

I was diagnosed with phlebitis of a vein in my leg. What is that?

Phlebitis, or superficial thrombophlebitis (STP), is a condition in which a blood clot forms in one of the superficial veins of the body causing inflammation and tenderness of the vein. This typically affects the veins in the legs, but can occasionally occur in other areas.

Are all blood clots in leg veins the same?

No. There are two systems of veins moving blood up and out of your legs: a deep vein system and a superficial vein system. The deep system veins are of large diameter and situated close to the bone, surrounded by muscle. They are responsible for returning about 90% of blood from your legs back to the heart and lungs. The superficial system veins are located in the fat tissue under the skin, and at times are visible. They do not communicate directly with the heart and lungs.

Deep vein thrombosis (DVT), or blood clots that occur in the deep veins, can be a serious condition. The risk is that the blood clot breaks free of the leg veins and travels to the lungs impairing the body's ability to deliver oxygen. Blood clots that occur in the superficial leg veins, or superficial thrombophlebitis (STP), can be quite uncomfortable, but pose a much lower risk of breaking free and traveling to the lungs.

However, in about 40% of STP cases, there is also a DVT present. For this reason it is extremely important to contact your healthcare provider for a thorough evaluation if you think you may have developed a STP.

How do I know if I have an STP?

Symptoms of an STP include warmth, redness, and tenderness over the affected vein. The vein may also feel firm and cordlike due to the clotted blood inside of it. The diagnosis of STP can be confirmed with a duplex ultrasound evaluation of the veins. The duplex ultrasound is also used to evaluate for the presence of a more dangerous DVT.

Do varicose veins have anything to do with STP?

Yes. The presence of varicose veins increases the risk of developing STP due to the pooling of blood that can occur in these unhealthy veins. Other things that increase the risk of developing a STP include: Prolonged sitting or standing, an inherited blood-clotting disorder, prolonged immobility of any kind (for example long plane or car trips), surgery, cancer, heart failure, smoking, obesity, and hormone replacement therapy.

How is STP treated?

Reducing the pain and inflammation as well as limiting complications of STP are the primary short term goals of treatment. Medical grade prescription strength compression stockings, leg elevation, walking, and over-the-counter medications such as ibuprofen are used to reduce inflammation and discomfort associated with STP. In some cases treatment of STP may also include the temporary use of an anticoagulant medication.

Long term management of STP is directed towards preventing a recurrence of the condition. A thorough evaluation by a health care provider experienced in the treatment of vein disorders is important. Identifying and treating any underlying vein disorders that contribute to the development of STP can prevent a recurrence. In individuals who have not suffered from STP, treatment of any underlying vein disorders including varicose veins may prevent STP from developing at all.

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