

A Worrisome Web

Defying — and denying — the creeping onset of spider veins

Written by ELAINE ROGERS

As warmer weather signals the annual switch from bulky sweaters to shorts and skimpier fashions, the prospect of swimsuit season frequently inspires self-conscious worries about the need to look our best. A few extra pounds is a common concern, but another cosmetic problem that's seldom discussed also causes apprehension — especially among those who might otherwise pride themselves on having a great set of gams. Tiny varicosities called spider veins weave their less-than-magical webs on the legs of millions, with medical estimates noting close to three-quarters of adult females have them.

Known officially by the medical term "telangiectasias" and also as "sunburst varicosities," these tiny clusters of broken blood vessels usually appear during pregnancy and after the age of 30, although some may show up as early as the teen years. Spider veins are caused by weakened blood vessel walls stemming from abnormal blood flow and are attributed to conditions ranging from weight gain to sitting or standing for long periods of time. Thighs, calves and ankles are the most common areas affected, but they may also appear against the delicate surface of facial skin, with short, jagged,





thread-like lines in either red or blue mimicking the patterns of tiny tree branches or spider webs.

Varicose veins differ from spider veins and can be painful. Leg veins turn blue and bulging when blood collects as a result of a condition called “venous insufficiency.” Valves that act as one-way flaps are supposed to keep oxygen-poor blood flowing upward from the muscles in the legs back to the heart, but sometimes the flap becomes weak, allowing blood to leak backward and pool, enlarging the vein. Legs are the most common location for varicose veins because gravity and the pressure of body weight may be stronger than the veins’ one-way valves. Severe venous insufficiency slows the return of blood to the heart and can cause blood clots and even infections.

Although not painful and far more subtle than varicosities, spider veins are a cosmetic aggravation, as they tend to multiply over

time, clustering against the skin’s surface due to hormonal changes, heredity and even sun exposure. For women who don’t appreciate the uniqueness of their ever-evolving sunbursts, a discreet procedure called sclerotherapy can minimize evidence.

Since they are not an essential part of the body’s venous system, the afflicted, super-fine veins can be harmlessly collapsed with a “sclerosing solution” injection — usually 23 percent sodium chloride mixed with a local anesthetic like lidocaine. The solution irritates the lining of the vessel, causing it to swell and stick together until the blood clots, forming a temporary bruise.

Pain from this simple procedure is minimal and restricted to the injection sites, and the bruising and redness will only cause treated veins to look worse for one to two weeks. Compression is applied with bandages, and compression hose are recommended for several days. Patients do not have to restrict

their regular activities, and bruises diminish on a normal timeline.

Performed by dermatologists and cosmetic surgeons and at medi-spas, sclerotherapy permanently obliterates noticeable veins, although physicians say new ones typically develop. The usual cost of a treatment ranges from \$250 to \$300 with anywhere from 15 to 35 tiny injections. Sometimes, two to three separate treatments are required to address a developed “web” of spider veins, and occasional touch-up treatments are common.

A combination of sclerotherapy and laser treatments may be recommended in some cases. The latter is a more common course of action for facial areas, where the veins tend to be closer to the skin’s surface. Laser treatments typically target veins with less damage to the surrounding tissue but often cannot penetrate deeply enough to completely address leg veins. 