

# What do Varicose Veins, high blood pressure, high cholesterol and diabetes mellitus have in common?

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If you have been told by your physician that your varicose veins are cosmetic or pose no immediate threat or that your swollen achy legs are just something you are going to have to live with, you might want to reconsider your options. A number of patients have presented in the past months with complications of their varicose veins including clotting off of the veins (thrombosis) with progression to DVT



and or with external bleeding from their varicose veins: one patient bled on the pool deck, another bled on the floor in Walmart, and a third bled in her bathtub (figure 1). What all these patients and scores of other share in common is the fact that until the specific complication occurred, they had no severe *pain* or real disability from their varicose veins. Most did complain of achy or swollen legs, itching, heaviness, throbbing and heat over the veins,



figure 1

although none had what they would call "*pain*". Most had physicians who knew about their vein problems and either had not made any specific recommendations or had suggested conservative therapy until real "*pain*" or other pressing complications (thrombosis, bleeding?) occurred. With the modern, minimally invasive technique of endovenous ablation available for the treatment of these patients' problems, I believe it is time to change the way we approach venous insufficiency.



Many patients have traditionally been told by their primary care physicians that as long as their swollen, discolored legs don't hurt or their varicose veins are not painful, clotted or bleeding that they should leave them alone. So, is one to conclude that active treatments should be offered only for medical conditions which are painful or have progressed to the point of complications? *Hypertension* has earned the nick name of "*the silent killer*" due to the fact that many patients with high blood pressure are unaware of their condition until a screening blood pressure reveals a high reading. Untreated or undiagnosed high blood pressure leads to premature heart attack, kidney failure, stroke and death. Similarly, active treatment of *high cholesterol* through weight loss, dietary modification, exercise and medication when appropriate has been shown to reduce the risk of stroke, heart attack and deaths related to hardening of the arteries. Screening blood tests for high cholesterol are routinely performed a part of an annual medical evaluation after the age of 40. Physicians are *not likely* to advise their patients with high cholesterol that they should wait until their first heart attack

or stroke before considering active therapy. The same can be said for the treatment of diabetes mellitus. Tighter blood sugar control with dietary modification, increased physical activity and medications when needed has been shown to slow the progression of a variety of complications of diabetes including retinopathy (eye problems), nephropathy (kidney failure), neuropathy (numbness and tingling in the feet) as well as atherosclerosis (hardening of the arteries). Logic dictates a proactive approach to patients with diabetes to reduce the chances of these complications.