

Making a decision about treatment for varicose veins

What is this leaflet?

This leaflet will help you decide about treatments for varicose veins. You could use it to prepare for your next appointment. There are pages you can fill in and pages explaining about treatments.

Pages 1 – 4
About varicose veins

Pages 5 – 7
Treatment options

Pages 4, 7 & 8
Use with your GP

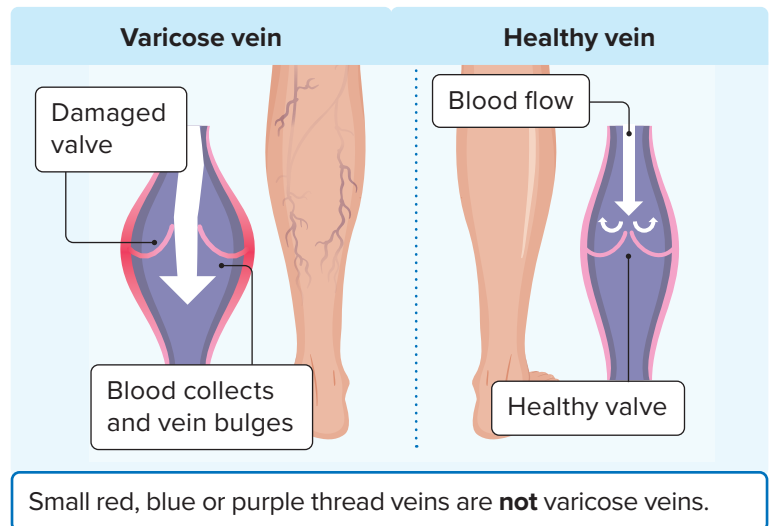
Pages 4, 8 & 9
Pages you can fill in

What are varicose veins?

Varicose veins are swollen, enlarged veins. They happen when valves in the veins are damaged and don't work properly.

They can cause **symptoms** and sometimes serious sores called **ulcers** (page 3).

They are usually in the legs. Sometimes they are on the surface where you can see them, sometimes they are in veins you cannot see.



Treatment options

Do nothing – you can always choose not have treatment



Compression stockings to help with symptoms



Things you can do yourself to help with symptoms



Treat or remove the varicose veins



What are the symptoms?

- Tired, throbbing, aching or painful legs.
- Swollen legs or ankles (oedema).
- Itchy patches or eczema on the lower leg.
- Red or brown colour on skin of the ankle.
- Skin becoming hard to the touch.
- Ulcers, sores that do not heal easily.
- Bleeding.
- Veins that are hot, tender and red (phlebitis).

Do I need treatment?

If your varicose veins are not causing symptoms they are nothing to worry about and can be left alone.



Around **45 – 65 in every 100** people who have varicose veins **have symptoms**, **35 – 55** do not.

Symptoms can be in one leg or both legs. You can have more than one symptom. Symptoms can come and go.

2 More about varicose veins

Blood goes around the body in arteries and veins. Arteries take blood away from the heart to the rest of your body. Veins take blood back to the heart.

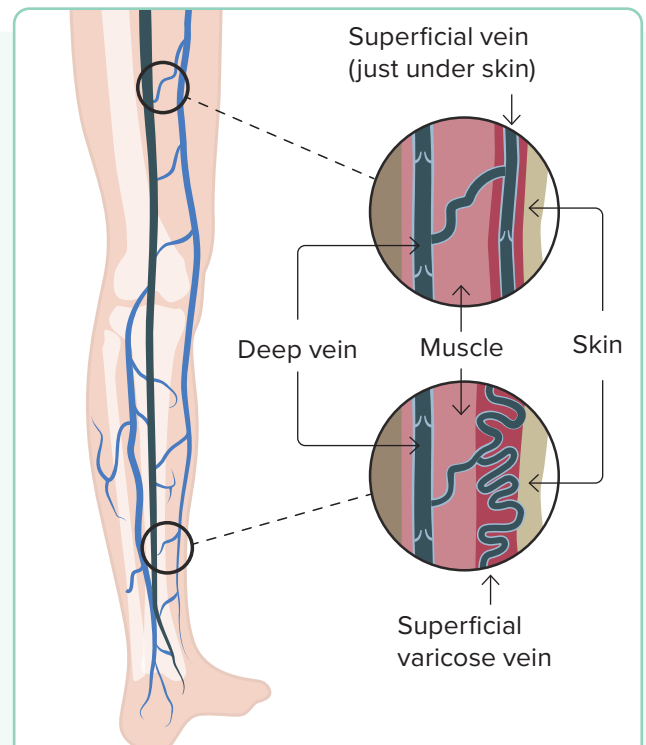
Blood pumps through arteries at high pressure from the heart to get where it needs to be.

But blood coming back to the heart is under less pressure and needs some help from your **muscles**.

When you walk, muscles **squeeze the veins** which helps **pump blood back** up the heart.

When muscles relax, delicate **valves** in the veins normally stop blood flowing backwards.

Varicose veins happen when valves are damaged or weakened and blood can then flow backwards. Blood collects and veins bulge with the pressure. They usually disappear when you lie down.



Removing superficial varicose veins will not affect your circulation because most of your blood goes through your deep veins.

Bleeding and varicose veins

Rarely, varicose veins can bleed. It can happen if the skin is thin or there is a little scab. It does not usually happen if the skin is healthy.

It can be quite scary, there can be a lot of blood, but it is easy to deal with if it happens to you:

- Raise the limb that is bleeding (e.g. lie down with leg up on the arm of a sofa or higher if you can).
- Press down firmly on the bleed (usually a small pin hole) with your finger until bleeding stops. It may take a number of minutes.

- If bleeding does not stop after 20 – 30 minutes of pressure, or you feel unwell, go to A&E or minor injury unit.
- When the bleeding stops, apply a bandage or plaster and compression stocking if you have one.
- Make an urgent appointment with your GP who can make an urgent referral to the vascular service for you.

Varicose veins in pregnancy

It is quite common to develop varicose veins in pregnancy. You can use **compression stockings** to help with your symptoms (page 5) until you have recovered from the birth.

Then you can think about other treatment (page 6) if they remain a problem after you have the baby, e.g. swollen, painful or itchy.

How did I get varicose veins?

We don't fully understand how varicose veins happen but we know they are more common if:

- you have close family with varicose veins
- you are overweight
- you have had one or more pregnancies
- e.g. DVT (deep vein thrombosis)

3 Varicose veins and leg ulcers

Leg ulcers are a serious complication of varicose veins.

They are sores or breaks in the skin.

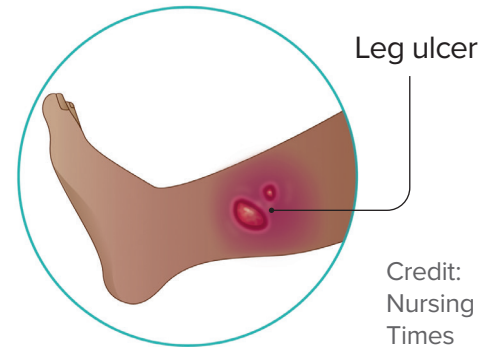
They can take weeks to heal and sometimes do not heal completely. They can come back in the same place. They can get bigger and more difficult to heal over time.

Ulcers can affect your mobility, making it difficult to walk or get around. They can smell bad and may be painful.

Ulcers do not usually heal unless you treat them.

You can have treatment for your veins at the same time as treatment for an ulcer.

Out of every 100 people with varicose veins, **ulcers come back in 25 – 70** who **do not have treatment** for their veins and **around 10** who **do have treatment** for their veins (page 7).



Credit:
Nursing
Times



Between **1 – 5** in every 100 people with varicose veins will get an **ulcer** in their lifetime

How do ulcers develop?

High pressure in the varicose veins damages the skin. It also makes it more difficult for skin to heal if it is injured because blood flow is reduced. Ulcers can develop after minor injuries like a small knock.

Who will treat my ulcer?

Ulcers are serious and they are complex to treat.

You will see more than one person about your leg ulcer including: your doctor, specialist nurses and the community support team.

They will develop a care plan for you.

What should I do if I think I have an ulcer?

See your GP as soon as you can to start treatment. If your ulcer has not healed in 2 weeks they will refer you to a local vascular service. The earlier you get treatment, the better. They may also offer treatment for your veins (page 6).

How will my ulcer be treated?

- Treatment often takes several weeks or months to heal the ulcer.
- Ulcers do not usually heal without treatment.
- Treatment involves special dressings and compression stockings.
- These need to be changed anything from every day to once a week, usually by a specialist nurse.
- Dressings can be painful at first.

If your ulcer is caused by varicose veins, advice is that you have treatment for your veins (page 6).

Contact your nurses if:

- you have signs of infection (you feel unwell or have a fever)
- your dressing is extremely uncomfortable or you get numbness or tingling in your feet or toes

4 What's important to you?

This page can be useful when you talk to your doctor, nurse or specialist. It can help you understand and explain how your varicose veins are affecting your life.

Tick the statements that apply to you

I have:

- | | |
|---|--|
| <input type="checkbox"/> Visible varicose veins | <input type="checkbox"/> Hot, red varicose veins (phlebitis) on the legs |
| <input type="checkbox"/> Tired, throbbing, aching or painful legs that come and go | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Itchy patches | <input type="checkbox"/> Wounds or knocks that are slow to heal |
| <input type="checkbox"/> Varicose vein eczema (eczema that happens on the legs but not on the rest of the body) | <input type="checkbox"/> Swollen legs (oedema) if you have been on your feet for a long time |
| <input type="checkbox"/> Skin that is hard to the touch | <input type="checkbox"/> Swollen legs (oedema) first thing in the morning |
| <input type="checkbox"/> Reddish / brown staining above the ankle | <input type="checkbox"/> Swollen legs (oedema) all day |

Which of these are affecting you the most?

.....

Put an 'X' where it applies to you

No/not at all ← | → Yes/a lot

My symptoms are affecting my mental health

No/not at all	Yes/a lot
←	→

My symptoms are affecting what I can do in my daily life

No/not at all	Yes/a lot
←	→

What do you want help with?

Work/School

Physical Activity

Housework

Caring For Family

Other Activities

5 What can I do myself?

The things on this page can help with symptoms but will not get rid of varicose veins. Varicose veins will not go away by themselves.

Symptoms can come and go and be worse some days than others. Sometimes symptoms need medical attention.

Do nothing



You can always choose not to have treatment

- Symptoms may get better or worse, or may stay the same, if you choose not to have treatment.
- You may develop complications such as skin damage, which may become irreversible.

Things I can do myself



These might help relieve symptoms but will not get rid of varicose veins.

There has not been much research done to know whether these can help.

- Avoid standing still or sitting for long periods of time. Standing or sitting without moving increases pressure in veins. Go for a short walk, or rock on the balls of your feet while standing.
- Elevate your legs – raising your legs, for example on the arm of the sofa in the evening can help relieve symptoms built up during the day.

Compression stockings



These might help symptoms but will not get rid of varicose veins.

Stockings are only recommended if:

- other treatments are not suitable for you (described on the next page)
- you do not want to have any of the treatments on the next page

Stockings are given on prescription. You need to be measured and have them fitted by a healthcare professional such as your pharmacist or specialist nurse.

They are available in different sizes, lengths and strengths of compression.

They can be difficult to put on. Your healthcare professional will explain what to do.

- Compression stockings put the most pressure at your ankle. Pressure gradually gets less moving up the leg. There is least pressure at the top of the stocking. You wear them all day and take them off when you go to bed. You replace them every 3 – 6 months.
- They are not the same as support stockings or flight stockings.

6 Treatment to remove varicose veins

The treatments on this page can get rid of varicose veins and symptoms.



Your specialist will offer the most appropriate treatment for your veins.

This is usually closing or blocking the veins with **endothermal ablation (heat treatment)** + **phlebectomy (remove veins)**.

Sometimes you are offered a different option which may suit the pattern of your veins better. Or because your specialist has more experience in that treatment.

If you want to know more about a treatment that you have not been offered, talk to your specialist. They can refer you to a different centre or doctor.

Closing or removing varicose veins will not affect your circulation afterwards. Your other veins will take over.

Endothermal ablation (heat treatment)



- You have a tiny cut in the skin and a very small device is put into the vein with the help of an ultrasound scan.
- This device uses heat to seal the vein closed.
- A tiny metal coil is heated with electricity (radiofrequency), or heat comes from a laser.
- You have a local anaesthetic injected at regular points up the leg so that when the vein is heated it does not cause pain.

- Each procedure takes 45 – 60 minutes.
- You can go home after about 1 hour.
- You can walk out of clinic.
- You have to wear a dressing for 5 – 7 days.
- You can be back to your normal activities in 1 – 2 days.
- You should not drive until you feel safe to perform an emergency stop (usually the next day).

Phlebectomy to remove varicose veins



- Phlebectomy involves making a tiny puncture over the vein and pulling the vein out.
- You will have a local anaesthetic so you can't feel pain.

- Do not rest excessively, exercise is encouraged.

Chemical treatment



There are 3 types of chemical treatment. They involve an injection of something into the vein, usually with the help of an ultrasound scan.

1. Foam sclerotherapy uses a chemical to irritate the vein wall and make it stick together.
2. Mechanochemical ablation uses the same chemical but with a spinning wire inside the vein.
3. Cyanoacrylate (glue) is a 'super glue', that sticks the vein shut.

You might have some pins and needles, discomfort, firmness. This is normal and can last 3 weeks or more.

Surgery to remove varicose veins



Surgery involves making small cuts and pulling the veins out during the operation.

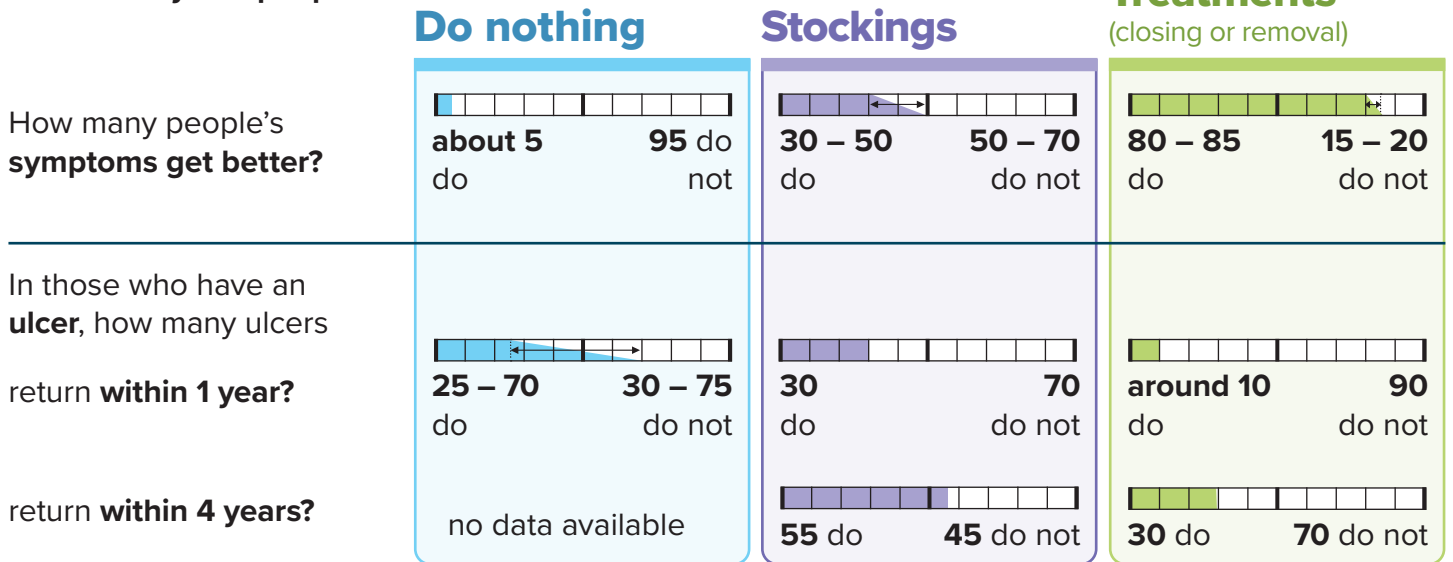
You are sometimes asleep (general anaesthetic), or numb from the waist down, or have a local anaesthetic.

You go home the same day and are back to normal activity in about 2 weeks.

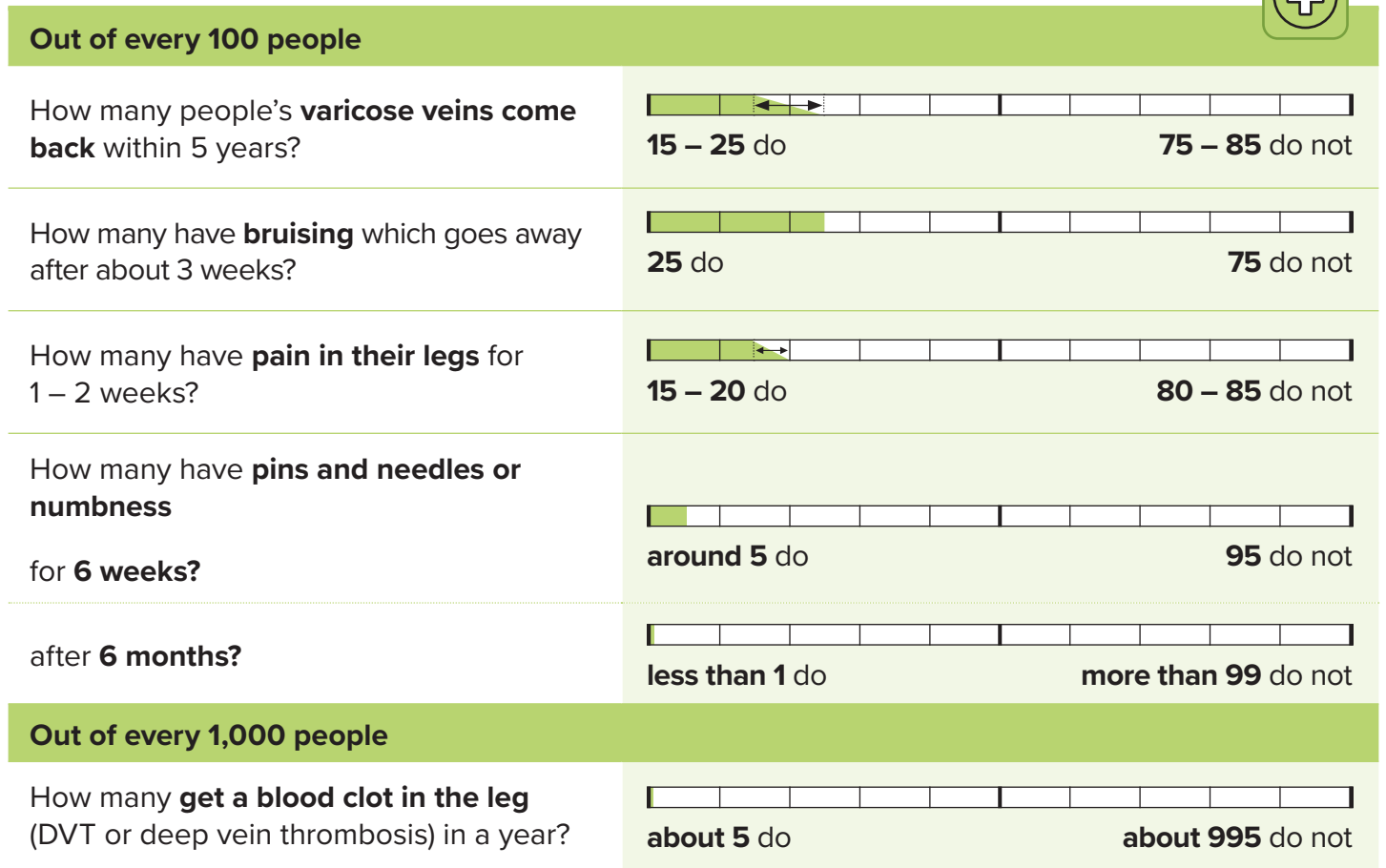
7 How well does treatment work and what are the risks?

Varicose veins will not go away without treatment (closing or removing the veins).

Out of every 100 people



In those who have treatment (blockage or removal of veins)



The risk in the general population is 1 – 2 in every 1000. This risk gets higher as you get older.

8 Preparing for your appointment

Which options are you considering?

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Do you know anyone who has tried these options?

What are the most important things for you?

You might want to look again at **page 4**

For example, help with ulcers, getting treatment quickly.

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Questions for my healthcare professional

These can be about any concerns you have, for example what you hope to gain from your treatment, what will happen next.

.....

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Your decision

I know enough about the potential benefits and harms of each option	Y / N
I am clear about which potential benefits and harms matter most to me	Y / N
I have enough support and advice to make a choice	Y / N
I feel sure about the best choice for me	Y / N
I need more information to make this decision	Y / N
I have decided what to do next	Y / N

.....

Your doctor might ask:

- for a list of your prescriptions and the doses (you could take your repeat prescription)
- what is your current treatment is
- if you have any allergies
- what help you have at home or whether you have help to transport you home after a procedure

9 Contacts and next steps

Contacts

Name of GP	Contact details
.....
Name of surgeon	Contact details
.....
Name of vascular nurses	Contact details
.....
Name of community / district nurse	Contact details
.....
Name of wound / compression nurse	Contact details
.....
Who to ring in case of emergency	Contact details
.....

Next steps

Date	What will happen next (treatment / tests?)
.....
When should I be reviewed next?	What is my decision today?
.....
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.....

10 More information

Where can I go for more information?

Leg Club

www.legclub.org/

NHS

www.nhs.uk/conditions/varicose-veins/

Why do my legs hurt?

Video <https://youtu.be/L8hWhR7aq1M>

Animated explainer

<https://zerotofinals.com/surgery/vascular/varicoseveins/>

Vascular Research UK YouTube channel

www.youtube.com/@VascularResearchUK

Legs Matter

www.legsmatter.org

Circulation Foundation

www.circulationfoundation.org.uk

Leg Ulcer Forum

www.legulcerforum.org

Where did we get our numbers from?

How many people have varicose veins?

The 'Edinburgh Vein Study' of 1566 people from 1999: <https://doi.org/10.1136/bmj.318.7180.353> and one from France of 2000 people from 2004: <https://doi.org/10.1016/j.jvs.2004.07.025>

How many of those have skin changes?

The study from France above plus the 'Bonn Vein Study' of 3072 people from 2008: <https://doi.org/10.1016/j.jvs.2008.04.029>

How many of those will get a skin ulcer?

NICE Clinical Guidance 168 from 2013: <https://www.nice.org.uk/guidance/cg168/evidence/full-guideline-pdf-191485261>

How well the treatments work:

Preventing skin ulcers returning: Data for those doing nothing from a review of studies up until 2014: <https://doi.org/10.1002/14651858.CD002303.pub3>; for those wearing compression stockings from the ESCHAR study of 500 people in the UK from 2007: <https://doi.org/10.1136/bmj.39216.542442.BE>; for those taking surgical treatment, from the EVRA study of 450 people in the UK from 2018: <https://doi.org/10.1056/NEJMoa1801214>

Making symptoms better: Data for those doing nothing from a study of 279 people from 2015: <https://doi.org/10.1016/j.ejvs.2015.06.111> and one of 114 people from 1997: <https://www.jstor.org/stable/44994981>; for those wearing compression stocking, the study of 114 people from 1997 and the REACTIV study from 2006 involving 1000 patients in different groups: <https://doi.org/10.3310/hta10130>; for those taking surgical treatments, NHS data (PROMS) from over 1000 patients in 2013: <https://webarchive.nationalarchives.gov.uk/ukgwa/20180307183903/http://digital.nhs.uk/catalogue/PUB14174> and the study of 279 people from 2015 from above.

Risks of the treatments:

Pins & needles or numbness: NICE Clinical Guidance 168 from 2013: <https://www.nice.org.uk/guidance/cg168/evidence/full-guideline-pdf-191485261>

Bruising: A study of 77 people from 2016: <https://doi.org/10.1177/0268355516635386>

Pain: The study of 77 people from 2016 above, the study of 279 people from 2015 above, and a study of 235 people from 2014: <https://doi.org/10.1177/0268355513497709>

The chance of varicose veins coming back: A review of studies up until 2021: <https://doi.org/10.1002/14651858.CD005624.pub4>

Blood clot in the leg: A review of data and studies, from 2013: <https://doi.org/10.1177/0268355512475121> Data from 261,169 procedures in the UK, from 2017: <https://doi.org/10.1024/0301-1526/a000656>

For declarations of conflicts of interest, to see other decision support tools in the series, or to find out more about how this one was created, go to:

<https://www.england.nhs.uk/personalisedcare/shared-decision-making/decision-support-tools/>

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