

Frequently Asked Questions

New!



Varicose Veins

1. What are the risk factors for varicose veins?

Risk factors for varicose veins include pregnancy and complex genetic predisposition. Women are two to three times more likely to have varicose veins than men. The risk factor for chronic venous insufficiency (CVI) also increases if a patient has a job that consists of prolonged standing or sitting.

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3. How common are varicose veins?

CVI is one of the ten most common reasons for medical referral in the U.S.

2. Do the size of varicose veins correlate with the severity of symptoms?

The size of varicose veins does not always correlate with the severity of symptoms. Very small varicosities may cause discomforts like a burning sensation, nocturnal cramps and restlessness of the legs, while some patients with large varicosities have no symptoms at all.

FAQ

4. CVI causes how many Canadians to have venous leg ulcers every year?

Varicose veins cause venous leg ulcers in 50,000 Canadians each year.

5. How can a sufferer relieve the symptoms?

Compression therapy and walking as exercise can relieve the symptoms of CVI.

6. Have echosclerotherapy and sclerotherapy replaced varicose vein surgery?

No, surgery is still the preferred treatment when the greater saphenous vein trunk is dilated and there is valvular insufficiency at the sapheno-femoral junction in the presence of CVI and trophic skin changes.

7. What can compression therapy promote?

Compression therapy in CVI can promote healing of venous ulcers but in arterial insufficiency, pressure must be adjusted downwards. [Dx](#)

For an in-depth article on varicose veins, please go to page 81.