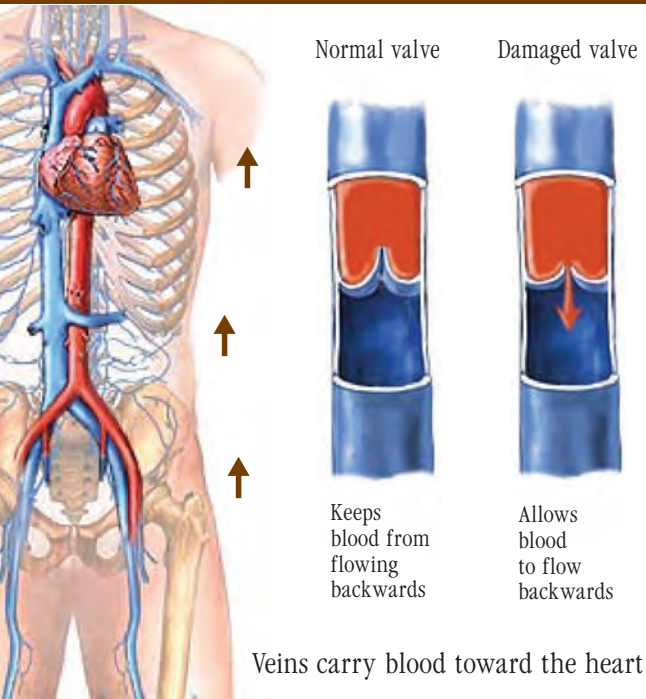
P: (902) 678-9530
F: (902) 678-0859

CHRONIC VENOUS INSUFFICIENCY

VARICOSE VEINS AND OTHER LEG VEIN PROBLEMS A GUIDE FOR PATIENTS & CARE GIVERS



WHAT IS CHRONIC VENOUS INSUFFICIENCY (CVI)?



CHRONIC VENOUS INSUFFICIENCY (CVI)

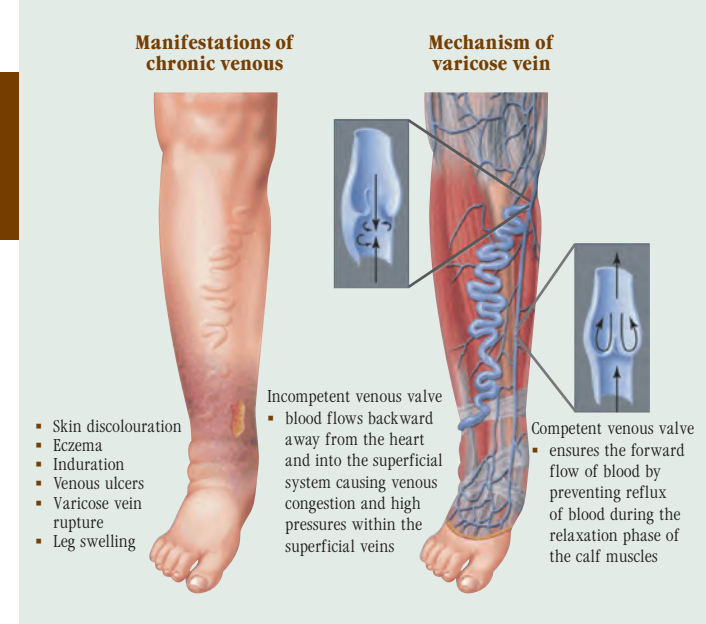
Leg veins are supposed to carry blood back up to the heart. Since we are upright most of the time, gravity causes high pressure within our leg veins. Some people have weaker vein walls and, under gravity pressure, the veins dilate, the valves fail and the blood refluxes back down leading to even greater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

Conditions that may lead to or worsen CVI:

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



Venous Ulcer



Chronic venous insufficiency 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 and to prevent or treat ulcers.

MANAGEMENT OF CHRONIC VENOUS INSUFFICIENCY (CVI) NON- SURGICAL (Lifelong recommendations)

COMPRESSION STOCKINGS

Probably the single most important treatment is wearing prescription, fitted graduated compression stockings when upright. These work by pressing the vein blood out of the skin veins and tissues and 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.

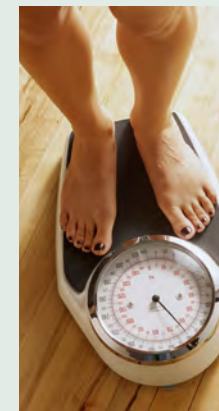


EXERCISE

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.

QUITTING SMOKING

The chemicals in cigarette smoke may lead to weaker vein walls. Counseling, nicotine gum or patches and medications can all help.