Varicose veins

Office surgery and fast recovery for most

You've always disliked the look of the blue, gnarled varicose veins bulging from your leg. But now they seem to be causing an achy, heavy feeling in your legs that's particularly painful when you're on your feet for a while. Still, although you would like to have them removed, you don't really want to go through the pain and hassle of a complex surgery.

Fortunately, you probably won't have to. Aside from cosmetic concerns, varicose veins and spider veins don’t cause pain or other problems in most people who have them.

When they do cause problems, if conservative treatment isn’t enough, minimally invasive surgery is usually the next step.

Most procedures to destroy or remove varicose and spider veins are done on an outpatient basis, requiring only local anesthesia. They usually deliver very good results, and in most cases, no hospitalization is necessary.

Vein drain

Arteries carry red, oxygen-containing blood from your heart to the rest of your body. Veins carry darker, bluish-red, oxygen-depleted blood back to the heart and lungs.
Varicose veins can occur in any part of the body, but they most often form in the legs. That's because getting blood to flow back to the heart from the legs requires a near-constant fight against gravity.

To get blood to flow up, contractions of the muscles in your legs help squeeze the blood toward the heart. In addition, inside your leg veins are tiny one-way valves that open as blood flows toward your heart and close to stop blood from flowing backward.

Varicose veins can occur when your veins lose elasticity, causing them to stretch out. When that happens, the one-way valves may not work properly, so blood that should be moving toward your heart flows back to your legs. It pools in your veins, further stretching and swelling the veins as they become varicose.

In your legs, veins can be divided into three main categories:
- **Superficial** — These veins are located in the outer areas of your leg and are most likely to become varicose. Although they help with the task of returning blood to the heart, it’s possible to remove or destroy some of them without harming blood flow because the blood reroutes itself.

Superficial veins vary in size. Capillaries are tiny and near the skin surface. Varicose capillaries form spider veins, which commonly form on the legs and face. Middle-sized vein branches are also near the leg surface. These can become the largest, gnarled veins that most people think of as varicose veins. One of the larger superficial veins — the saphenous vein — commonly becomes varicose, but it is deep enough into the leg that it’s usually not visible.

- **Deep** — These are the veins deep inside your legs that are the main conduits for getting blood back to the heart. These can become varicose, but treatment relies on symptom management — primarily wearing compression stockings — rather than destroying or removing veins.

The development of blood clots in the deep veins, known as deep vein thrombosis (DVT), can be associated with varicose veins. DVT is serious in its own right, because clots can break loose and travel to the lungs, potentially causing life-threatening complications. In addition, blood may reroute to superficial veins if a deep vein is blocked, worsening the signs and symptoms of varicose veins.

- **Perforating** — These veins are channels that connect superficial veins to the deep veins at various sites along the leg. These can become varicose and can be surgically removed or destroyed with little effect on blood flow.

**Hard to prevent**

Unfortunately, there’s not much you can do to prevent varicose veins. The main risk factors are genetics, age and being a woman, because past pregnancies and the fluctuations of estrogen that occur at different life stages contribute to their development.

Varicose veins usually aren’t considered a medical problem until they cause signs or symptoms. The most common symptom is widespread leg aching that’s made worse by standing and subsides when you put your legs up for a while. Varicose veins may also be tender to the touch or itchy, and swelling (edema) may develop in a leg or foot. Rarely, painful sores (ulcers) may develop in the ankle area.

You may be able to satisfactorily manage mild to moderate symptoms by:
- **Controlling your weight** — Shedding excess pounds takes pressure off your veins, allowing blood to flow more freely.
- **Walking** — This gets your circulation going and improves leg muscle tone.

- **Elevating your legs** — Avoiding long periods of standing or sitting and periodically elevating your legs above the level of your heart can help drain pooled-up blood from your legs.

- **Avoiding constricting clothing** — Wearing tight clothing around your legs, waist or groin can restrict blood flow.

- **Wearing compression stockings** — These are often recommended as a first line therapy for varicose vein symptoms. These elastic stockings work by squeezing your legs, helping veins and leg muscles move blood more efficiently. They’re effective, but you need to put them on first thing in the morning and wear them until you go to bed at night. For many, the discomfort and annoyance of constantly wearing compression stockings is nearly as
bothersome as the discomfort of varicose veins. However, they are an option for those who can’t or don’t want to have surgery.

Remove or destroy

When varicose veins cause problems, many people opt for a procedure to destroy or remove the problem veins. In such cases, insurance may cover the cost. Success rates of these treatments are generally very high, but destroying problem veins doesn’t prevent other veins from becoming varicose in the future.

Before your surgeon can recommend a particular treatment, a more thorough diagnostic process is needed. A key step in this process may involve imaging your leg veins with an ultrasound device to look for varicose veins that can’t be seen under the skin and to identify possible blood clots in the deep veins.

Most procedures to remove or destroy veins can be done in your doctor’s office or in an outpatient setting. Complications are uncommon, but you may experience temporary bruising, swelling or aching.

Treatments for smaller varicose veins include:
- **Sclerotherapy** — Small- and medium-sized veins are injected with a liquid or foam that scars the veins, causing them to close off. It may take several procedures to close off all areas. However, anesthesia isn’t necessary.
- **Laser therapy** — Best used on tiny varicose veins on the face, this involves moving a device over the skin that emits rapid pulses of intense, bright light that deliver heat to the veins, sealing them off. This technique is typically used only in advanced cases.
- **Endoscopic vein surgery** — Through a small incision in the upper leg, a thin tube (endoscope) with a tiny camera and surgical instrument at the tip is inserted into the problem area of a vein. The endoscope is used to visualize the veins and close them off. This technique is typically used only in advanced cases.
- **Ambulatory phlebectomy (fluh-BEK-to-me)** — This is the surgical removal of small to large veins through tiny incisions. It is an outpatient procedure but results in limitations of activity during recovery. It can also be used for smaller veins.
- **Vein stripping** — Multiple, small incisions are made along the course of a varicose vein. A hook instrument is used to pull the varicose vein out, section by section. The incisions usually don’t require stitches and scarring is minimal. Vein stripping requires general or spinal anesthesia and a longer recovery and healing period.

In this catheter-assisted procedure using heat energy, a catheter is inserted along the length of the varicose vein. The catheter tip is then heated, and the catheter is drawn out, causing the vein to collapse.

To help reduce “bad” low-density lipoprotein (LDL) cholesterol, make these foods part of your regular diet:
- **Foods enhanced with plant sterols or stanols** — These help block cholesterol absorption and are featured in fortified foods, such as margarine-like spreads, orange juice and yogurt drinks. At least 2 grams of plant sterols are needed daily to reduce LDL cholesterol by more than 10 percent. Read labels for serving sizes.
- **Oats and fruit** — Eating oatmeal gives you a healthy dose of soluble fiber, and soluble fiber appears to reduce cholesterol absorption in the intestines. Eating 10 grams of soluble fiber or more a day reduces LDL cholesterol. One and a half cups of cooked oatmeal contains 6 grams of fiber. Add fruit — say, a sliced banana — and you’re near the 10-gram goal. Other soluble fiber sources include apples, pears, prunes, kidney beans, barley, Brussels sprouts and psyllium, which is found in products such as Kellogg’s All-Bran Bran Buds and Metamucil.
- **Walnuts and almonds** — Both are rich in polyunsaturated and monounsaturated fats and help reduce cholesterol.
- **Olive oil** — This monounsaturated fat source contains a potent mix of antioxidants that lower LDL cholesterol and leaves the “good” high-density lipoprotein (HDL) cholesterol untouched.
News and our views

Brighter daytime lighting may improve dementia
A new study suggests increasing the daytime brightness in care facilities may improve dementia symptoms.

The study, published in the July 11, 2008, issue of the Journal of the American Medical Association (JAMA), randomly assigned lighting arrangements to the rooms of 189 men and women with dementia. About half had normal office-level lighting in their rooms, while the other half had much brighter lighting that was on for about nine hours a day. Within those groups, about half also took melatonin.

Those in brighter environments saw a small boost in cognitive function and a reduction of depressive symptoms. In addition, they slowed by half the decline in their ability to perform tasks of daily living compared with those in the dimmer rooms.

Those in the brighter environment who also took melatonin experienced modest improvements in sleep and a slight reduction in aggressive behavior. In contrast, melatonin supplementation made those in the dimmer environment more withdrawn.

Mayo Clinic experts view the study positively, even though the results aren’t conclusive. It isn’t costly to provide brighter lighting and melatonin supplementation, and neither appears to cause harm.

The heart of the matter — cats and cardiovascular health
Could owning a cat affect your cardiovascular health? Previous studies have noted an association between owning cats and improved blood pressure, stress reduction, lower cholesterol and a reduced risk of depression. More recently, findings reported at this year’s annual meeting of the American Stroke Association, suggest that cat owners may also be at lower risk of cardiovascular diseases.

The 4,435 participants in this 10-year study ranged in age from 30 to 75 and showed no evidence of cardiovascular disease at the start of the study. Those who didn’t own or had never owned a cat had a 40 percent higher risk of having a heart attack, and their risk of dying from other heart diseases was 30 percent greater when compared with those who owned or once had a cat. By comparison, other research has found that taking cholesterol-lowering medications is associated with a 29 percent decrease in heart attacks among those without chest pain (angina) or previous heart attack. As for statin medications, their use by people without cardiovascular disease hasn’t been associated with preventing death from heart disease. There weren’t enough dog owners in the study to draw firm conclusions.

Mayo Clinic doctors say that although this latest study doesn’t prove cause and effect, it does point to an association that may offer potential cardiovascular benefits for cat owners.

But pet ownership isn’t for everyone. Although cats may seem to be self-sufficient, in reality they need care and attention, as with any animal. But for many, the love and companionship of a pet enhances quality of life.

Gum health

It’s in your hands
Teeth are your smile’s calling card, so it’s not surprising that advertisements focus on the whiter-means-brighter aspect. But a truly healthy smile relies even more on gum tissue and underlying bone.

Unfortunately, gum disease (periodontal disease) can sneak up on you. In its earliest stage — called gingivitis — you may experience bleeding gums. Gingivitis affects about 95 percent of adults over 65. The good news is that it’s generally preventable and treatable.

However, left untreated, periodontal disease can wreak havoc on your teeth and potentially with other aspects of your overall health.

Periodontal primer
At any given time, many bacteria exist in your mouth. These bacteria play a part in the formation of a colorless, sticky film (plaque) that adheres to teeth. Proper brushing and flossing removes this plaque, but it’s an everyday job, because plaque reappears quickly, often within hours.

If plaque is allowed to stay on teeth longer than two or three days, it can harden along the gumline, forming difficult-to-remove tartar (calculus), a white substance that makes plaque more difficult to remove and acts as a reservoir for bacteria. Removing tartar requires professional dental cleaning.

Over time, plaque and tartar that remain on teeth can initiate an infection that can lead to bleeding gums and, eventually, even bone loss.

In early gum disease, the tissues around the base of the teeth (gingiva) may change from healthy and pink to red, swollen, tender and prone to bleeding. Gingivitis may go on for months to years. Caught
early, it’s usually reversible with better home care and dental cleanings.

Left unchecked, the inflammation can eventually produce pockets between gums and teeth where plaque, tartar and bacteria thrive. Over time, these pockets can deepen. Infections can form under gum tissue and result in tissue and bone loss and possibly eventual tooth loss.

More-serious changes with chronic periodontal disease include:
- Receding gums that make teeth look longer than normal
- New spaces between teeth
- Pus between teeth and gums
- Persistent breath odor or a bad taste in the mouth
- Loose teeth or a change in how teeth fit together when biting

Treatment of chronic periodontal disease involves thoroughly cleaning the pockets of bacteria and calculus that have formed around teeth in order to prevent more damage. More advanced disease may require surgical procedures to replace or restore damaged gum tissue or bone lost from the disease.

**Risk and the age factor**

Gum disease can occur at any age. Some general factors that may increase your risk include tobacco use and a genetic predisposition. Your risk also increases with age.

Any of the following also may be contributing factors:
- **Dry mouth (xerostomia)** — Saliva is needed to clean and remineralize teeth. Lack of saliva due to an underlying illness, such as Sjogren’s syndrome, or certain medications — such as antihistamines, antidepressants, antihypertensive drugs and others — can set you up for gum problems.
- **Limitations** — If you have limited arm or hand movement, oral care may suffer.

- **Overgrowth or inflammation of gum tissue due to certain medications** — Of particular concern are anti-seizure drugs such as phenytoin (Dilantin, others), calcium channel blockers such as amlodipine (Norvasc, others) and nifedipine (Procardia, others), and the immune-suppressing drug cyclosporine (Neoral, Sandimmune, others).

**Complicated associations**

Researchers have for years found associations between periodontal disease and several serious conditions. Proof that one causes the other or vice versa is lacking, but these associations with periodontal disease continue to be studied:

- **Cardiovascular disease** — Risk of heart attack and stroke may be increased if chronic gum disease is present. Some researchers believe this may be due to gum-disease-related bacteria in the blood causing inflammatory changes in the blood vessels and the heart’s coronary arteries. These changes may play a role in blood clot formation, stroke and heart attack.

- **Cancer** — Recent findings from a large study of male health professionals indicated gum disease might be linked to higher risk of lung, kidney, pancreatic and blood cancers. Gum disease was associated with a 14 percent higher risk of cancers among study participants.

- **Blood sugar control** — Diabetes increases the risk of infection, including that of gum disease. Among those with poorly controlled diabetes, there’s more susceptibility to infections and gum abscesses. Those with well-controlled diabetes are generally not at higher risk.

- **Pneumonia** — Inhaling bacteria from the mouth into diseased or damaged lungs may result in aspiration pneumonia. This is especially problematic for sedated hospital patients or those with breathing (tracheal) tubes.
Skin
moisturizers

Choosing one that works

In your search for a new moisturizing lotion, you've been confronted with an overwhelming array of choices. There are anti-wrinkle lotions, cellulite smoothers, pore refiners — something for everything from your feet to your eyelids and at prices ranging from under $10 to over $100.

How do you choose?
Fear not. Most — if not all — nonprescription moisturizers help smooth skin and help to replenish and hold moisture in the outermost layer of your skin. They're especially effective if used daily.

But claims that go beyond that basic function are probably not worth the extra cost. And cost isn't a determinant of how well a product works. That's not to say all moisturizers are the same.

Winter skin
Ordinary dry skin usually isn't serious, but it can be uncomfortable and itchy and look rough, scaly or even cracked. It's typically the result of one or two underlying problems with the outer layer of your skin:

■ **Lack of water** — When the cells that make up the outer layer of your skin are well hydrated, your skin feels soft, smooth and pliable. In addition, dead cells of your skin's outer layer are more compact and orderly. This better shields your body from germs and irritants and allows dead skin cells to shed without becoming scaly or flaky.

■ **Lack of oils** — Natural oils of your skin help prevent moisture from evaporating, thus preventing skin cell dehydration. The most important oils are those between skin cells, rather than those on top of it.

Some people are more susceptible to dry skin than are others. In addition, certain diseases — such as thyroid disorders — can lead to dry skin. But more typically, skin oils become depleted with frequent bathing or swimming, by using soaps and detergents, or by wearing rough clothing. In addition, oil-producing glands tend to become less active with age.

The basic ingredients
Most moisturizers add or attract water to the outer layers of skin cells, and then prevent evaporation of that water with some sort of protective substance. Moisturizers typically contain a combination of:

■ **Water** — It's the main base ingredient of many moisturizers and some of it soaks into your skin to hydrate it.

■ **Humectants** — These ingredients can draw water from deeper skin layers to the surface cells, or absorb moisture from the air in a humid environment. Some of the more powerful humectants are glycerin, lactic acid and urea.

■ **Water-retaining occlusives and skin-smoothing emollients** — One of the most effective of these is petrolatum. Others often include lanolin, mineral oil, paraffin, beeswax and cocoa butter. Non-oil occlusives, such as dimethicone or cyclomethicone, are often the active ingredients in oil-free formulations.

Many other ingredients can be found in moisturizers, including preservatives to prevent bacterial contamination, fragrances, sunscreen or sunless tanning chemicals.

Vitamins, minerals or plant extracts also are common ingredients in moisturizers ingredients. There may be some moisturizing benefit from some of these additives, but they don't work any better than do the more known and studied humectants and occlusives.

It's doubtful that vitamins included in moisturizing products have additional benefit beyond their possible moisturizing effects.
Potato comeback

The healthy side of spuds

Pity the poor potato. In recent years, the lowly spud’s reputation has been mashed. Criticism ranges from its high carbohydrate count to its role as a magnet for high-fat toppings that add calories. As for fried potatoes — don’t even think about it.

The truth is — if you skip all the sour cream, cheese and butter and don’t fry your spuds — the potato has quite a lot going for it. In fact, it’s one of a variety of vegetables worth including in a healthy diet.

Potato myths

Misconceptions about potatoes abound. Here are just a few:

- **Potatoes are high in calories** — At its most basic, a medium-sized russet potato baked in its skin has just 160 calories. None of those calories are from fat, cholesterol or refined sugar.

- **Potatoes are nothing but carbohydrates** — Actually, your average potato has 37 grams (g) of carbohydrates. But as a whole food, potatoes are much more than just carbohydrates. On closer examination, they’re a great source of vitamin C with 22 milligrams (mg) in a medium potato. And potatoes are a superb source of potassium, providing 952 mg of this important nutrient, which is considerably more than what you might find in a banana or a serving of broccoli or spinach. Potatoes are a good protein source, providing 4 g, which is comparable to the protein found in half a cup of milk. In addition, that medium-sized potato will also provide 1.9 mg of iron.

- **Most of the nutrients are found in the potato skin** — The truth is that most of the nutrients are found right below the potato skin’s surface. While it’s best to avoid peeling potatoes, it’s also important to scrub the skins well before preparing them. Skin-on potatoes not only retain all their nutrients, but also give you a healthy dose of fiber — about 4 g — in a medium potato.

Roasted potato wedges

**Ingredients**

2 large red or white potatoes (about 1 pound) with skins, cut into wedges
1/4-inch thick
1 tablespoon olive oil
1 teaspoon rosemary or oregano

**Directions**

Preheat oven to 400 F. Lightly coat a baking sheet with cooking spray. Soak the potato wedges in ice water for 5 minutes. Drain potatoes and rinse thoroughly under cold water. Press between paper towels to dry. Transfer potatoes to a large bowl, pour the olive oil over the potatoes and toss to coat evenly. Arrange the potatoes in a single layer on the prepared baking sheet. Bake 15 minutes. Turn the potatoes over and bake another 5 minutes. Sprinkle the herbs over the potatoes and continue baking until potatoes are brown and crispy, about 5 minutes longer. Serve immediately. Serves four.

Nutritional analysis (per serving):

Calories 116, carbohydrates 18 grams (g), total fat 4 g, saturated fat 1 g, monounsaturated fat 2 g, protein 2 grams, cholesterol 0 milligrams (mg), fiber 2 g, calcium 12 mg, potassium 517 mg, sodium 7 mg

Potato pluses

- Potassium 952 milligrams
- Fiber 4 grams
- Protein 4 grams

In addition, if you’re watching your salt intake, a medium potato contains only 15 mg of sodium.

Preparation tips

Think baked, boiled, roasted or microwaved to get the most from a potato without adding calories. Once cooked, a potato with its skin is like an open canvas awaiting your creative touch. Some healthy options include:

- Slit a baked potato and add some fat-free cottage cheese, fat-free plain yogurt or fat-free sour cream along with a few shakes of your favorite salt-free herb spice.

- If a buttery potato is more to your liking, substitute one of the cholesterol-lowering, stanol-enhanced spreads for the butter. Keep in mind that part of the fiber in potato skins is soluble, and soluble fiber helps lower low-density lipoprotein (LDL) cholesterol — that’s the “bad” cholesterol — so go ahead and eat the skins, as well.

- If you like a little spice, top your baked potato with fresh salsa.

- Top your baked potato with steamed vegetables.

- Boiled potatoes with the skins on can be jazzed up in several ways, depending on your preference. You might try adding a dash of olive oil and a healthy dose of fresh chopped parsley, then roughly mashing it all together. Mashed potatoes with rosemary and freshly ground pepper is another option. Or, if you’re a garlic fan, mash your potatoes with fresh garlic and a dash of olive oil.

- If you like french fries, see the recipe on this page that takes the fry part out, but still enhances all of the potato’s flavor.
Second opinion

Questions and our answers

Q: I’m a 72-year-old male, and I feel like I’m losing interest in sex. Should I have my testosterone levels tested?

A: Talking to your doctor about this problem is a good idea — and a blood test to measure your testosterone levels may be a part of the diagnostic process.

Testosterone is a natural hormone that helps men maintain muscle mass and strength, as well as sperm production, sex drive and erectile function. As men age, their bodies naturally produce less testosterone. After age 70, levels may decline enough to cause signs and symptoms such as fatigue, reduced strength and loss of interest in sex.

In addition, a disease called hypogonadism — due to pituitary gland or testicular disorders — may at any age cause some men to have lowered testosterone production.

However, men with low testosterone don’t always experience symptoms. Conversely, men with normal testosterone may experience these symptoms as a normal part of aging. In addition, these may be symptoms of a wide variety of problems including lack of fitness, liver or kidney disease, sleep disorders, depression, or drug side effects.

If your doctor determines that you have low levels of testosterone, further testing may be done to determine the cause. If the cause appears to be normal aging, the question arises: Should you try to raise your testosterone levels with supplemental hormones? This is a controversial area. While testosterone replacement therapy has helped some men with low testosterone due to aging, there are risks, including the potential for worsened cholesterol levels or increased risk of heart disease. Testosterone replacement can stimulate prostate cancer growth if you do develop prostate cancer. It also can aggravate benign prostatic hyperplasia (BPH) symptoms.

Q: I visited my doctor because my hip hurt. I was surprised to learn that the problem is that my legs are different lengths. Why would my legs be different lengths?

A: The medical term is limb-length discrepancy. There are a number of causes, such as being born with the discrepancy, having a leg bone break during the growing years, or having a broken bone heal incorrectly. In addition, having a curvature of the spine (scoliosis) can cause the pelvis to tilt, which may create the same mechanical effect as a leg-length discrepancy.

Whatever the cause, if the discrepancy is enough, it can eventually show up as pain elsewhere, such as the hip, knee or foot. In your case, it appears the difference in leg length is aggravating your hip.

Placing a heel lift (orthotic) in the shoe of the shorter leg can make a big difference, as it puts your body in balance. Your doctor can determine if correction of the discrepancy is the best solution in your case, and if so, can prescribe the appropriate lift height. Usually, for biomechanical reasons only a portion of the discrepancy is corrected rather than the entire discrepancy. A specialty shoe business — known as a pedorthic shop — can then fit the lift to your shoe.

Q: My grandchildren love to crack their knuckles. Won’t they end up with arthritis someday because of the knuckle cracking?

A: Take this one off your list of concerns. There’s no evidence that knuckle cracking leads to arthritis. That rather distinct sound occurs when the joint capsule is stretched and a tiny vacuum is created. The various gases in the lubricating liquid (synovial fluid) of the joint capsule then form into a sort of bubble in that vacuum. The knuckle-cracking sound occurs when that tiny bubble pops.

Have a question or comment?
We appreciate every letter sent to Second Opinion but cannot publish an answer to each question or respond to requests for consultation on individual medical conditions. Editorial comments can be directed to:
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