Patient information

Chronic Venous Insufficiency

What is Chronic venous insufficiency?

Chronic venous insufficiency (CVI) is a condition that occurs when the venous wall and/or valves in the leg veins are not working effectively, making it difficult for blood to return to the heart from the legs. CVI causes blood to “pool” or collect in these veins, and this pooling is called stasis.

What causes chronic venous insufficiency?

Chronic venous insufficiency occurs when the valves in the leg veins become damaged, allowing the blood to leak towards the ankle. Valve damage may occur as the result of aging, extended sitting or standing or a combination of aging and reduced mobility. When the veins and valves are weakened to the point where it is difficult for the blood to flow up to the heart, blood pressure in the veins stays elevated for long periods of time, leading to CVI.

CVI most commonly occurs as the result of a blood clot in the deep veins of the legs, a condition known as deep vein thrombosis (DVT). CVI also results from pelvic tumours and abnormal blood vessels, and sometimes occurs for unknown reasons. Failure of the valves in leg veins to hold blood against gravity leads to sluggish movement of fluid out of the veins, resulting in swollen legs.

Chronic venous insufficiency that develops as a result of DVT is also known as post-thrombotic syndrome. As many as 30 percent of people with DVT will develop this problem within 10 years after diagnosis.

What are the symptoms of chronic venous insufficiency?

The seriousness of CVI, along with the complexities of treatment, increase as the condition progresses. That’s why it is very important to see your doctor if you have any of the symptoms of CVI. The problem will not go away if you wait, and the earlier it is diagnosed and treated, the better your chances of preventing serious complications.

Symptoms include:

- Swelling in the lower legs and ankles, especially after extended periods of standing.
- Aching or tiredness in the legs
- New varicose veins
- Leathery-looking skin on the legs.
- Flaking or itching skin on the legs or feet
- Stasis ulcers (or venous stasis ulcers)

How is chronic venous insufficiency treated or managed?

Like any disease, CVI is most treatable in its earliest stages. Vascular medicine or vascular surgery specialists typically recommend a combination of treatments for people with CVI. Some of the basic treatment strategies include:

- **Avoid long periods of standing or sitting**: If you must take a long trip and will be sitting for a long time, flex and extend your legs, feet, and ankles for about 5 minutes every 30 minutes to keep the blood flowing in the leg veins. If you need to stand for long periods of time, take frequent breaks to sit down and elevate your feet.
- **Exercise regularly.** Walking is especially beneficial.
- **Lose weight** if you are overweight.
- **Elevate your legs** while sitting and lying down, with your legs elevated above the level of your heart.
- Wear compression stockings.
- Moisturise the skin regularly to stop it from drying out.
- Take antibiotics as needed to treat skin infections.
- Practice good skin hygiene, stop the skin from drying out.

The goals of treatment are to reduce the pooling of blood and prevent leg ulcers.

Compression Stockings

The most conservative approach is to wear properly fitting support hose (also called compression stockings). Compression stockings can be purchased at some pharmacies and medical supply stores and come in various lengths and sizes. Your doctor can recommend the compression that is right for you. You will need a prescription for any stockings with more than 20 mm Hg compression.

If you wear compression stockings, be sure to take them off at the end of the day to wash and dry them, and to clean and check your skin. Make sure the stockings fit so there is no bunching. Elastic stockings that fit poorly can actually make your condition worse by blocking blood flow in the area where they have bunched up.

Nonsurgical Treatment

Nonsurgical treatments include sclerotherapy and endovenous thermal ablation.

Sclerotherapy involves the injection of a solution directly into spider veins or small varicose veins that causes them to collapse and disappear. Several sclerotherapy treatments are usually required to achieve the desired results. Sclerotherapy is simple, relatively inexpensive, and can be performed in the doctor's office. Sclerotherapy can eliminate the pain and discomfort of these veins and helps prevent complications such as venous haemorrhage and ulceration. It is also frequently performed for cosmetic reasons.

Endovenous thermal ablation is a newer technique that uses a laser or high-frequency radio waves to create intense local heat in the affected vein. The technology is different with each energy source, but both forms of local heat close up the targeted vessel. This treatment closes off the problem veins but leaves them in place so there is minimal bleeding and bruising. Compared with ligation and stripping, endovenous thermal ablation results in less pain and a faster return to normal activities, with similar cosmetic results.

What are the risk factors for chronic venous insufficiency?

If you have risk factors for CVI, you are more likely than other people to develop the condition. The most important risk factors are:

- Deep vein thrombosis (DVT)
- Varicose veins or a family history of varicose veins
- Obesity
- Pregnancy
- Inactivity
- Smoking
- Extended periods of standing or sitting
- Female sex
- Age over 50

Can chronic venous insufficiency be prevented?

To reduce your risk of developing CVI, follow these guidelines:

- Eat a healthy balanced diet.
- Quit smoking.
- Exercise regularly.
- Avoid wearing restrictive clothing such as tight girdles or belts.
- Lose weight if you are overweight.
- Avoid prolonged sitting or standing.

For further information contact the DVT clinic **01284 713092** Monday – Saturday 08:00 – 16:00hrs

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