

Patient information from BMJ

Last published: Dec 20, 2017

Varicose veins: what treatments work?

Varicose veins are veins that are swollen because blood isn't flowing through them properly. Many people have varicose veins. They don't usually cause serious problems but you may find them uncomfortable or feel unhappy about the way they look. (To learn more about the causes and symptoms of varicose veins, see the leaflet *Varicose veins: what are they?*)

Varicose veins don't usually go away on their own. If they are causing problems, treatments can help your legs look and feel much better. Treatments can have side effects, so you need to weigh up the pros and cons when deciding what's best for you.

Many people have surgery to remove their varicose veins. But your doctor will probably suggest you try a few simple things first to see if they help. These could include:

- Wearing support stockings, which are tight around your lower legs, may reduce swelling and aching in your legs. These stockings are designed to help the veins squeeze the blood back up your legs. It's important to be sure you have the right type of stockings and that they fit well. Talk to your pharmacist or doctor about getting the right type.
- Keeping to a healthy weight may help reduce the pressure on your veins.
- **Exercise** such as running or walking may help your veins pump the blood around your legs better.
- If your legs ache, try resting with your legs higher than your heart for example, lying down with your legs up on cushions. Avoid standing or sitting for long periods if possible.
- **Stop smoking**. Smoking damages blood vessels, so it's possible that stopping smoking could help with the symptoms.

If these things don't help, your doctor may suggest trying other treatments. Surgery used to be the most common treatment for varicose veins. But other treatments are becoming more popular as we learn more about them. The main treatments available are explained below.

Surgery

Having surgery can get rid of your varicose veins. It is likely to improve the way your legs look and also help symptoms like aching or heavy and tired legs.

Varicose veins: what treatments work?

There are several ways to do this operation, but in the most common one the surgeon ties off and strips out the vein or veins causing your symptoms. It's often done through two cuts in your leg: one at your groin and the other at the inside of your knee, or your ankle. The surgeon first ties the vein near your groin, then removes it through the cut further down.

You'll probably be able to go home the same day as your surgery but you will need time off from your normal activities to recover. Recovering from surgery for varicose veins can be painful. Your legs may feel sore for several weeks.

Like any operation, surgery for varicose veins has some risks. Problems can include having an allergic reaction to the anaesthetic, bleeding heavily during or soon after the operation, bruising, and having numb patches on your legs.

More serious problems can sometimes happen. For example, sometimes a blood clot can develop in the deep veins of your leg. Doctors call this deep vein thrombosis (DVT). This is dangerous. If you have a high risk of getting blood clots you may be given small doses of blood-thinning drugs.

If the big nerve that runs down the back of your thigh is damaged it can make your foot floppy and weak. Doctors call this foot drop. One study found that it happened to 1 in 600 people who had surgery for varicose veins.

Very rarely, surgery goes wrong and damages deeper veins. This may make your problems with blood flow worse. You may need more surgery to put this right.

Radiofrequency ablation

Radiofrequency ablation uses heat to close up varicose veins. A tube called a catheter is inserted into the vein. A device threaded through the catheter then emits radiofrequency energy, which heats the vein and seals it off.

This technique is becoming more widely used as research suggests that it works just as well as surgery, with a shorter and less painful recovery.

Laser treatment

With laser treatment a catheter is threaded through a small hole in your skin into the vein. A laser is then placed in the tube. The intense light from the laser heats your vein and makes it close up.

This procedure is becoming more widely used, for the same reasons that radiofrequency ablation is becoming more popular.

Injections

Having injections of chemicals into your varicose veins may get rid of them. The injections make the blood vessels collapse so blood can't get through them. Doctors call these injections sclerotherapy. They are often used to clear up remaining varicose veins after surgery.

Varicose veins: what treatments work?

Your veins will probably look better after injections. But there's not much good research to say whether injections can help with other symptoms like aching.

Injections can have side effects. Your skin may look discoloured afterwards. This can take a while to go away. Injections may not work as well as having surgery to remove a vein. Varicose veins are more likely to come back after injections than after surgery.

Some people say the injections hurt. About 30 in 100 people get an itchy rash with swollen circles at the spot where the needle went in. But this is temporary. Some people also get bruising, swelling, and red skin patches after injections. But injections are likely to be less painful than surgery.

The patient information from *BMJ* Best Practice from which this leaflet is derived is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2017. All rights reserved.



