

Spider Veins

The exact cause of spider veins is not proven, but heredity, local trauma, and hormonal levels are believed to be contributing factors. Spider veins become more common with age, and are twice as common in women.

Spider veins are formed by the dilation of the small veins under the surface of the skin, mostly on the legs. They look like red or purple sunbursts or web patterns. Spider veins are also referred to as telangiectasia or broken capillaries. They usually pose no health hazard but may produce a dull aching or burning in the legs after prolonged standing.

Varicose veins are swollen or enlarged blood vessels caused by a weakening in the vein's wall or valves. They are located somewhat deeper than spider veins, are sometimes raised, and often appear blue. The origin of these varicose veins may be hidden under the skin. Advanced cases of varicose veins can be harmful to a patient's health because they may be associated with the development of ulcers and phlebitis.

Initial treatment for spider veins is use of surgical support hose. This gives leg compression. This should also be used with any other treatment for the spider veins.

Sclerotherapy is still the best and safest treatment for spider veins. It causes minimal discomfort. A concentrated salt (saline) or specially developed chemical solution called polidocanol is injected with a very small needle the spider vein. This pickles the inside of the vein so it closes up. It later collapses and becomes scar tissue that eventually is absorbed by the body.

Sclerotherapy generally requires multiple treatment sessions. One to three injection sessions are usually required to effectively treat any vein, and 10 to 40 veins may be treated in one session. The same area should not be retreated for three to six weeks to allow for complete healing, although other areas may undergo treatment during this time.

Post-treatment therapy includes wearing compression bandages or support hose for two days to three weeks following treatment. Walking and moderate exercise may also help speed recovery. The treated blood vessels generally disappear over a period of six months. Although sclerotherapy works for current spider veins, it does not prevent future ones from developing.

After several treatments, most patients can expect a 50 percent to 90 percent improvement. However, the fading process is gradual. Total disappearance of spider veins is usually achieved.

Insurance coverage may apply if the treatment is needed to control symptoms of pain or burning. If the treatment is solely for cosmetic reasons, it will not be covered. Insurance companies often require a second opinion, laboratory studies and/or photographs before treatment is covered. Even with a highly experienced physician performing the treatment, there are some possible side effects. They include:

- Stinging or pain at the sites of injection, swelling of the ankles or feet or muscle cramps. Muscle cramps almost always occur when the injection takes place in the ankle area. All of these usually go away within 10 to 15 minutes after an injection.
- Red raised areas at the sites of injection. These should disappear within a day or so.
- Brown lines or spots on the skin at the sites of treated blood vessels. Probably made up of a form of iron stored in the blood. These darkened areas may result when blood escapes from treated veins, and they occur more often in patients who have larger veins treated. In most cases, they disappear within a year, but in a small percent of patients they may last for years. They can be lightened with a special laser (Nd: YAG @ 1064nm) if needed.
- Developments of a blush-like group of fine red blood vessels near the sites of injection of larger vessels, especially on the thighs. About a third of patients develop these; most disappear by themselves, some go away with injection treatment or laser therapy, and a few may last.
- Small, painful ulcers at treatment sites either immediately or within a few days of injection. Sometimes these occur because some of the solution has escaped into the surrounding skin. These can be successfully treated, but it is necessary to inform the physician of them immediately.
- Bruises at the site where the needle went into the skin. These will disappear in a few weeks and are probably related to the thinness of blood vessel walls.
- Inflammation of treated blood vessels. This is very unusual but when it occurs it is treated with medications such as aspirin, compression, antibiotics or heat.
- Lumps in injected vessels, particularly larger ones, may develop. This actually is coagulated blood but is not at all dangerous. The dermatologist may drain the blood out of these areas a few weeks after injection.
- Larger veins are likely to recur unless support hose are worn. Spider veins may also recur. It may seem that a previously injected vessel has recurred, when, in fact, a new spider vein has appeared in the same area.

If larger varicose veins are present, or there is a history of blood clots, the procedure must be done with caution.

There are several ways to treat spider veins on the face. Lasers have been used successfully, along or in combination with electric needle therapy.

Other Treatments for Spider and Varicose Veins

Ambulatory Phlebectomy: This technique involves removal of an undesired vein through a series of tiny punctures or incisions along the path of the enlarged vein. Using a specially designed instrument to “hook” the varicose vein into the surgeon’s view, the damaged vein can be removed entirely by gently pulling from tiny puncture to puncture. This is an outpatient procedure can treat large varicose veins, as well as small spider veins.

Electrodesiccation: The veins are sealed off with the application of electrical current.

Laser surgery and intense pulsed light therapy: This relatively new approach may be effective for certain leg veins and facial blood vessels. The heat from the high intensity laser beam or intense pulsed light device selectively destroys the abnormal veins. This has not lived up to its promise of complete and painless vein removal. It is best for tiny veins in fair skinned people.

Surgical ligation and stripping: This method involves making an incision in the skin and either tying off or removing the blood vessel. The procedure may require the use of general anesthesia, is usually performed by a vascular surgeon in the hospital, and is generally reserved for larger veins.