What should I do next?

Even if you don't have exactly the symptoms described in this leaflet, if you have any concerns about the condition of your legs or feet you should have them professionally assessed. In the first instance, speak to your doctor, nurse or local Leg Club, who will give you a thorough examination. This may include a full health check and review of the circulation in your legs.

What is a Leg Club?

Leg Clubs are a research-based initiative which provide community-based treatment, health promotion, education and ongoing care for people of all age groups who are experiencing leg-related problems.

The Leg Club nursing teams are employed by NHS local provider services, CCGs and GP consortia and the nurses incorporate the Leg Clubs into their everyday practice.

No appointment is required and the Leg Club opening hours should be available from the local surgery, community nurses' office, and adverts in the local parish magazine and village shops or from the Leg Club website **www.legclub.org**

Through education, ongoing advice and support from your Leg Club nurses, you will be made aware that care and prevention of recurrence of leg-related problems is for life.

The information contained within this leaflet has been adapted with permission from Professor Mark Whiteley MS FRCS(Gen) FCPhleb at the Whiteley Clinics (www.whiteleyclinics.co.uk).

Visit your nearest Leg Club

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Varicose Veins





Leg Club Industry Partners



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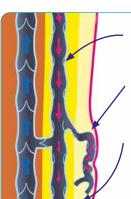


What are varicose veins?

With highly visible 'bulging' on the sides of the legs, it's not difficult to spot varicose veins. It is precisely the visible nature of the condition that has led generations of medical professionals and patients to focus simply on eradicating the surface signs of the condition without addressing the underlying causes.

Varicose veins are defined as distended tributaries or 'branches' of the major veins in the leg. The condition usually presents as visible bulging veins on the legs when sitting or standing. When the patient is lying down, the bulges tend to recede or disappear.

Research in recent decades has shown that the veins appearing on the surface only do so because the veins deeper inside the leg have lost their essential valve function, allowing blood to flow the wrong way down the veins. If you start to get symptoms, such as pain or discomfort, if the skin over your veins is itchy, sore or irritated, or the aching in your legs is disturbing your sleep, you should see your GP, who by NICE Guidelines CG168 should refer you for a venous duplex ultrasound scan to assess your veins for endovenous surgery under local anaesthetic.



Valves not working in superficial vein leads to blood falling *down* vein instead of being pumped *up* vein.

Dilation of side veins (varicose veins) gives the falling blood and alternate route – into an expanded varicose vein.

The flow of blood into the expanded varicose vein reduces the energy of the blood getting to the ankle – so inflammation and damage is much reduced.

How blood circulates

The legs, like any other part of the body, need a blood supply. The heart pumps blood that is full of oxygen and food to the tissues through blood vessels called arteries. The blood gives up oxygen and nutrients to the muscles and tissues in the legs and then returns to the heart through the veins.

Normal veins and valves

For veins to pump blood uphill against gravity, there needs to be movement. This movement is supplied by the leg muscles during walking or exercise. During movement, the muscles push on the veins, 'squashing' them and squirting blood up and out of the veins. This results in the blood getting forced upwards into the pelvis against gravity.



However, when the muscles relax and the veins relax open again, the blood would rush back into the leg with gravity, if it weren't for one-way valves stopping it. These valves are like little 'pockets' on the vein wall. They point upwards. When blood is pumped upwards, they are forced open. However, when blood starts to fall back downwards with gravity, the valves close to stop this from happening.

Who is likely to get varicose veins?

You are more likely to develop varicose veins if:

- You have close family members with the condition
- Are a woman
- Are older
- Are pregnant
- You are overweight or obese
- Your have a job that involves standing for long periods of time

Abnormal veins and valves

When valves in a vein fail, they are said to be 'incompetent'. In this situation, the muscles squeeze the vein and the blood is forced up and out of the vein, as in normal veins.



However, when the muscles relax and the veins dilate again, in patients with varicose veins, the faulty valves are not able to prevent the blood falling back down the leg due to gravity. This failure of the valves and the backwards flow of venous blood is called venous 'reflux'.

Venous reflux doesn't only cause varicose veins. It can also cause the following:

- Aching legs
- Swollen legs
- Enous eczema
- Phlebitis

- Thread veins (spider veins)
- Red or brown skin stains at the ankles
- Venous leg ulcers.

Can I improve my symptoms?

There are several things that you can do that may improve your symptoms including:

- Raising your legs while sitting, ideally to above the level of your heart
- Avoid standing for long periods of time
- Exercising regularly to improve circulation and help maintain a healthy weight

However, for some people the only cure is endovenous

surgery using one or more of: endovenous laser, radiofrequency, TRLOP and/or foam sclerotherapy.

