Treatment Overview

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Compression.

Compression is an important treatment modality in the management of:

1. Venous thrombosis
2. Varicose veins
3. Prevention of varicose veins
4. Functional venous problems
5. Varicose veins in pregnancy
6. Post-partum venous disease
7. Deep venous insufficiency
8. Venous ulcers
9. Lymphoedema

Compression is usually used in conjunction with mobilisation wherever possible.

Surgery

1. Surgery is the traditional treatment for major varicose veins. The stripping operation for truncal (GSV and SSV) incompetence has been shown to give superior long-term results compared with simple junctional ligation. Currently, due mainly to higher adverse effects of surgery compared to more recently developed less invasive treatment modalities, surgery is being used less often.

2. Endoscopic ligation of incompetent perforators is another surgical technique occasionally used.

3. Ambulatory phlebectomy is commonly used as a method of eliminating varicose tributaries of all sizes. This method has gained popularity over the past 15 years.

4. External valvular “cuffing”

Sclerotherapy

Treatment of choice for reticular veins and telangiectasias

Ultrasound guided foam sclerotherapy used for:

1. truncal incompetence with vein diameters < 6mm,
2. incompetent perforators,
3. recurrent post-surgical varicose veins
4. other atypical refluxes eg Giacomini and femoro-popliteal refluxes

Physical Ablation Techniques

1. Endovenous laser
2. Radio-frequency ablation

These 2 methods are used as alternative, less invasive approaches to the surgical stripping procedure. They are generally indicated for truncal incompetence (GSV or SSV) where the vein diameter in greater than 5mm.

Vascular Laser

Has limited applications in phlebology but has been used for:

1. Progressive ascending telangiectasia
2. Vascular malformations
3. Post-sclerotherapy pigmentation