

DO I HAVE VENOUS DISEASE?

Q&A WITH DR. CINDY ASBJORNSEN

Founder of the Vein Healthcare Center
and Board-certified vein specialist



Vein
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Center



www.veinhealthcare.com

(207) 221-7799

ABOUT DR. CINDY ASBJORNSEN



Dr. Cindy Asbjornsen, D.O., FAVLS, is the founder of the Vein Healthcare Center in South Portland, Maine. She cares for all levels of venous disease, including spider veins, varicose veins, and venous ulcers.

Dr. Asbjornsen is a nationally recognized vein specialist, member of the American Vein & Lymphatic Society, and a board-certified Phlebologist. She was one of the first phlebolo-

gists in Maine to meet the board certification standards set forth by the American Vein & Lymphatic Society. Dr. Asbjornsen is also a member of the American College of Osteopathic Family Practice, the American Osteopathic Association, the American Society of Medicine and Surgical Lasers, and the Maine Osteopathic Association.

As part of her commitment to exceptional patient care, Dr. Asbjornsen maintains an uncommon dedication to her patients and their comfort health. She helps hundreds of patients a year lead fuller, more engaged lives without self-consciousness, pain and discomfort.

ABOUT THE VEIN HEALTHCARE CENTER

The Vein Healthcare Center serves communities in Maine and throughout Northern New England. Our providers and staff at the Vein Healthcare Center are passionate about helping people's legs look and feel better.

A unified team approach ensures that our patients receive exceptional care, from the first phone call to the last follow-up visit.

[See the results](#) of real Vein Healthcare Center patients

[Hear from our patients](#) in their own words



WHAT IS VENOUS DISEASE?

Venous, or vein, disease is very common. At least 80 million Americans struggle with some form of venous disease, according to the American Vein & Lymphatic Society (AVLS).

Sometimes venous disease is very obvious – bulging, twisty veins or purple spidery veins that wrap around the leg – but there are other, subtle clues that veins may not be working as well as they should.

Whatever signs of vein disease you may observe, it's best not to ignore them. Waiting for the issues to go away on their own may actually make them worse as time goes on.

In this interview with Dr. Cindy Asbjornsen, she answers vein health questions most commonly asked by patients. While this Q&A is not intended to be a substitute for professional medical advice, diagnosis, or treatment, it can serve to clear up misconceptions about vein disease and the best ways to treat it.

Q My legs are tired at end of the day. Is that related to my veins?

A Legs that feel heavy or fatigued are common indicators of venous insufficiency. Legs can feel tired at the end of the day or after long periods of standing because of an increase in pressure that results from blood pooling in the legs when the blood cannot be efficiently returned upstream to the heart. Treating the veins causing this insufficiency can eliminate discomfort and restore quality of life.

Getting specific: If your legs are tired after being on them all day, really pay attention to what you're feeling. Don't dismiss the discomfort as "normal after a long day." There may be a big difference between what you're used to and what your legs could feel like.

Q How can I get relief when my legs feel heavy?

A If you experience tired or heavy-feeling legs, try elevating them for three minutes. Venous symptoms usually improve when the legs are raised, and the relief is a good indication that the fatigue you are experiencing is a symptom of venous insufficiency.

Getting specific: Leg elevation means raising the legs above heart level. The ideal position is to lie on a couch with your head, back, and torso on the cushions and feet up on the armrest, so feet are at a slight angle higher than the heart. Lying down with the legs resting on three or four pillows can also work well.

Q My legs swell but I feel better when I lie down. Why?

A This is called dependent edema, the medical term for swelling. If you experience swelling in your leg that is better in the morning, improves after you have been lying down, and/or gets worse as the day progresses, it is an indication that blood is not being properly returned to the heart possibly due to a faulty valve in the vein. Treating veins that are causing the insufficiency can eliminate leg swelling.

Getting specific: Abnormal buildup of fluid in the ankles, feet, and legs can be a result of veins in the legs that cannot properly pump blood back to the heart, as well as an indication of a venous disorder. There are many underlying causes of edema, however. Lymphedema is a condition that occurs when the lymphatic system is damaged or blocked and protein-rich fluid builds up in soft body tissues causing swelling. Phlebolympedema is a condition of mixed venous and lymphatic insufficiency and affects mostly the legs.

Q Are the thin, blue veins on my legs a problem?

A They may appear as short fine lines, clusters, or in a spider web shape and can be a source of embarrassment and self-consciousness. In some cases, they're also painful. Telangiectasia or "spider veins" are an indication of early-stage venous disease and treating them not only can improve appearance but can help stop the progression of venous disease.

Getting specific: Vein health is a continuum, so while spider veins may appear minimal, there could be a larger vein with issues underneath. What you see just beneath the skin may actually be the tip of the iceberg of vein disease.

Q What should I do about veins that bulge under the surface of my skin?

A Veins that protrude from the skin in the legs are varicose veins, and they are an indication of progression of early venous insufficiency. They may or may not be painful, and, like spider veins, may cause embarrassment due to their appearance. Left untreated, they can lead to increased venous symptoms and worsening appearance. In most cases, if the vein is bulging, it has a connection to the deep system.

Getting specific: Bulging or protruding veins are visual – and, if they hurt, physical – clues that something is going on within your venous system. In the past, visible veins have been dismissed as “merely cosmetic,” or “part of getting old.” Neither is true; varicose veins are a medical issue that can be treated.

Q Are restless legs related to veins?

A Those experiencing unpleasant or urgent sensations in the leg, or those who have been diagnosed with restless leg syndrome (RLS), may be experiencing symptoms of venous insufficiency. When restless leg occurs in conjunction with vein disorders, vein treatment can cause relief of symptoms and eliminate the need for medications.

Getting specific: About 40 percent of people with RLS have problems with their veins, but the relationship between RLS and venous disease is not yet fully understood. Research shows that there is high correlation of patients who see their RLS resolve when they receive venous treatment. Research findings and anecdotal evidence suggest that the patients who are evaluated for restless legs syndrome could also benefit from an evaluation for possible vein disease.

Q Why do I have leg cramps, especially at night?

A There are many causes of cramping; hydration status is often the issue. However, leg cramps can often go undiagnosed as venous insufficiency. Cramping can occur as a result of standing or being still for long periods of time, or it can occur while lying in bed at night as a result of blood that has built up in the leg over the course of a day. The pain can be mild in some cases, and in others it can cause severe pain and loss of sleep. Treating the faulty valve at the source can eliminate cramps and restore quality of life.

Getting specific: Some patients with venous disease may suffer from leg cramps but without noticeable signs of varicose veins or spider veins. An ultrasound evaluation performed by a qualified sonographer working with a credentialed vein specialist can detect venous reflux.

Q Why do I sometimes feel itching or tingling in my legs?

A Venous disease can cause general leg symptoms that do not manifest as aching or pain, but rather as itching or tingling. These sensations can occur after standing, or they can happen at night while in bed. This is often an indication of vein insufficiency, and it can be evidence of a disorder that is beginning to progress. Treatment can stop discomfort by treating the insufficiency at its source.

Getting specific: Varicose veins itch because of a condition called stasis dermatitis, also known as varicose eczema. Symptoms of stasis dermatitis can include swelling, redness, and painful skin, which may be weeping and crusty. These changes will usually start low, affecting the ankles first and then extending to the calf. Additional symptoms may develop, such as purple or red sores, or skin that is dry, cracked, shiny, and itchy.

Q What should I do about redness and skin thickening on my legs?

A If you notice redness around the ankles or find that your skin has become harder or thicker in the lower leg, you are likely experiencing a common symptom of venous disease. These changes can be mild, or they can cause pain and involve larger areas of the skin. Other skin changes, such as stasis dermatitis, cellulitis, or dry or scaly skin, can be signs of advanced venous disease.

Getting specific: A common discoloration of the lower leg, ankle or foot are brown or rusty-colored “patches” or “stains,” which are known as hemosiderin deposits. When vein valves fail, regurgitated blood forces red blood cells out of the capillaries. When the red blood cells break down, the hemoglobin releases iron and is stored as hemosiderin in tissues beneath the skin, which causes the staining. Hemosiderin staining can be signs of advanced venous disease.

Q What can I do about an open wound on my lower leg?

A Open wounds – or wounds that just won’t heal – on the lower leg or ankle can be a sign that venous disease has reached an advanced stage. There are three common classes of ulcers: diabetic, arterial, and venous. Of the three types, venous is the most common. Venous ulcers usually occur on the lower leg below the knee. They can be caused by venous insufficiency or by a wound that has been exacerbated by venous insufficiency. If you have skin breakdown or infection due to ulceration, you should visit your doctor immediately.

Getting specific: Because venous disease is progressive, venous reflux can often lead to additional valve failure and, as a result, the pooling of blood can affect a larger area. When blood leaks into the tissue of the skin it can cause swelling and damage to the tissue. At this point, the skin on the lower limbs has really begun to break down. Ulcers may be painful or itchy and often require constant care and dressing. Because ulcers do not heal on their own, they can have a significant impact on quality of life.

Q My mom has varicose veins. Does that mean I will get them too?

A Venous disease has a strong genetic component. If someone in your family has experienced vein disorders or has visible veins on their leg, your risk of the disease is much higher. Even if you are not experiencing symptoms, a screening can evaluate the condition of your venous system and help you begin lifestyle changes that can prevent symptoms from occurring.

Getting specific: If one parent has vein disease, you have about a 33% chance of also developing vein problems. If both of your parents have vein issues, then your chances go up to 90 percent. Since venous disease does have a strong genetic component, it is important for people to know their family history.

Q I am pregnant. Will that affect my veins?

A Pregnancy can cause swelling and increase risk factors for venous disorders. The buildup of fluid in the ankles, feet, and legs can be a result of veins in the legs that cannot properly pump blood back to the heart. Some women find that their swollen legs – and varicose veins – go away, or improve, after labor, while others continue to suffer with them.

Getting specific: About forty percent of pregnant women are likely to develop varicose veins. During pregnancy, a combination of hormonal changes (specifically, greater amounts of estrogen and progesterone) and increased pressure on the abdomen can cause varicose veins. If there is a strong family history of vein issues, woman might consider seeking treatment for problematic veins before their first pregnancy. Someone who experienced vein discomfort during a pregnancy, may want to consider treatment before her next pregnancy, as the problems may worsen.



Our team of vein care professionals is looking forward to working with you.

Dr. Cindy Asbjornsen, D.O., FAVLS | Dr. Sophia Adams, D.O.

Alison Scheib, P.A. - Physicians Assistant | Daphne Braden, M.S.N., FNP-C - Nurse Practitioner

Learn more about our providers at the Vein Healthcare Center.

Contact us at (207) 221-7799 or patientcare@veinhealthcare.com

Schedule an appointment with us today!

