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Dispelling the Myths about Varicose Veins and Spider Veins

Here is a list of common myths and misunderstandings about varicose veins and spider veins, and the truth behind these conditions and their treatment.

1 - Myth: Varicose veins are not a result of prolonged standing

Truth: Those spending significant time on their feet are at higher risk for developing varicose veins. It is recommended that those with careers where they are often on their feet, such as restaurant servers or athletes, rest each day by elevating their feet above their heart.¹

2- Myth: Crossing legs often contributes to varicose veins and/or CVI

Truth: Crossing your legs has little correlation to varicose veins and/or CVI. However, being overweight often contributes to the formation of varicose veins, with the added pressure on the legs and ankles causing the veins to bulge and blood flow to be disrupted. Regular exercise is recommended to increase blood flow in the legs and maintain a healthy weight to mitigate conditions that can lead to CVI, particularly varicose veins.²

3 - Myth: Spider veins are the same thing as varicose veins.

Truth: Both varicose and spider veins are caused by hemodynamic dysfunctions. However, spider veins appear as a nest of blue or red veins just under the surface of the skin, and do not protrude from beneath the skin. Though they do not pose a medical risk, spider veins can be removed with minimally invasive procedures for cosmetic reasons.

4 - Myth: Men are not at risk for developing varicose veins and/or CVI

Truth: Men, though less likely than women to develop varicose veins, are at risk for CVI. In fact, 42% of men are expected to develop varicose veins by the time they reach their 60s.³ However, a majority of those do not seek treatment until symptoms worsen.

5 - Myth: Insufficient hydration has been shown to contribute to varicose veins and/or CVI

Truth: Insufficient hydration has little correlation to varicose veins. However, lower limb trauma has shown to contribute to symptoms leading to CVI.¹ And, during pregnancy, there is increased pressure on the veins in the pelvis that may contribute to the creation of varicose veins in the legs.

6 – Myth: Varicose veins are a cosmetic issue and don't need to be treated

Truth: Varicose veins, though often thought of as a cosmetic nuisance, can actually progress to CVI, a more serious medical condition. CVI is a progressive disease that can result in increasingly serious symptoms if not treated, including leg pain, swelling, skin damage and ulcers.⁴ And, as a treatable

condition, varicose veins can be mitigated by various minimally invasive treatments before they progress, including Venefit™ targeted endovenous therapy.

7 - Myth: Genetics and age do not factor into the development of varicose veins and CVI

Truth: Genetics and age are large contributors to the development of varicose veins and CVI. In fact, women older than 50 are most likely to develop CVI.⁴ And, if you have a family member who suffers from varicose veins or symptoms of CVI, you are more likely than others to develop varicose veins in your lifetime.⁴

1. Criqui MH et al. Epidemiology of chronic peripheral venous disease; JJ Bergan Editor, The Vein Book, Elsevier Academic Press (2007): 30
2. Rabe E. Pannier F. Epidemiology of chronic venous disorders; P. Glovicki, Editor, Handbook of venous disorders (3rd edition), Hodder Arnold (2009); 109.
3. US Markets for Varicose Vein Treatment Devices 2006, Millennium Research Group 2005.
"Chronic Venous Insufficiency." Vascular Web. Society for Vascular Surgery, Jan. 2011. Web. 17 Aug. 2011.