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## Treatment of Large Varicose Veins

Many patients who have larger varicose veins require specialized techniques to treat them. In some cases, only a few veins are visible at the surface, when in fact, the problem lies within the veins that are hidden from view. Unless these “silent sources” are treated, it is difficult if not impossible to achieve the desired results. A number of approaches are available. Some are covered under the Ontario Health Insurance Plan, but unfortunately many of the newer techniques are not.

### **Which treatment modality is correct for you?**

The number of options available can be overwhelming. After discussing these options with a qualified physician some recommendations will be made. Hopefully, by having an understanding of the information you will have a basis for understanding and participating in your treatment options.



Through the use of sclerotherapy injections, varicose veins that we can see or feel from the surface of the leg may be treated by injection alone. A strong sclerosing solution is injected into the vein, which causes irritation to the vein wall. A wrap is then applied, and compression stockings are worn for 24-48 hours.

**The goal is to hold the vein shut until it has time to “glue” itself together.  
Compression stockings are therefore critical for optimal outcome.**

Sometimes, simple sclerotherapy alone is not enough. In the event that a vein allowing backflow is discovered below the surface, there are three ways of dealing with it:

1. Vein Stripping
2. Endovenous Laser Closure (EVLT)
3. Ultrasound Guided Sclerotherapy

### **Vein Stripping**

This procedure involves a surgeon removing the greater saphenous vein from the groin to the ankle. To do this, several two centimetre long incisions are made, and a slim rod is passed up the vein. The vein is then pulled out through the skin. This procedure requires hospital admission, a general anaesthetic and a two-six week recovery time. This is a standard treatment that is covered by OHIP.

In some cases, office ambulatory phlebectomy may be an option allowing a surgeon to extract pieces of varicose veins through a one millimetre hole while the patient is under local anaesthetic. There is significantly less trauma to the patient and patients may return to work the following day. It is ideal for large surface varicosities, which are bulging, and is far less invasive than traditional vein stripping.

### **Endovenous Laser Closure (EVLV)**

A two millimetre incision is made at the level of the knee while the patient is under local anaesthetic. A laser catheter is then inserted into the great saphenous vein. As the laser is withdrawn, the vein is heated and closed. Bleeding and discomfort is minimal, and most patients can return to work the next day without difficulty.

This procedure is not covered by OHIP and usually costs up to \$3,000.00 per leg.

### **Ultrasound Guided Sclerotherapy**

Sclerotherapy can be performed with the benefit of real-time ultrasound, and as such has the advantage of being specific and efficient. The side effects and recovery time are lower than surgery, but not quite as good as laser, and the patient can expect to return to work within 1-2 days; however exercise is limited for one week. Compression stockings are critical to successful outcome.

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