

Varicosities in Pregnancy

M. Saranya
Professor, Sree Balaji College of Nursing,
Bharath Institute of Higher Education and Research, Chromepet, Chennai

Abstract:- Varicose vein is a dilated swelled leg veins with back flow of blood caused by incompetent valve closure which result in venous congestion and vein enlargement. It usually affects the saphenous vein and its branches. The condition may be worsening with menstrual cycle, with pregnancy and response to exogenous hormonal therapy(oral contraceptives).It deals about the causes of varicosities and how it occurs in pregnancy. Varicosities had different signs and symptoms which occurs during the time of delivery and also had preventive treatment alternative remedies and safe treatment option after pregnancy in varicose vein.

I. INTRODUCTION

Varicose veins are swollen veins that may bulge near the surface of the skin. These blue or purple something squiggly veins are most likely to show up in the legs, Vulva or elsewhere. The condition may be worsening with menstrual cycle, with pregnancy and response to exogenous hormonal therapy(oral contraceptives).



Fig 1: Varicose Veins

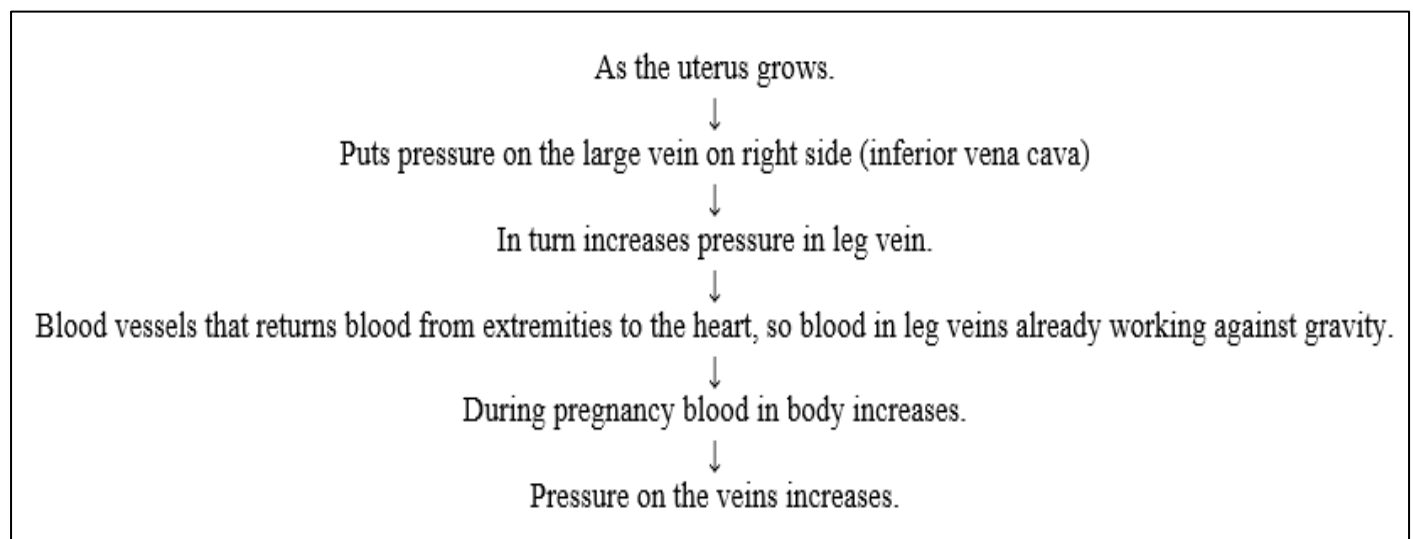


Fig 1: How Varicosities Occur in Pregnancy:

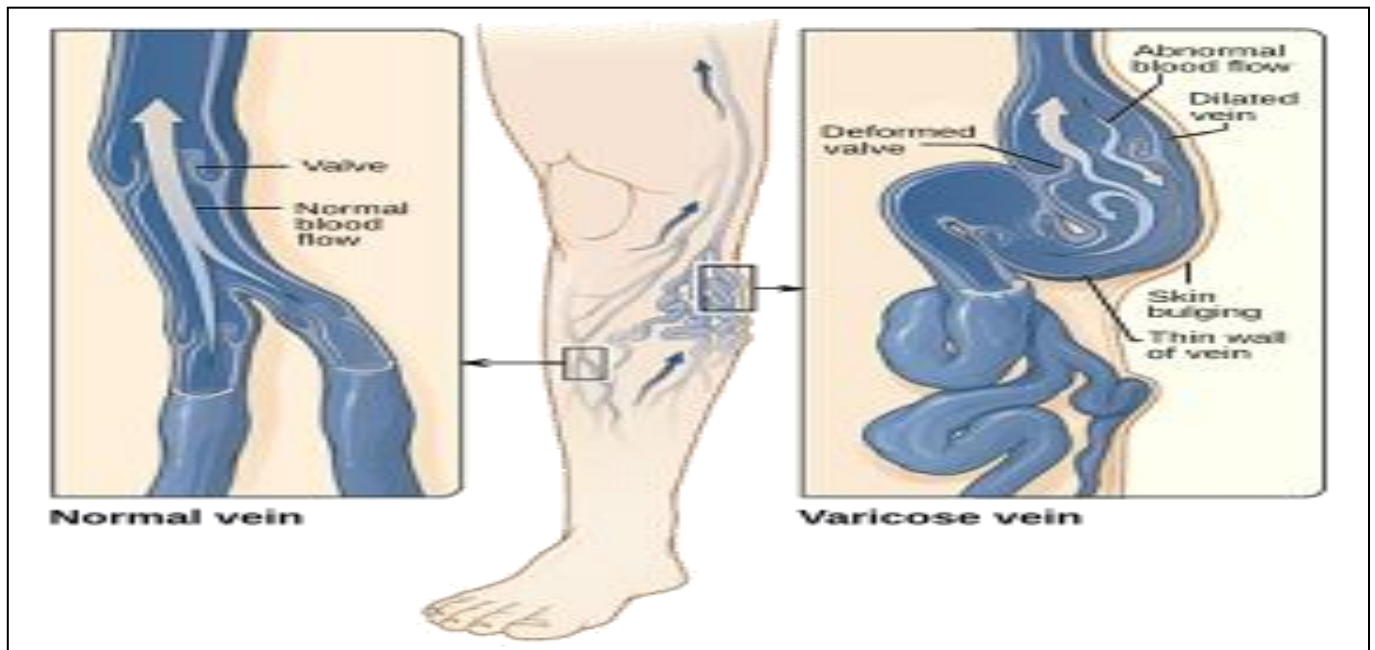


Fig 3: Normal and Varicose Vein

➤ *Varicosities Causes Are:*

- Family history.
- Common in females than men.
- Being over weight.
- Twin or higher multiple pregnancies.
- Standing for longer period.

➤ *Signs and Symptoms of Varicose Vein in Pregnancy:*

- Aching pain or tenderness.
- Leg heaviness.
- Itching or irritation rash in the legs.
- Burning sensation on the foot stands on foot for long time.
- Bulging, rope like bluish vein indicates superficial.
- Prominent dark blue blood vessels.
- Swelling in the legs.
- Night cramps.
- Numbness in the legs.
- Exercise intolerance.
- Darkening of the skin.

➤ *Diagnosis for Varicose Vein:*

- History collection (family history, previous obstetrical history)
- Physical examination.
- Doppler study.

II. MANAGEMENT FOR VARICOSE VEIN

A. Preventive Management:

- Exercise daily(walking 20-30 min, foot exercise, swimming 30 min 3 times per week)
- Maintaining recommended weight range for stage of pregnancy. (1kg/month)
- Avoid crossing of legs or ankles when sitting,
- Avoid sit or stand for longer times (Not more than 2hrs)
- Sleep on your left.
- Avoid wearing high heels.
- Reduce sodium intake and drink plenty of water.
- Wear special support horse compressing stockings.

B. Preventive Management for Varicosities

➤ Preferred Foods

- Fresh fruit including berries & cherries and citrus fruit, whole.
- Grains especially wheat and millets strengthens blood vessels.
- Garlic, Onion, Ginger and cayenne pepper maintain or regain elasticity.

➤ Eat Foods Rich in:

- Vitamin C.
- Bioflavonoid.
- Vitamin E.
- Vitamin B.
- Vitamin A.
- Essential fatty acid.

- Avoid foods like fats, refined carbohydrates, sugar ,salt, fried food, animal protein, cheese, ice cream, processed& refined foods.

➤ *Alternative Remedies;*

- Acupuncture & Accupressure.
- Colour Therapy.
- Aromatherapy.
- Homeopathy.
- Hydrotherapy.
- Juice therapy.
- Yoga.

III. SAFE TREATMENT OPTION AFTER PREGNANCY

➤ *Endovenous Thermal Ablation:*

- Minimal invasive alternation vein stripping uses thermal radio frequency energy to close or collapse unhealthy saphenous vein reflux under local anesthesia with USG guidance.

➤ *Vena Seal:*

- Doesn't need surgery to treat affected vein. Once IV catheter is inserted, a surgical adhesive injected to seal the affected vein shunt.

➤ *Varithena:*

- Non surgical injectable foam treatment for great saphenous vein & surrounding vein.

➤ *Ambulatory Phlebectomy:*

- To treat large bulging varicose vein on legs. Op procedure using local anesthesia. Removing proble vein through micro incision in skin & not require stitches.

➤ *Sclerotherapy:*

- Commonly used to treat small varicose veins & spider veins. Sclerosant chemically scars the wall of unhealthy vein to close off.

IV. CONCLUSION

Varicose vein in pregnancy are swollen veins that may bulge near the surface of the skin. The condition may be worsening with menstrual cycle, with pregnancy and response to exogenous hormonal therapy.it is characterized by clinical features of painful achy or heavy legs and also had cramping in legs.Varicose vein has diagnostic evaluation by appearance and hand held Doppler examination. It also had conservative management and also given health education regarding varicose vein in pregnancy.

REFERENCES

- [1]. National Heart, Lung, and Blood Institute (NHLBI). Retrieved 20 January 2019.
- [2]. AAFP, 2017. Varicose veins. American Academy of family physicians.
- [3]. Buttaro, Terry Mahan; Trybulski, JoAnn; Polgar-Bailey, Patricia; Sandberg-Cook, Joanne (2016). BOPOD - Primary Care: A Collaborative Practice.
- [4]. Endovascular radiofrequency ablation for varicose veins: An evidence-based analysis. Ontario Health Technology Assessment Series. 2011;11(1):1–93
- [5]. Bobridge A, Sandison S, Paterson J, Puckridge P, Esplin M. A pilot study of the development and implementation of a 'best practice' patient information booklet for patients with chronic venous insufficiency. Phlebology. 2011;26(8):338–343.
- [6]. ACOG, 2011, Preventing deep vein thrombosis. American college of obstetricians and gynecologists.
- [7]. Gloviczki, Peter (2008). Handbook of Venous Disorders : Guidelines of the American Venous Forum Third Edition.
- [8]. Chandra,Abe.(2007) "Clinical review of varicose veins: epidemiology, diagnosis and management."