

Varicose Veins

varicose veins are a medical condition for young and old

Varicose veins are a condition that one might expect to be an old person's problem; yet I have noticed the obvious signs in the young too. There seems no clear explanation for the occurrence of these often unsightly blemishes to the skin; but I have my own theory. My father had them for years, mainly in his left leg and they were quite pronounced. He was a musician and spent much of his time sitting while playing; and this, apparently is inadvisable. Normal walking, it is claimed, helps to stimulate blood flow in the legs and also strengthens the calf muscles without jarring, as happens when jogging or running. Dad did neither of the latter, so those exertions weren't the cause. In his spare time, however, he was a printer and was quite often at his press, which was an old treadle machine. To operate this required him to continually push the treadle with one foot while standing on the other, occasionally for an hour or more at a time; and the leg taking his weight for the duration was his left. Maybe this was the reason only one leg was badly affected, because the other was being exercised more regularly.

Whatever the initial cause, the effects are a medical certainty. The blood running down the veins of the legs can become interrupted when faulty valves allow blood to flow in the wrong direction, and even pool. The result of these restrictions is an increase in pressure which can prove uncomfortable, or in some cases painful. Swelling may be felt above the knee behind the thigh; but is generally more obvious to the patient in the calf and foot where the veins close to the surface become raised and distinctly visible, appearing blue or dark purple. The signs are clearly an indication that something is not quite right in the circulatory system; and if left unattended, problems more serious than an unsightly appearance can develop.



Thrombophlebitis, the swelling of veins in the leg, is not uncommon; and this can lead to swollen feet and ankles. Of greater concern would be deep vein thrombosis, a condition those who fly frequently need to be aware of. Unfortunately, many will brush off any resulting pain and swelling, putting it down to just sitting for long periods; and once they are mobile again, the problem always seems to fix itself. Maybe; but maybe not - deep vein thrombosis can lead to pulmonary embolism, a dangerous situation affecting the lungs. Occasionally, as in my

case, a clot can form in the vein. Close to the surface of the skin, this will be fairly obvious; and localised pain can be quite sharp and worrying.



I also had a crazed, unsightly pattern of surface veins on the instep; but although there was no discomfort in the area, it was indicative of further problems. I was experiencing numbness in the lower leg and the sole of the foot; and had a sore big toe which eventually turned the colour of a ripe plum! From my point of view, the time had arrived to seek medical advice.

First stop was the family doctor who referred me to a vascular surgeon. Following an examination, the surgeon explained in simple terms the various forms of treatment that might be necessary; and these would be determined by an initial ultrasound. The scan pinpointed areas that required two different procedures. The first was to seal off the long vein running from just above the knee up the inside of the thigh to the groin. A local anaesthetic was administered, so there was minimal discomfort, and definitely no pain as such. An incision was made for a fine wire to be inserted into the vein, then threaded up the length. Once at the top, a short laser burst was used to seal off the entry point; after which the wire was withdrawn, pausing at intervals to cauterise the vein in sections until it was no longer able to carry a blood flow. Apparently, this function would encourage the transfer of circulation to an alternative vein which would take over and supply blood to the lower leg. Able to watch throughout, I found the procedure merely interesting; but what came next was considerably more fascinating.

The veins over the calf muscle were swollen and often painful; as was a pronounced, dark spot about the size of a pea. This, the surgeon advised, was of major concern. It was a blood clot. Once again, local anaesthetic was administered before he began making a number of incisions around the affected area. Having cauterised the extremities of the swollen veins with the laser, he cut and removed each section in turn; as well as the clot which looked like a shotgun pellet. Doing a thorough job, he then went around the leg with his laser, including behind the thigh, to cauterise swollen veins that I had only ever felt, but had never actually seen. The entire procedure seemed to take no time at all. With the wounds dressed and following a short rest, I walked out of the surgery unaided and certainly minus the discomfort that I had suffered for years.

Naturally, following the surgery there were a number of rules to aid with recovery. Swelling along the areas treated was still present and cream was prescribed to rub in to soften lumps. I was also given scripts for pain killers which I never bothered filling because I experienced only mild discomfort and they weren't necessary. One of the surgeon's main insistences was regular exercise – at least a thirty-minute walk every day; plus some short supplementary sessions around the home at intervals; but definitely no heavy lifting or strenuous exercise for at least a week. Compression stockings also had to be worn until the swelling subsided. All in all the surgery was not a problem; neither was the follow-up routine. There are procedures other than those I've described; but I won't go into details at this time. The medical experts know what they are about and will only do what is necessary for their individual cases.

Had it not been for the painful blood clot I might never have bothered seeking medical assistance – I'm glad now that I did. Maybe if I'd taken more notice of the early signs as many still don't, I might have avoided making matters worse. Regular walking is one positive way to keep the circulation flowing through the legs. Standing for too long in one spot is not a good idea; and carrying heavy loads for any length of time can also be a contributor to varicose veins. Overweight people are really doing the same thing, putting constant pressure on the back and lower limbs.

As for diet, that can make a difference. Chocolate, cookies and cakes have high amounts of sugar; and any other similar foods should be avoided, or only eaten occasionally in small quantities. Alcohol would fall into this category; and especially soda and energy drinks. Canned foods are apparently inadvisable; and too much salt or salty foods such as snacks and crisps are not a good idea. Some of the beneficial substances are supposed to be turmeric, ginger, cayenne peppers, garlic and vitamin E; but I can't testify to this.

What I will say, though, is that maintaining a healthy lifestyle has to be the way to go. And should those unsightly veins start to appear; don't just cover them up with long pants and forget them - consult a GP for advice before they cause more problems than a little.

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