

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) FCPleb at the Whiteley Clinics (www.thewhiteleyclinics.co.uk).

Visit your nearest Leg Club

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Thread Veins



Leg Club Industry Partners



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What are thread veins?

Thread veins on the leg and the face – also commonly referred to as ‘spider veins’, ‘broken veins’, ‘surface veins’ or ‘venous flares’ – are small blood vessels in the most superficial layer of the skin (the dermis) which have become dilated and visible. The medical term for them is telangiectasia. Generally, the dermis is about 2-3 mm thick, so the deeper-seated the thread vein is in the skin, the less distinct and ‘livid’ it looks, and vice versa. Thread veins are very common, affecting around 80% of adults (evenly split across both sexes) at some point in life, and they are usually associated with underlying vein problems.

Thread veins on the legs differ in two key respects from thread veins on the face...

Firstly, thread veins on the face are, obviously, much higher up the body than the heart; whereas thread veins on the leg are below the position of the heart. This crucial difference in position relative to the heart changes how we approach the two distinct types of thread veins.

Gravity alone should make it easy for thread veins on the face to drain blood away down to the heart. So, the very fact they are ‘open’ with blood visible inside them would indicate that there is probably some arterial pressure within the veins.

Contrast this with thread veins on the legs which, being below the heart, become visible because they often have a ‘column’ of blood above them, keeping them open and filled when standing or sitting.



Secondly, the nature of the surrounding skin on the face and legs is totally different. The skin on the face is always open to the elements and is very resistant to the sun, heat and radiation. It has a great blood supply and heals quickly and well. In a nutshell, the precise causes of the venous dilation that result in thread veins on the legs are not fully known.

Myths about thread veins

Some sources claim that thread veins are ‘broken capillaries’, with the damage caused by crossing the legs, wearing tight clothes or boots, and even taking baths that are too hot! None of this makes sense. If an individual really did have ‘broken capillaries’, they would present not with thread veins but with widespread bruising. Crossing the legs has no effect at all on the venous system as the veins are deep-seated and protected by muscles and tendons. Tight fashion and footwear is easily discounted by the variety of locations of thread veins all across the legs – it’s not a condition that predominantly occurs in the ankles or at the waistband. And as for taking hot baths, if that were true, the condition would be far, far more widespread across the UK population.



Facts about thread veins

There does seem to be a familial link, with thread veins occurring not just among parents and children but also among siblings. A similar statistical genetic link has also been observed among varicose vein sufferers.

One cause of profuse thread veins that has consistently been observed is trauma, particularly in the case of patients who have been in severe accidents where skin has been crushed, where fat has been destroyed, and where surgical scarring is extensive. Thankfully, this kind of extreme trauma only accounts for only a very small proportion of people with thread veins.

Appearance of thread veins

Thread veins can range in appearance from being small and pink, when they look like an early bruise on the leg, to being large and dark blue, when they resemble the blue veins in a Stilton!



The colour of the thread vein depends on the size of the vein itself; whether the blood within is flowing or stationary; and its depth relative to the surface of the outermost ‘dermis’ layer of the skin.

Very thin thread veins can appear to be red or pink, because the blood flows through them fairly well. If they are very near the surface of the skin, the colour of the blood is seen as the colour of the vein. If they lie much deeper, they are not seen at all from the surface.

When thread veins are larger in size, blood flows more slowly within them, giving up more oxygen as it does, and so they appear darker red. In some thread veins, especially those nearing 1 mm in diameter, a layer of blood can clot and stick onto the thread vein wall. This layer of clotted blood (or ‘thrombus’ as it is known) causes the thread vein to look much darker still – usually dark purple or dark blue if near the surface.

Thread veins can be managed with good skin hygiene, weight loss (if needed) and walking to improve blood flow. If they are a problem, they can be treated under the supervision of experienced vascular surgeons using microsclerotherapy. This involves injecting a drug that irritates the veins, causing the walls to stick together and the veins to be absorbed by the body in a few weeks.