

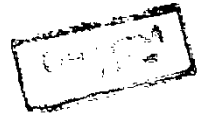
VARICOSE VEINS OF LOWER LIMBS

ESSAY

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By

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CONTENTS

	Page
INTRODUCTION.....	1
SUMMARY.....	2
REVIEW OF LITERATURE:	
- Surgical anatomy of venous system of the lower limbs.....	4
- Valves of the lower limbs.....	22
- Applied physiology of the veins of the lower limbs.....	24
- Mechanisms that aid the venous return.....	25
- Factors that are responsible for disturbance of venous return.....	27
- Facts about secondary valvular incompetance..	29
- Hormones and varicose veins.....	31
CLASSIFICATION OF VARICOSE VEINS.....	32
- Function of deep fascia.....	37
- Diagnosis of varicose veins.....	39
SPECIAL TESTS.....	41
- Special investigations.....	46
CLINICAL PRESENTATION OF PRIMARY VARICOSE VEINS...	58
- Varicose veins of the lower limbs in female...	62
- Differential diagnosis of primary varicose veins	63
MANAGEMENT OF PRIMARY VARICOSE VEINS.....	66
- Conservative treatment.....	66
- Treatment by injection.....	68
- Complication of sclerotherapy.....	73
- Surgical treatment of primary varicose veins..	74
- Operations for long saphenous vein.....	77
- Trendelenburg's operation.....	80
- Stripping of long saphenous vein.....	82
- The communicating veins.....	87
- Multiple ligature.....	89
- Operation on short saphenous vein.....	90
- Treatment of secondary varicose veins.....	94
- By pass grafts.....	94
- Valve segment reposition and valve repair.....	95

	Page
- The new in management.....	97
- Immediate postoperative care.....	102
- Accidents in the surgical treatment of varicose veins.....	103
- Results of Surgery.....	107
- Recurrent varicose veins.....	108
- Conclusion.....	111
REFERENCES.....	112
ARABIC SUMMARY.	

INTRODUCTION



INTRODUCTION

Varicose veins of the lower limbs is a very common disease that affects both males and females. It is responsible for an economic and a commercial problems among the working class. (Askar 1970).

There are many causes and many types of varicose veins. Nearly all of them are progressive and get steadily worse throughout life. Some types faster than the others (Dodd-Cockett 1976).

Many authors stressed that hereditary factor has an important role in the primary varicose veins (Foote 1960).

Other authors refer to the hormonal imbalance as the cause of varicose veins (Dodd-Cockett 1976).

This work is a trial to have a complete review about the causes, types, clinical pictures, investigations, treatment of varicose veins of the lower limbs.

SUMMARY

SUMMARY OF VARICOSE VEINS

The veins said to be varicosed when it is elongated dilated and tortious.

The condition may be due to weakness of the walls of the veins or due to proximal obstruction. Varicose veins may develop in the spermatic cord, anal canal. Oesophagus and lower limbs which is the commonest site for varicose veins. Our study here is concerned with the varicose veins of the lower limb which may be due to:

1. Marked length of the veins.
2. Large volume of the blood.
3. Their vertical position.
4. The liability of compression of the iliac veins by a pregnant utreus in females.

This condition occurs in males that may be engaged in jobs characterized by prolonged standing such as Police men, teachers, dentists, or patients who are exposed to repeated truma to the leg e.g. foot-ball players. Our study here is more restricted on the aetiology, classification, clinical presentation and management of varicose veins which includes:

1. Injection of sclerosing material in the dilated veins.

2. Stripping or excission of a dilated vein and valve repair.
3. External support by compression bandage for the patient that refuses surgery or he is unfit for surgical treatment.
4. The new techniques now in the surgical management are vein segment reposition and valve repaire.

Also here in our study we discuss the complications of both injection and surgical treatment.

Lastly we discuss the recurrent varicose veins, their aetiology and different types of surgical procedures which are used.

REVIEW OF LITERATURE

SURGICAL ANATOMY OF THE VENOUS SYSTEM OF THE LOWER LIMBS

The veins of the lower limbs can be classified into three venous system:

1. The superficial venous system:

It is the system of veins in the subcutaneous tissue comprising the long and short saphenous veins.

2. The perforating system:

These communicating veins are valved structures passing through the deep fascia and connecting the superficial venous system to the deep venous system.

3. The deep venous system:

This is a well supported system comprising the femoral and popliteal veins or venae comitantes accompanying the anterior tibial and posterior tibial and the peroneal arteries as well as the valveless blood lakes in the calf muscles. (Dudley 1984).

In order to understand these systems we classify the lower limb into three parts:

1. The foot:

Which is divided into:

1. The superficial venous system:

Which consist of:

- a) superficial dorsal venous system.
- b) superficial planter venous system.

2. The deep venous system:

Which consists of

- a) the deep dorsal veins.
- b) the deep planter veins.

3. The perforating venous system:

II. The leg .

III. The thigh.

I. Veins of the foot

1. The superficial venous system of the foot:

- a) The syperficial dorsal system:

Each toe has four digital veins, two dorsal digital veins, and two planter digital veins.

The dorsal vein of each toe unites with its neighbouring one at the interdigital space to form the metatarsal veins which unites to form the dorsal venous arch. (Dood-Cockett 1976).

Both digital and metatarsal veins have a valves which allow the blood to flow only proximally. (Askar 1975).

The dorsal venous arch extend upwards as internal and external marginal veins which assends upwards as the long and short saphenous veins (May 1979).

b) The superficial planter venous system of the foot:

- It consists of network of small veins extends from the root of the toe to the heel. (Semell veinuse plantaire).
- It form a connection with the external and internal marginal veins. (May 1979).

2. The deep system of the foot

a) The deep dorsal veins:

The deep dorsal digital veins form the deep metatarsal veins which unite to form the arcuate veins (Dodd-Cockett 1976).

The arcuate veins that formed over the bases of the three lateral metatarsals unite with the deep planter veins that arises through the first metatarsal space to form the dorsalis pedis vein over the base of the second metatarsal bone. It assends upwards as anterior tibial

vein in the front of the ankle joint. The dorsalis pedis vein is joined over the tarsus by the medial and lateral tarsal veins.

b) The deep planter veins of the foot:

Four planter metatarsal veins unite to form the planter venous arch which lies transversally over the bases of the three medial metatarsal bones. Its medial and lateral ends continue over the bases of the first and fifth metatarsals as medial and lateral planter veins. Both veins unite to form the posterior tibial vein. (Askar 1975).

3. The perforating venous system of the foot

These are classified into 3 sets:

- a) The dorsal communicators.
- b) the planter communicators.
- c) the interosseous communicators..

a - The dorsal communicators:

They may be either short or long. The short is divided into medial and lateral, the medial communicating connect the dorsalis pedis with the long saphenous vein, the lateral communicating vein connect the lateral tarsal with the short saphenous.