VARICOSE, RETICULAR AND SPIDER VEINS

Varicose veins are veins that have become diseased, dilated and tortuous due to the high pressure as a result of valvular incompetence or reflux permitting blood to flow in the wrong direction downward rather than upward toward the heart. Varicose veins are usually referred to in the superficial venous system (reference "*vein anatomy and physiology"* section) and are usually very visible on one's leg as large, ropey warm and rather unsightly cords running up and down the lower leg. Frequently the varicose veins that one sees are branches off of the Great or Small Saphenous Vein (reference "*vein anatomy and physiology"* section). Usually the cause or source of this dilation and reflux begins higher than we visually see on one's leg. That is the importance for a careful physical examination and duplex ultrasound exam (reference *"duplex ultrasound imaging"* section). It is very important to diagnosis the exact source and location where the retrograde flow of blood begins so that appropriate treatment can be offered, rather than simply removing the unsightly and large varicose veins. If one does not treat the source, further branches will dilate over time and the result will be less than desired.

Reticular veins are also visible with the naked eye in the thigh and lower legs and show up as the bluish green veins just beneath the skin surface meandering in various fashion. It is helpful to view these with a special vein light that provides a colored light making them much more visible. This demonstration may be offered you at time of your initial evaluation and will further educate you in this process and complicated network of inter-communicating veins. These reticular varicose veins are important in that they frequently will connect to the deeper veins not visible to the naked eye and also connect directly to the fine network of thread-like or spider veins.

Spider veins are clusters and starburst collections of red veins that are very tiny and frequently found on the outside of the leg, especially in the thigh and around the ankle. We know that spider veins are more common in women and presume that the added female hormone exposure plays at least some role in their development and continued formation over time. We also appreciate the fact that venous insufficiency and the resultant varicose veins are hereditarily connected. We frequently learn that one's parents, grandparents or siblings are similarly affected. Other situations, of course, can worsen the problem and when one stands or sits at a chair most of the day without exercising or compressing the legs and deep muscles, there seems to be a higher tendency in varicosities, reticular and spider veins to form.