

## INFORMATION ABOUT THREAD VEINS

THREAD VEINS ARE SMALL VISIBLE VEINS IN THE SKIN WHICH BECAUSE OF THEIR CLOSENESS TO THE SURFACE ARE LIKE PURPLE OR BLUE STREAKS. MOST PEOPLE CONSIDER THEM TO BE UNSIGHTLY. THEY CAN TAKE LOTS OF DIFFERENT SHAPES AND PATTERNS AND ONE SOMETIMES SEES THEM JUST AS CURVY LINES, SOMETIMES LIKE STARBURSTS AND SOMETIMES LIKE ARCADES OR CRESCENTS OF TINY COLLECTIONS OF VEINS IN A SEMI-CIRCLE.

THEIR COMMONEST PLACE IS ON THE THIGHS AND LEGS BUT THEY CAN AFFECT THE ANKLES AND FEET AND FACE. THEY ARE OF VERY DIFFERENT SIZES AND CAN BE SO SMALL THAT THEY JUST APPEAR LIKE A PINK BLUSH IN WHICH CASE THEY ARE TOO SMALL TO BE ABLE TO GET A NEEDLE INTO EASILY OR THEY CAN BE VERY LARGE AND STAND OUT LIKE PENCIL THREADS AND ARE VERY EASY TO PENETRATE WITH A NEEDLE.

THERE ARE SEVERAL TECHNIQUES FOR TRYING TO TREAT THREAD VEINS AND IT LARGELY DEPENDS UPON THE SIZE OF THE THREAD VEIN AND THE PREFERENCE OF THE PATIENT AND THE THERAPIST AS TO WHICH METHOD IS CHOSEN. THE COMMONEST AND CHEAPEST TECHNIQUE IS TO INJECT A SUBSTANCE INTO THE VEIN WHICH DAMAGES THE LINING OF THE VEIN SO THAT EVENTUALLY IT SHUTS OFF. IT MAY NOT SHUT OFF IMMEDIATELY BECAUSE IT TAKES TIME FOR THE DAMAGE TO THE LINING OF THE VEIN TO INFLAME IT SO MUCH THAT THE RED CELLS CLOG UP AND CAN NO LONGER PASS THROUGH THE VEIN. SOME SUBSTANCES, WHEN INJECTED, WILL BRING ABOUT ALMOST INSTANT DAMAGE TO THE VEIN AND IT WILL STOP THE FLOW OF BLOOD WITHIN A DAY OR SO BUT IN MANY CASES IT CAN TAKE UP TO 2 MONTHS BEFORE THE VEIN FINALLY DISAPPEARS.

THE TECHNIQUE OF INJECTING "A SCLEROSANT" INTO A VEIN IS CALLED SCLEROTHERAPY AND IN THE CASE OF THREAD VEINS IT IS CALLED MICROSCLEROTHERAPY. THE SUCCESS OF MICROSCLEROTHERAPY DEPENDS IN PART ON WHAT ONE INJECTS. THERE ARE SOME SUBSTANCES, FOR EXAMPLE FIBROVEIN, WHICH ARE VIRTUALLY PAINLESS WHEN THEY ARE INJECTED BUT AREN'T 100% SUCCESSFUL AND ONLY ACHIEVE COMPLETE CLEARANCE OF THE VEINS IN ABOUT 70% TO 80% OF CASES. SOMETIMES ONE HAS TO CARRY OUT REPEATED INJECTIONS TO ACHIEVE THE BEST RESULTS. HOWEVER, THERE ARE SOME LUCKY PEOPLE IN WHOM THE INJECTIONS WORK WITHIN A FEW WEEKS AND ARE ENTIRELY SUCCESSFUL AND THE PATIENT IS VERY HAPPY BUT THERE ARE OTHERS IN WHOM THE INJECTION SEEMS TO HAVE VIRTUALLY NO EFFECT AT ALL AND ARE VERY DISAPPOINTED. THERE ARE SOME PEOPLE WHO ARE VERY SENSITIVE TO THE INJECTIONS AND ALTHOUGH THEY SUCCEED IN CLOSING OFF THE THREAD VEINS THERE IS SOME PIGMENTATION, USUALLY BROWNISH IN COLOUR, WHICH OCCURS SOON AFTER THE INJECTION AND IT CAN TAKE MANY MONTHS FOR THIS PIGMENTATION TO DISAPPEAR. IT IS NOT POSSIBLE TO PREDICT IN WHOM PIGMENTATION IS GOING TO OCCUR UNLESS THE PERSON KNOWS THAT THIS IS WHAT HAS HAPPENED ON PREVIOUS OCCASIONS.

IN MY OWN EXPERIENCE THE INJECTION OF VERY STRONG SALT WATER TENDS TO CAUSE QUITE A SEVERE STINGING PAIN AT THE MOMENT OF INJECTION BUT IS SELDOM COMPLICATED BY OVERPIGMENTATION IN CONTRAST TO WHICH FIBROVEIN, WHICH HARDLY CAUSES ANY PAIN AT ALL, CAN BE ASSOCIATED WITH PIGMENTATION AND I HAVE SEEN IT IN AT LEAST 3% OF MY PATIENTS WHO I HAVE TREATED WITH

FIBROVEIN. IT IS NOT A PERMANENT PROBLEM BUT IT CERTAINLY CAN BE EMBARRASSING AND THEREFORE IT IS PROBABLY MORE SENSIBLE TO HAVE YOUR THREAD VEINS TREATED IN THE WINTERTIME WHEN YOU CAN EXPECT TO COVER YOUR LEGS WITH STOCKINGS THAN JUST BEFORE GOING ON A SUMMER HOLIDAY WHEN YOU WANT TO BE ABLE TO EXPOSE YOUR LEGS.

THE PROCESS OF INJECTING THREAD VEINS IS RELATIVELY STRAIGHTFORWARD. YOU ARE TAKEN INTO THE CONSULTING ROOM WHERE YOU WILL HAVE YOUR THREAD VEINS CHECKED AND A PLAN IS MADE AS TO WHICH THREAD VEINS WILL BE TREATED. MOST PATIENTS CAN TOLERATE ABOUT HALF AN HOUR OF TREATMENT WHICH MEANS THAT THERE WILL PROBABLY BE BETWEEN 30 AND 40 INJECTIONS DURING THIS TIME SO THAT UNLESS THERE ARE A VAST NUMBER OF THREAD VEINS, MOST PATIENTS CAN HAVE THE MAJORITY OF THEIR THREAD VEINS TREATED IN ONE SESSION ALTHOUGH SOME PATIENTS REQUIRE 2 OR 3 SESSIONS.

I TEND TO AVOID TREATING THREAD VEINS ON THE FACE OR CLOSE TO THE ANKLE AND ON THE FOOT FOR THE SIMPLE REASON THAT A SUBSTANCE WHICH GOES INTO THE VEINS, NOT ONLY STAYS IN THE VEINS ON THE SURFACE, BUT CAN PENETRATE MORE DEEPLY AND CAN CAUSE SOME DAMAGE TO THE LINKING VEINS WHICH PASS THROUGH INTO THE DEEPER LAYERS AND I HAVE KNOWN OF A COUPLE OF PATIENTS WHO HAVE SUFFERED SWELLING OVER THE ANKLES WHICH CAN LAST A WEEK OR SO. I HAVE THEREFORE TENDED TO AVOID TAKING THIS RISK UNLESS THERE ARE ONLY A VERY SMALL NUMBER OF THREAD VEINS IN THE ANKLE AREA WHICH NEED TREATMENT, BUT IF THEY ARE VERY BIG AND NUMEROUS I THINK IT IS SENSIBLE TO USE SOME OTHER METHOD. I AVOID INJECTING FACIAL THREAD VEINS FOR FEAR OF THE SCLEROSANT REACHING THE BRAIN – UNLIKELY BUT REMOTELY POSSIBLE.

ONE DOESN'T NEED TO TAKE ANY VERY SPECIAL PRECAUTIONS OR MAKE ANY SPECIAL PREPARATIONS OF THE LEGS BEFORE DOING THE INJECTIONS. ONE SIMPLY CLEANS THE SKIN WITH AN ALCOHOLIC OR ANTISEPTIC SOLUTION AND THE PERSON LIES ON A COUCH AND THEN THE SOLUTION IS PREPARED AND INJECTED THROUGH VERY TINY NEEDLES (32 GAUGE). IT IS SOMETIMES INTERESTING TO WATCH THE INJECTION AS IT PUSHES ALL THE RED CELLS OUT OF THE THREAD VEINS. SOME PATIENTS ARE SQUEAMISH AND DON'T LIKE TO WATCH THIS. ONE CAN EXPECT A TINY AMOUNT OF BLEEDING AT EACH PUNCTURE SITE WHICH WILL LAST FOR A MOMENT OR TWO BUT BLEEDING IS NOT USUALLY A PROBLEM WHEN INJECTING THREAD VEINS. ONE DOESN'T HAVE TO SPEND TIME ELEVATING THE LEGS AFTERWARDS AND IT IS NOT ABSOLUTELY NECESSARY TO BANDAGE UP THE LEGS EITHER, ALTHOUGH SOME SCLEROTHERAPISTS SAY THAT ONE GETS BETTER RESULTS WITH BANDAGING OR TIGHT COMPRESSION FOR A WEEK AFTER THE INJECTIONS.

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AS SOON AS THE SESSION IS OVER THE PERSON CAN GET UP AND WALK AROUND AND THERE IS NO RESTRICTION OF WHAT THEY DO IMMEDIATELY AFTERWARDS. THE DAMAGE THAT HAS TO BE DONE TO THE VEINS HAS BEEN ACHIEVED IN THE MOMENTS IMMEDIATELY AFTER THE INJECTION AND I DON'T THINK IT MATTERS AT ALL IF THE PERSON WANTS TO GO FOR A LONG WALK OR CYCLE OR PLAY A SPORT. WHAT ONE CAN EXPECT, HOWEVER, IS A LOT OF BRUISING AROUND THE SITES OF INJECTION AND SO IT IS A GOOD IDEA TO COME DRESSED WITH BLACK STOCKINGS OR BLACK TROUSERS WHICH WILL HIDE THE LEGS UNTIL THE PERSON HAS TIME TO GET HOME. INFECTION IS SO RARE THAT I DON'T THINK I HAVE EVER COME ACROSS

A SINGLE CASE OF IT. IN THEORY THERE IS A RISK THAT THE DAMAGE THAT ONE DOES TO THE VEIN CAN BE SO GREAT THAT IT DAMAGES THE SKIN OVERLYING THE VEIN AND ONE CAN GET AN ULCER BUT I HAVE ONLY SEEN THIS ONCE IN MY OWN PRACTICE AND IT HAPPENED WHEN I INJECTED TOO ENTHUSIASTICALLY INTO A RATHER LARGE VEIN. IT DOESN'T SEEM TO MATTER IF A SMALL AMOUNT OF THE FLUID ESCAPES OUTSIDE THE VEIN AND RAISES A MINI-BLISTER IN THE SKIN BECAUSE IN MY EXPERIENCE THESE ALWAYS SETTLE DOWN AND DON'T CAUSE BREAKDOWN IN THE SKIN.

WHEN ONE HAS COMPLETED THE TREATMENT, IT IS VERY EASY TO SEE WHICH VEINS HAVE BEEN AFFECTED BY THE INJECTION BECAUSE IF ONE RUNS ONE'S FINGER ACROSS THE SKIN ONE CAN FEEL THE LITTLE RAISED RIDGE ALONG THE LINE OF THE VEIN WHERE THE VEIN HAS EXPANDED IN RESPONSE TO THE INJECTION. THIS SWELLING WILL BE GONE BY THE NEXT DAY BUT THE BRUISING OR DISCOLORATION MAY LAST FOR UP TO A WEEK.

IT IS NOT SENSIBLE TO ATTEMPT FURTHER INJECTIONS OF THE SAME AREA FOR AT LEAST 3 MONTHS AFTER THE INJECTIONS BECAUSE IT CAN TAKE THIS LENGTH OF TIME FOR THE EFFECT OF THE INJECTIONS TO HAVE FULL EFFECT AND IN THEORY THERE IS A SLIGHTLY INCREASED RISK OF CAUSING BREAKDOWN IN THE SKIN IF ONE TRIES TO REINJECT AN AREA WHICH HAS ALREADY BEEN TREATED.

THE CHARGE FOR DOING THIS MICROSCLEROTHERAPY IS USUALLY BASED UPON THE LENGTH OF TIME ONE SPENDS DOING THE WORK. IN SOME PEOPLE INJECTING THE VEINS IS VERY EASY INDEED AND ONE CAN GET THROUGH A LARGE NUMBER OF VEINS IN A SHORT TIME BECAUSE IT IS EASY TO GET THE NEEDLE INTO THE VEIN AND INJECT THEM, BUT IN SOME PEOPLE THE VEINS ARE MUCH MORE DIFFICULT AND ONE STRUGGLES TO GET A GOOD RESULT AND IT CAN TAKE A LOT LONGER THAN AVERAGE. ON AVERAGE ONE HALF HOUR SESSION IS CHARGED AT ABOUT £150.00 WHICH INCLUDES THE COST OF THE SOLUTION WHICH IS INJECTED.

ON SOME OCCASIONS I TAKE PHOTOGRAPHS OF THE LEGS BEFORE INJECTING THEM TO TRY AND KEEP A RECORD OF WHAT HAS BEEN DONE, BUT I DON'T DO THIS IN EVERY CASE BECAUSE IN SOME PATIENTS THEIR PROBLEM IS VERY ISOLATED AND ALL THEY WANT IS JUST ONE PATCH DEALT WITH AND IT IS HARDLY WORTH TAKING PHOTOGRAPHS OF IT.

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MOST PEOPLE TOLERATE THE TINY PRICKS OF THE INJECTION VERY WELL. IT IS EQUIVALENT TO THE DISCOMFORT OF ELECTROLYSIS AND MOST PEOPLE SAY IT IS BETTER THAN WAXING! THEREFORE MOST PEOPLE DON'T NEED TO TAKE PARACETAMOL IN ADVANCE NOR AFTERWARDS BUT THERE ARE A FEW PEOPLE WHO ARE EXTREMELY SENSITIVE AND CAN BARELY TOLERATE THE TINIEST OF PRICKS IN THE SKIN IN WHICH CASE THEY MAY BE HELPED BY TOPICAL ANAESTHETICS, SUCH AS EMLA CREAM OR AMITOP, WHICH WILL NUMB THE SKIN AND TAKE AWAY THE PRICK FEELING OF THE NEEDLE. SOMETIMES THE EMLA CREAM OR AMITOP MAKES THE SKIN BECOME A LITTLE BIT PUFFY AND IT CAN BECOME MORE DIFFICULT TO SEE THE THREAD VEIN, THUS MAKING THE INJECTIONS TECHNICALLY MORE DIFFICULT. HOWEVER, ONE WON'T KNOW UNTIL ONE HAS TRIED IN THE INDIVIDUAL CASE.

## **ALTERNATIVE FORMS OF TREATMENT FOR THREAD VEINS**

AS MENTIONED BEFORE, THERE ARE LOTS OF OPTIONS AND EACH HAS ITS PARTICULAR ADVANTAGES AND DISADVANTAGES.

SOME TREATMENTS ARE VERY EXPENSIVE BECAUSE OF THE ENORMOUS COST OF THE EQUIPMENT (LASER AND WHITE LIGHT ULTRAPULSE). I CHOSE A LONG TIME AGO NOT TO BUY EXPENSIVE EQUIPMENT TO DO THIS BECAUSE THE VAST MAJORITY OF PATIENTS WERE HAPPY WITH THE RESULTS OF STRAIGHTFORWARD INJECTIONS. I KNEW THAT I COULD NEVER BE DOING THE THREAD VEIN TREATMENT FULL TIME AND SO I CHOSE NOT TO SPEND HUNDREDS OF THOUSANDS OF POUNDS ON EQUIPMENT WHEN I KNEW THAT I WOULD NEVER GET MY MONEY BACK.

THUS, ALL I CAN OFFER ARE INJECTIONS AND IF THESE FAIL THEN I WILL RECOMMEND ALTERNATIVE FORMS OF TREATMENT.

ALL OF THE ALTERNATIVE TECHNIQUES WORK BY DISPERSING ENERGY IN OR AT THE VEIN CAUSING DAMAGE SO THAT IT EITHER BECOMES LEAKY OR THE INSIDE OF THE VEIN IS INJURED BY THERMAL DAMAGE OR ULTRASONIC DAMAGE OR THE DAMAGE DUE TO DISPERSAL OF LASER LIGHT. SOME TREATMENTS, SUCH AS "VEIN-WAVE" WHICH USES SOPHISTICATED ULTRASOUND, CAN BE VERY EFFECTIVE BUT IT TAKES A LONG TIME AND IS QUITE EXPENSIVE. IT IS NOT PARTICULARLY GOOD AT DEALING WITH THE TINIEST VEINS. THE VERY TINY FEATHER LIKE VEINS NEED LASER OR WHITE LIGHT TREATMENT. ALL OF THESE FORMS OF TREATMENT CAN RESULT IN BRUISING AROUND THE VEIN WHICH TAKES DAYS OR WEEKS TO DISPERSE AND ALL OF THE TREATMENTS ARE ALSO CAPABLE OF CAUSING PIGMENTATION.

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## **COMPLICATIONS OF THREAD VEIN TREATMENT**

### **1) DISAPPOINTMENT WITH THE RESULT**

IT WILL DEPEND UPON YOUR LEVEL OF EXPECTATION AS TO WHETHER OR NOT YOU WILL BE DISAPPOINTED IF YOU DON'T GET AS GOOD A RESULT AS YOU ARE HOPING. I RECKON THAT ABOUT 75% TO 80% OF PEOPLE GET WHAT THEY BELIEVE TO BE A GOOD RESULT IN SO FAR AS THE WORST OF THE VEINS HAVE LARGELY GONE SO THAT THEY ARE NO LONGER OBVIOUS AND THEY ARE NO LONGER EMBARRASSING. HOWEVER, THIS IS NOT TO SAY THAT THEY DISAPPEAR ALTOGETHER BUT THEY BECOME LIKE SHADOWS OF THEIR FORMER SELF AND IF ONE LOOKS VERY CLOSELY ONE CAN SEE THE OUTLINE OF THE VEIN UNDERNEATH THE SURFACE OF THE SKIN STILL BECAUSE THE VEIN WALL ITSELF HASN'T GONE, IT IS JUST THAT IT DOESN'T CONTAIN ANY BLOOD FLOWING WITHIN IT ANY LONGER. IN THE DISAPPOINTED 20% TO 25% OF PEOPLE, THERE IS ONLY PARTIAL SUCCESS SO THAT SOME OF THE VEINS HAVE GONE BUT NOT ALL. IN SUCH PATIENTS, IT IS WORTH HAVING A FURTHER ATTEMPT TO REINJECT THE VEINS THAT HAVEN'T RESPONDED AND ONE CAN USUALLY ACHIEVE ANOTHER 75% TO 80% SUCCESS WITH THESE.

### **2) PIGMENTATION**

I THINK THIS IS THE MOST TROUBLESOME COMPLICATION OF THREAD VEIN TREATMENT IN SO FAR AS IT IS UNPREDICTABLE AND A PERSON MAY GET A BROWN STAIN ALONG THE LINE OF THE THREAD VEIN WHICH WILL LAST FOR SEVERAL MONTHS. IT IS THOUGHT TO BE DUE TO BREAKDOWN OF THE HAEMOGLOBIN MOLECULE FROM THE DAMAGED RED CELLS WHICH ALLOWS THE  $Fe^{++}$  (IRON) IN THE HAEMOGLOBIN TO FORM THE EQUIVALENT OF A RUST STAIN IN THE SKIN AND THIS CAN TAKE MONTHS TO BREAK DOWN. WHY IT HAPPENS IN ONLY A FEW PEOPLE WE DON'T REALLY KNOW AND WHY IT HAPPENS WITH CERTAIN FORMS OF TREATMENT BUT NOT OTHERS AGAIN WE DON'T UNDERSTAND. ONCE IT HAS OCCURRED IT IS VERY DIFFICULT TO GET RID OF IT ARTIFICIALLY. THERE ARE NO CREAMS THAT ONE CAN RUB IN WHICH WILL HELP IT TO DISPERSE AND ONE SIMPLY HAS TO BE PATIENT AND WAIT. FOR THIS REASON IT MIGHT BE SENSIBLE TO DO A TEST AREA IF THIS IS SOMETHING THAT THE PERSON IS WORRIED ABOUT SO THAT THEY CAN KNOW IN ADVANCE WHETHER THEY ARE LIKELY TO BE TROUBLED BY PIGMENTATION.

3) **BLEEDING AND BRUISING**

THERE ARE SOME PEOPLE WHO ARE NATURALLY MORE INCLINED TO BLEED FROM ANY PRICK OR WOUND THAN OTHERS. IT USUALLY ISN'T A PROBLEM WHEN ONE DOES THREAD VEIN INJECTIONS BUT IF IT IS TIREDSOME AND THE PERSON TAKES LONGER TO STOP BLEEDING THAN USUAL IT IS SIMPLY A MATTER OF LIFTING THE LEG UP TO REDUCE THE PRESSURE INSIDE THE VEIN.

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THE IMPORTANT POINT TO REALISE IS THAT ONE IS INJECTING VERY TINY VESSELS AND SO THERE IS NOT A LOT OF BLOOD TO ESCAPE FROM THEM AND ONE USUALLY ONLY HAS A PROBLEM IN BLEEDING IF ONE IS TRYING TO INJECT THE BIGGER THREAD VEINS OR ONES WHICH ARE DIRECTLY LINKED TO THE "PERFORATORS" WHICH ARE THE LINK VESSELS JOINING THE SUPERFICIAL AND THE DEEPER NETWORK OF VEINS IN THE LEG.

4) **BLISTERING**

BLISTERING IS RELATIVELY RARE AFTER THREAD VEIN INJECTIONS. IF ONE MANAGES TO GET THE NEEDLE DIRECTLY INTO THE VEIN AND NONE OF THE SCLEROSANT ESCAPES OUTSIDE THE VEIN THEN BLISTERING IS VERY UNUSUAL, BUT SOMETIMES IT ESCAPES OUTSIDE THE VEIN AND CAUSES A TINY WHEEL TO FORM IN THE SKIN WHICH IN A FEW PEOPLE RESULTS IN A SMALL BLISTER WHICH USUALLY THEN SETTLES DOWN OVER THE NEXT DAY OR SO. AS MENTIONED PREVIOUSLY, I HAVE ONLY KNOWN OF ONE CASE WITH TRUE BREAK DOWN OF THE SKIN AND ULCERATION AND THIS WAS IN A LADY WHO HAD A PARTICULARLY LARGE VEIN IN THE BACK OF THE CALF AND I INJECTED THE VEIN AND POSSIBLY TOO MUCH ESCAPED OUTSIDE THE VEIN. I PROBABLY INJECTED TOO MUCH AND THE SKIN BROKE DOWN AND TOOK 2 OR 3 WEEKS TO HEAL BUT THIS HAPPENED OVER 20 YEARS AGO AND I HAVEN'T MADE THE SAME MISTAKE AGAIN.

5) **PAIN**

VERY FEW PATIENTS COMPLAIN OF PAIN AFTER THE INJECTIONS. A FEW PATIENTS MENTION ACHING IN THE LEG FOR A DAY OR 2 AND IT PROBABLY

MEANS THAT SOME OF THE SCLEROSANT HAS ENTERED INTO THE DEEPER VEINS IN THE LEG AND CAUSED A CERTAIN AMOUNT OF DISTURBANCE THERE, BUT ONE USUALLY INJECTS SUCH TINY QUANTITIES BECAUSE ONE ONLY NEEDS TINY QUANTITIES TO BLOCK OFF THE SUPERFICIAL THREAD VEINS THAT THE SCLEROSANT IS DILUTED VERY RAPIDLY WHEN IT ENTERS THE BIGGER VEINS INSIDE THE LEG.

**6) SWELLING**

IT IS RARE TO GET ANY DETECTABLE OR SIGNIFICANT SWELLING IN THE SKIN AFTER THREAD VEIN INJECTION. AS MENTIONED PREVIOUSLY I HAVE KNOWN OF A COUPLE OF CASES IN WHOM I TRIED TO REDUCE THE THREAD VEINS AROUND THE ANKLE AND IN THE FOOT. THIS ALMOST CERTAINLY CAUSED A SLIGHT INTERFERENCE WITH THE VEINS DRAINING THE FOOT AND THE PATIENTS DEVELOPED SWOLLEN ANKLES AND FEET FOR A FEW DAYS AFTERWARDS AND THIS IS WHY I AM RATHER RELUCTANT TO TRY AND INJECT THREAD VEINS IN THE ANKLE AND FEET NOW BECAUSE I DON'T WANT TO CAUSE ANY PROBLEMS AT ALL FROM THIS TYPE OF WORK AND QUITE CLEARLY THE ANKLE AND FOOT AREA IS MUCH MORE SENSITIVE THAN THE BULKIER CALF OR THIGH AREA.

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**7) RECURRENCE OF THREAD VEINS**

SOME PATIENTS ARE UNLUCKY AND AS SOON AS ONE HAS BLOCKED OFF ONE SET OF THREAD VEINS NEW ONES APPEAR. THIS IS ALMOST CERTAINLY BECAUSE THERE IS A BUILD-UP OF PRESSURE IN THE VEIN SYSTEM AND SO WHILE SOME VEINS LIE RELATIVELY EMPTY THEY DON'T SHOW AS THREAD VEINS, BUT AS SOON AS ADJACENT ACTIVE THREAD VEINS ARE BLOCKED THEN THESE DORMANT ONES OPEN UP AND BECOME THREAD VEINS THEMSELVES. THIS CERTAINLY DOESN'T HAPPEN IN EVERYBODY AND IT WON'T HAPPEN IMMEDIATELY. USUALLY THESE SECONDARY THREAD VEINS APPEAR AFTER 4 OR 5 YEARS OR LONGER. THERE IS ONE PHENOMENON OF RECURRENT THREAD VEINS WHICH I HAVE SEEN ON A FEW OCCASIONS. THIS IS THE APPEARANCE OF A CRESCENT OR ARCADE OF TINY THREAD VEINS IN A SEMICIRCLE AROUND THE AREA WHICH ONE HAS TREATED PREVIOUSLY. THIS IS KNOWN AS MATTING. THESE NEW VEINS ARE OFTEN MINUTE AND FEATHER LIKE AND MAY BE AN EMBARRASSMENT IN SO FAR AS ONE HAS ACHIEVED SUCCESSFUL REMOVAL OF ONE SET OF THREAD VEINS ONLY TO PRODUCE A DIFFERENT KIND OF BLEMISH. THE NEW THREAD VEINS ARE SO TINY THAT IT IS IMPOSSIBLE TO GET A NEEDLE INTO THEM AND SO IT MAY REQUIRE MORE SOPHISTICATED TECHNIQUES TO REMOVE THEM. FOR EXAMPLE, IT MAY BE WORTH ATTEMPTING TO FIND THE FEEDING OR DRAINING VESSELS, KNOWN AS THE RETICULAR VEIN, BECAUSE IT LIES IN THE DEEPER PART OF THE SKIN AND SOMETIMES THIS IS ONLY FOUND WITH THE ASSISTANCE OF VERY FINE ULTRASOUND SCANNING. IT MAY BE POSSIBLE TO DEAL WITH MATTING WITH WHITE LIGHT LASER TREATMENT BUT I AM NOT SURE OF THE SUCCESS RATE OF THIS.

**8) INFECTION**

THERE IS ALWAYS THE RISK THAT IF ONE IS REPEATEDLY PIERCING THE SKIN ONE OR OTHER OF THE POINTS WILL BECOME INFECTED. HOWEVER, I HAVE ACTUALLY NEVER SEEN THIS HAPPEN AFTER THREAD VEINS INJECTIONS AND

HOPE NEVER TO DO SO BUT IT WOULD CERTAINLY BE UNWISE TO CARRY OUT THREAD VEIN INJECTION IF THERE WAS EVIDENCE OF INFECTION IN THE SKIN IN THE LEG WHEN THE PERSON COMES FOR THEIR THREAD VEIN INJECTION. IT WILL BE BETTER TO AVOID INJECTING THE LEG UNTIL THE INFECTION HAD CLEARED UP. IF A PERSON FOUND THAT THEIR LEG WAS GETTING REDDER AND VERY SORE AND WAS THROBBING, THEN I WOULD WANT TO KNOW ALL ABOUT IT AS SOON AS POSSIBLE IN ORDER TO CHECK THEIR LEG AND QUITE PROBABLY START THEM ON A COURSE OF ANTIBIOTICS, BUT AS MENTIONED ALREADY I HAVE NEVER HAD TO DO THIS BECAUSE I HAVE NEVER SEEN AN INFECTION AFTER THREAD VEIN INJECTIONS.

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9) **BANDAGING**

IF ONE IS GOING TO HAVE LARGE VEINS INJECTED, IE VARICOSE VEINS, THEN IT IS ABSOLUTELY ESSENTIAL TO COMPRESS THE VEINS AS POWERFULLY AS POSSIBLE AFTER THE INJECTION TREATMENT. AFTER THREAD VEIN INJECTIONS GOOD RESULTS CAN BE OBTAINED WITHOUT BANDAGING OR COMPRESSION BUT THE RESULTS MAY BE MARGINALLY BETTER IF ONE APPLIES COMPRESSION STOCKINGS OR BANDAGING FOR SEVERAL DAYS AFTER THE PROCEDURE.

IN THEORY THERE MIGHT BE JUSTIFICATION FOR INSISTING UPON BANDAGING IF ONE WAS INJECTING THREAD VEINS WHICH WERE THE RESULT OF HIGH PRESSURE IN THE VENOUS SYSTEM WHICH WOULD BE THE RESULT OF INEFFICIENT VALVES IN THE LINK BLOOD VESSELS OR PERFORATORS WHICH JOIN THE THREAD VEINS WITH THE DEEPER SYSTEM. IF THE PROBLEM OF THE THREAD VEINS IS THE RESULT OF AN INCOMPETENCE IN THIS LINKAGE VEIN THEN IT IS VERY UNLIKELY THAT THE THREAD VEIN TREATMENT IS GOING TO WORK SUCCESSFULLY FOR VERY LONG AND IN SUCH PATIENTS IT IS MORE IMPORTANT FOR THE PERFORATOR VEIN TO BE TIED OFF SO THAT THERE IS NO LONGER THIS HIGH PRESSURE OF BLOOD TRYING TO OPEN UP THE THREAD VEINS.

THIS INFORMATION SHEET HAS BEEN PREPARED IN EARLY 2013 BUT I AM SURE CAN BE IMPROVED UPON AND I WILL BE ONLY TOO PLEASED FOR YOU TO MAKE COMMENTS OR ASK FURTHER QUESTIONS WHICH I CAN INCORPORATE INTO THIS INFORMATION SHEET. **NB:** I WILL WELCOME CRITICISM!

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