



A CLINICAL STUDY OF THE VARICOSE VEINS OF LOWER LIMBS

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KEYWORDS :

INTRODUCTION

Varicose veins of the lower limb and their treatment are as old as mankind. Hippocrates discussed them 2500 years ago. It is not found in other animals and it is the human beings, who had to pay for their erect posture. Varicose veins constitute a progressive disease that becomes steadily worse. There is never remission of the disease except after pregnancy and delivery, when many of dilated varicosities may disappear.

In the Indian subcontinent, an estimated 23% of adults have varicose veins, and 6% have the more advanced chronic venous disease (CVD), including skin changes and healed or active venous ulcers.

Varicose veins have long been considered a cosmetic problem that only affected emotional well-being, but was not the source of disability. Varicosities, however, are frequently the cause of discomfort, pain, loss of working days, disability, and deterioration of the health-related quality of life (QOL). Severe CVD may also lead to loss of limb or loss of life.

Aims and Objectives

1. To study the distribution in age, sex, occupation, clinical features of varicose veins of lower limbs.
2. To study the various modalities of management of varicose veins of lower limb effectively and to prevent its complications

Patients and Methods

Patients who were having varicose veins attending Department of General Surgery, Santhiram General Hospital, Nandyal, formed the subject of the study. Our sample size was 50 patients. All patients with varicose veins of any age attending our hospital during the period from Oct 2022 to Sep 2023 were included in the study. Patient with history of acute or chronic deep vein thrombosis was excluded from the study.

Inclusion Criteria

All patients with varicose veins of any age attending our hospital during the period from OCT 2022 to Sep 2023 are included.

Exclusion Criteria

Patient with history of acute or chronic deep vein thrombosis was excluded from the study.

Methods of Collection of the Data

In outpatient department, a detailed history and thorough physical examination of the patients having varicose veins were carried out and entered in the proforma. Relevant laboratory investigations were carried out. All patients were subjected to Doppler ultrasound of both lower limbs for confirmation of diagnosis and to rule out deep vein thrombosis.

All patients were operated in Elective theatres with aseptic precautions under spinal anesthesia. All tributaries of the long saphenous vein are ligated and all below knee perforators and varicosities were treated in the same way by perforator ligation and multiple phlebectomies.

Patients were treated in Postoperative Ward for the 1st postoperative day and shifted to General Wards on the 2nd postoperative day.

All patients were thoroughly assessed for complications and were discharged after suture removal with instructions to attend surgical OPD 1 month and 3 months after surgery. During follow-up, patients were assessed both clinically and sonographically and the results were tabulated.

OBSERVATION AND RESULTS

These 50 cases of varicose veins constituted 0.5% of the total surgical admissions in our hospital during that period. The age of the patients studied varied from 20 to 70 years. Most patients were in the age group of 30 to 60 years. There were 40 males and 10 females.

Table 3 Age distribution

Age in years	PATIENTS	%
20-29	5	10
30-39	15	30
40-49	15	30
50-59	10	20
60-70	5	10

Table 5 Occupation

OCCUPATION	PATIENTS	%
Bus conductor	5	10
Traffic Police	6	12
Farmer	12	24
Housewife	9	18
Laborer	18	36

Table 9 Surgical management

Sl. No	Surgery	Limbs	%
1	SFJ flush ligation (SFFL)	10	20
2	SFJ flush ligation with incompetent perforator ligation	30	60
3	SFJ, SPJ ligation with incompetent perforator ligation	5	10
4	SPJ ligation without stripping of SSV	5	10

Table 10 Complications

Complications	NO. of cases	%
Haematoma	3	6
Seroma	2	4
Wound infection	2	4
Residual varicosity	1	2
Limb edema	1	2
Delayed healing	2	4

DISCUSSION

Varicose veins of the lower limb are the most common peripheral vascular disease of mankind. The term varicose is derived from Latin word 'varicosus', which means dilated. Disease of the venous system is a major problem affecting Indian societies resulting in considerable morbidity in the population and cost to the health services. Also, in many countries, Varicose veins are probably the commonest disorder presenting to the general surgeons.

Varicose vein by definition means dilated, elongated and tortuous vein. In developed countries patients turn up to treatment for cosmetic reasons, however, in our Indian scenario, it is the complications and not the cosmetic reasons that bring the patient to the doctor.

The condition, affected by man's upright position and by gravitational forces, is widespread, involving at least one out of five individuals in the world, hence making this a very common condition. 20% of the population suffers from varicose veins and 2% have skin changes that may precede venous ulceration. Varicose veins, though a common condition, many times remain asymptomatic.

With continuing advances in methods of evaluating venous anatomy and hemodynamics, the therapy for varicose veins is in a period of change.

CONCLUSION

Fifty cases of varicose veins of the lower limb have been studied in detail. An analysis of the data has enabled this study to arrive at the following conclusions.

- Varicosity of the lower limb is a fairly common clinical entity. The number of cases reporting to the hospital is much less than the real incidence; because in the absence of symptoms due to Varicose veins patients do not seek treatment in our country.
- The commonest age group of patients suffering from varicose veins is 30 to 50 years, and males are affected more commonly than females which are in contrary to literature, which is probably due to Indian women cover their body with saree hence they are not much bothered about the appearance of dilated veins.
- The involvement of long saphenous system is more common than the short saphenous system and left limb is affected more common. For incompetent perforators, extra-fascial ligation results are on par with subfascial ligation. Clinical examination has a high predictive accuracy. It gives sufficient information to treat the patients in centers where color Doppler is not available or affordable.
- The use of color Doppler is a valuable supplement to clinical examination for effective treatment of varicose veins and its use is strongly recommended to prevent recurrences and reduce morbidity as it is an effective tool in detecting venous incompetence.
- SPJ junction is highly variable and should always be marked pre-operatively using Doppler.
- The outcome of cases of primary varicose veins depends on a thorough and complete clinical examination and duplex scan by experienced radiologists.
- Operative line of treatment is a primary procedure in the management of varicose veins of lower limbs. Flush ligation of LSV and nonstripping of SSV is associated with less morbidity.
- Complications are negligible if cases are meticulously selected and operated. The present procedures enable the patient to lead almost normal life after surgery and the mortality rate is very negligible.
- Though the newer trends in the management of varicose veins are showing good results, they need a long-term follow-up.

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