Vein Treatments Melbourne - Varicose and Spider Veins - Me Clinic

Canonical: https://www.meclinic.com.au/body/vein-treatments/

Details:

We treat venous disease including varicose veins , spider veins and venous ulcers. Vein conditions range from a cosmetic concern through to pain, discomfort and genuine health risk. They occur most often in the legs but can also appear as facial veins .

Vein treatment is one of the areas where a Medicare rebate is most likely to apply, and consultations are with a doctor rather than a surgeon. A vein consultation, which may include ultrasound, is $230 as at September 2024 including GST.

Start here: what you can see, and where to read next

Most people arrive knowing what their legs look like, not what it is called. This table goes from the first to the second.

What you have noticed	What it usually is	Where to read
Fine red or purple lines, flat to the skin, on thighs or calves	Spider veins	Spider veins
A fan of fine veins across the inner ankle or onto the foot	A sign of deeper pressure, not just surface veins	Varicose veins — get a scan
Ropey, raised, bulging veins you can feel	Varicose veins	Varicose veins
Aching, heavy legs by the end of the day, nothing much visible	Possible reflux without visible signs	Vein ultrasound
Ankle swelling that has not gone by morning	Venous congestion	Varicose veins
Brown staining or hardened skin above the ankle	Skin damage from sustained pressure	Varicose veins — assess promptly
An open sore near the ankle that will not heal	Venous ulcer	See the venous ulcer section below
Fine red vessels on the nose or cheeks	Facial veins	Facial veins
You want to know what it costs first	—	Costs
You want to try managing it yourself first	—	Managing it yourself

If two rows apply to you, follow the lower one. Venous disease is a ladder, and the more advanced sign sets the priority.

Varicose veins

Varicose veins are twisted, enlarged veins, most commonly in the legs, caused by blood pooling when valves inside the vein are damaged or weakened. They are often large, raised and swollen, and can appear blue, red or flesh-coloured. Varicose veins affect a substantial proportion of the population and are generally more common in women. Contributing factors include pregnancy, genetics and prolonged standing.

Symptoms may include:

Veins with a deep purple or blue appearance.

Veins that appear enlarged, contorted or bulging.

Soreness or heaviness in the legs.

Tingling, pulsing or muscle spasms.

Swollen lower legs.

Leg discomfort after extended standing or sitting.

A prickly sensation around the vein.

In less severe cases with mild symptoms, varicose veins can be managed with lifestyle measures — exercise, maintaining a healthy weight, and avoiding long periods of standing or sitting. Compression stockings can also provide relief by improving circulation. Where lifestyle changes are not enough, treatment options are available.

Spider veins

Spider veins, medically known as telangiectasias, are small damaged veins visible at the skin's surface, often resembling a spider web or tree branches, in red, blue or purple. They can appear anywhere but are most often seen on the legs, ankles, face, chest or abdomen. They are smaller than varicose veins and sit closer to the surface, and are generally a cosmetic concern rather than a serious medical problem.

Spider veins are often connected to larger dilated vessels called reticular veins, which can cause discomfort after prolonged standing.

Symptoms may include:

Smaller veins in dark purple, blue or red.

A spider web or tree branch pattern.

Mild discomfort or itching around the affected area.

Achiness or heaviness in the legs, especially after standing.

Treating spider veins does not generally affect overall circulation, as these vessels are not essential to efficient blood flow. Note that spider veins in the lower legs, ankles or feet can signal more serious varicose vein disease, so the larger internal veins should be assessed rather than treating the surface appearance alone.

Venous ulcers

Venous ulcers are open sores, usually on the lower legs near the ankles, which can be painful. They may show a yellowish slough or red granulating tissue. The underlying cause is chronic venous insufficiency, where leg veins struggle to return blood to the heart, raising pressure inside the vein and causing skin changes and ulceration.

Symptoms may include: open sores and discolouration, hardening of the skin around the ulcer, leg swelling, aching in the affected limb, itching around the ulcer, and heaviness in the legs.

Venous ulcers carry a higher risk of complications. Treatment aims both to heal existing sores and to manage the underlying venous insufficiency, using compression therapy, dressings, medication to manage symptoms and prevent infection, and in some cases surgery to improve circulation. Timely treatment matters.

One thing worth knowing if you are in this position: a venous ulcer is a wound with a cause, and dressing it alone treats only half of it. Ulcers dressed for months without the underlying reflux being assessed tend to heal slowly and come back. Compression and wound care do the healing; treating the reflux is what reduces the chance of the next one.

One system, three questions

Everything on this page comes back to the same three questions, asked in the same order. Knowing them makes any consultation easier to follow.

Is there reflux, and where? That is what the ultrasound answers. Blood should travel up the leg; reflux is it falling back down through a failed valve. The scan is done standing, because reflux only shows when the vein is loaded by gravity.

What is the source, and what is downstream of it? A bulging vein is usually the overflow from a failed valve higher up. Treating the overflow while the source is still running is the commonest reason results do not last.

Which method suits that vein? Size and depth decide this, not preference. A vessel too fine to cannulate needs light; a trunk vein too big to close by injection needs heat or glue.

The practical version, which is also the order treatment is usually done in: scan first, trunk second, branches third, surface veins last.

Treatment options

Which treatment suits you depends on the condition, its severity and the size and depth of the veins involved. Your assessment determines the approach.

Endovenous laser ablation (EVLA or EVLT)

A fibre-optic probe is inserted into the vein and laser light — or radiofrequency, in radiofrequency ablation (RFA) — generates heat that causes the vein to shrink and close. Blood is then rerouted through healthier veins.

EVLA is used primarily for larger varicose veins, including the greater and small saphenous veins, with minimal scarring given the size of vein treated. It is generally less invasive and less costly than vein surgery, and can be performed year round. It is usually performed in clinic under local anaesthetic. Spider veins are smaller and less severe, so other options are more appropriate for them. See laser vein treatment .

Sclerotherapy

A sclerosant solution is injected into the affected vein through very fine micro-needles, causing it to collapse and fade. It is minimally invasive with limited downtime, and suits a range of vein sizes. Three variants are used:

Visual sclerotherapy — for smaller varicose veins and spider veins.

Foam sclerotherapy — for larger varicose veins. Foam is often preferred because less solution achieves the result, it is visible under ultrasound so treatment can be monitored, and it typically causes less discomfort with quicker healing.

Ultrasound-guided sclerotherapy — for veins not visible at the surface, often deeper varicose veins.

See sclerotherapy .

Surface laser treatment

Laser light is absorbed by blood in the vein and converts to heat, causing the vein to shrink. This suits small spider veins, including on the face and nose, and can be used on small veins on the legs and body. It requires no dressings or stockings. Surface laser is generally only suitable for patients with lighter skin, and other methods are usually more effective for varicose veins given their size.

IPL therapy — broad-spectrum light for superficial spider veins and facial veins.

YAG laser — a longer wavelength suited to deeper and larger veins.

Aura laser — for fine spider veins and small superficial vascular concerns.

Laser Genesis — primarily skin rejuvenation, but can reduce the visibility of tiny facial veins.

Vein surgery

The older, more traditional approach for large varicose veins, comprising ambulatory phlebectomy and traditional vein stripping.

Ambulatory phlebectomy removes the vein through very small keyhole incisions and is usually performed in clinic under local anaesthetic, with a relatively quick recovery. Where that is not suitable, traditional vein surgery may be required for larger veins needing ligation and possibly stripping and removal; this is usually performed in hospital under general anaesthetic.

Me Clinic treats surgery as the last option, preferring the least invasive treatment that addresses the problem with minimal downtime. See vein surgery .

Comparing the methods

Set out side by side, so you can see why a plan recommends one over another. Most real plans combine two or three.

Method	Best for	Anaesthetic	Compression after	Sessions
Visual sclerotherapy	Spider and small branch veins	None	Usually yes	Several
Foam sclerotherapy	Larger branch veins	None	Yes	Often more than one
Ultrasound-guided sclerotherapy	Veins you cannot see	None	Yes	Often more than one
EVLA / RFA	Large refluxing trunk veins	Local, in clinic	Yes	Usually one per vein
VenaSeal glue	Trunk veins, non-thermal option	Local	Often less	Usually one per vein
Surface laser / IPL	Fine facial and very fine leg	None	No	Several

	vessels			
Ambulatory phlebectomy	Tortuous surface clusters	Local, in clinic	Yes	One
Traditional surgery	Rare cases unsuited to the above	General, in hospital	Yes	One

A useful sanity check when comparing quotes between clinics: a plan that names only one method for a leg with both trunk and surface veins is usually an incomplete plan , not a cheaper one.

Non-surgical alternatives

Most vein conditions can be managed without surgery. Sclerotherapy, endovenous laser ablation and surface laser treatments are all non-surgical and can address both symptoms and appearance in many cases. In more severe cases and with larger veins, surgical options may still be necessary.

Results differ between patients because conditions and requirements differ. Your practitioner will assess your circumstances and discuss what can realistically be achieved.

What sits outside vein treatment

Several things bring people to a vein clinic that are not venous, and it saves time to know them:

Leg swelling in both legs equally , particularly with breathlessness, is more often a heart, kidney or medication issue than a vein issue — see your GP first.

Swelling that is firm, does not pit when pressed and involves the foot and toes points towards lymphoedema rather than venous disease.

Pain on walking that stops when you stand still points towards arterial disease and needs a different assessment.

A sudden swollen, hot, painful calf is possible deep vein thrombosis and is an urgent problem, not an appointment to book next month.

Cellulitis — a spreading hot red area, often with fever — needs antibiotics first.

Bruise-like marks that are not vessels at all , and any new pigmented lesion, belong with skin assessment.

None of these are refusals — they are simply things that get sorted before or instead of vein treatment.

How the process runs

Referral. Get a GP referral before the first appointment; it supports any Medicare claim.

Consultation and ultrasound , standing, $230.

A written plan and quote — which veins, in what order, how many sessions.

Compression fitted and wearing instructions given.

Trunk treatment where indicated, then a follow-up scan.

Branch and surface sessions , spaced over weeks.

Review at a few months , which is when the result can fairly be judged.

Vein work is a programme rather than an appointment. Judge a quote on the programme total, not the price of one session.

Costs

As at September 2024 and including GST:

Vein consultation with a doctor, which may include ultrasound — $230.

Varicose vein treatment — from $470.

Sclerotherapy treatment session — from $470.

Ultrasound-guided sclerotherapy session — from $740.

Endovenous laser treatment (EVLT) — from $4,200.

Cost varies with the treatment method, the number of veins treated, the number of sessions required and the complexity of the procedure. A consultation is needed for a personalised quote. See varicose vein treatment costs for a full breakdown.

Medicare

You may be able to claim a Medicare rebate for vein treatment. Your physician will discuss any applicable rebates at your initial consultation, and you can contact Medicare directly for further detail. A valid GP referral supports a claim.

Eligibility generally turns on documented symptoms and ultrasound findings rather than appearance alone, and item numbers and criteria change over time, so eligibility is a clinical judgement made at consultation. Purely cosmetic treatment of spider veins is the least likely to attract a rebate. We are not a no-gap provider, so ask for your expected out-of-pocket in writing.

Risks

All procedures carry some risk. Most vein treatments do not require anaesthetic, the exceptions being EVLT and vein surgery. Risks vary by method and are discussed with you in detail at consultation; you are given written information to take home.

Across the methods these include bruising, tenderness and firm cords; brown staining along a treated vein; matting — a blush of fine new vessels near a treated area; blistering and rarely skin ulceration; allergic reaction, rarely including anaphylaxis; infection; inflammation of the treated vein; deep vein thrombosis and, rarely, pulmonary embolism; transient visual disturbance with foam; temporary numbness from nerve irritation; skin burn with thermal or light-based methods; incomplete closure; and recurrence.

Please read our information on the risks and complications of cosmetic surgery before proceeding.

Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Who performs vein treatment

Dr Tim French (MED0001790529) practises in phlebology, holds AHPRA registration and has over a decade of clinical experience in venous medicine. He assesses and treats varicose veins, spider veins and venous ulcers, and also works in skin cancer medicine and mole removal. He has worked at major hospitals including the Royal Melbourne Hospital and the Royal Adelaide Hospital, with experience spanning neurosurgery, plastic surgery, emergency medicine, trauma and general practice. He holds an MBBS, a Diploma of Surgical Anatomy (University of Melbourne), and further qualifications in phlebology and ultrasound in phlebology.

A point of accuracy worth knowing when comparing clinics: phlebology is not an AHPRA-recognised medical specialty in Australia. Doctors who practise in it hold general or specialist registration in a recognised field alongside additional training in venous medicine. Registration and any recognised specialty can be checked free of charge on the AHPRA public register. See the Me Clinic team .

Clinic details

We are at 4 Burke Road, Malvern East VIC 3145. Hours are Monday, Wednesday and Friday 9am to 5pm, Tuesday and Thursday 9am to 6pm, and Saturday 9am to 2pm. Free parking is available under the building and in nearby streets; Caulfield station is about a five-minute walk. Phone 1300 852 050.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Common questions about vein treatments

Which page do I need?

Use the table at the top. Flat fine lines are spider veins; ropey raised veins are varicose veins; aching with nothing visible needs a scan; an open sore near the ankle is an ulcer and should be seen promptly.

What if more than one row applies to me?

Follow the lower one. Venous disease is a ladder and the more advanced sign sets the priority.

What is reflux?

Blood falling back down the leg through a failed valve instead of travelling up towards the heart. It is what the ultrasound is looking for.

Why is the scan done standing?

Because reflux only shows when the vein is loaded by gravity. Lying down can make a refluxing vein look normal.

In what order is a leg treated?

Scan first, trunk second, branches third, surface veins last. Treating the overflow while the source is still running is why results do not last.

What causes varicose veins?

Blood pooling when valves inside the vein are damaged or weakened. Pregnancy, genetics and prolonged standing all contribute.

Are spider veins serious?

Generally cosmetic. But spider veins in the lower legs, ankles or feet can signal more serious varicose vein disease, so the larger internal veins should be assessed rather than just the surface.

What is a reticular vein?

A larger dilated vessel that often feeds a cluster of spider veins, and which can cause discomfort after prolonged standing.

What is a venous ulcer?

An open sore, usually on the lower leg near the ankle, caused by chronic venous insufficiency raising pressure inside the veins until the skin breaks down.

Is dressing an ulcer enough?

No. A venous ulcer is a wound with a cause. Compression and wound care do the healing; treating the underlying reflux is what reduces the chance of the next one.

What is EVLA?

Endovenous laser ablation — a fibre inside the vein delivering heat so the vein shrinks and closes, with blood rerouted through healthier veins. Used for larger trunk veins, in clinic under local anaesthetic.

What is the difference between foam and visual sclerotherapy?

Visual is for smaller varicose and spider veins. Foam is for larger veins — less solution achieves the result, it shows on ultrasound so treatment can be monitored, and it typically causes less discomfort.

When is ultrasound guidance needed?

For veins that are not visible at the surface, often deeper varicose veins feeding what you can see.

Can laser treat leg veins?

Surface laser suits very fine vessels and is generally only suitable for lighter skin. For varicose veins, other methods are more effective given their size.

Is surgery still used?

Rarely, and as the last option. Ambulatory phlebectomy through keyhole incisions is done in clinic under local anaesthetic; traditional stripping in hospital under general anaesthetic is reserved for cases unsuited to anything else.

How do I compare two quotes?

On the programme, not the session. And a plan that names only one method for a leg with both trunk and surface veins is usually an incomplete plan rather than a cheaper one.

What is not a vein problem?

Equal swelling in both legs with breathlessness; firm non-pitting swelling involving the foot and toes; pain on walking relieved by standing still; and any sudden swollen hot painful calf, which is urgent.

What does it cost?

Consultation $230; sclerotherapy from $470; ultrasound-guided from $740; EVLT from $4,200 — as at September 2024 including GST.

Will Medicare help?

Possibly, where symptoms and ultrasound findings are documented rather than appearance alone. A valid GP referral supports a claim. Purely cosmetic spider vein treatment is the least likely to qualify.

What are the main risks?

Bruising, firm cords, staining, matting, blistering and rarely ulceration, allergy including rarely anaphylaxis, infection, vein inflammation, DVT and rarely pulmonary embolism, transient visual disturbance with foam, temporary numbness, burns with thermal methods, incomplete closure and recurrence.

Who treats veins at Me Clinic?

Dr Tim French (MED0001790529), who practises in phlebology with over a decade in venous medicine. Note that phlebology is not an AHPRA-recognised specialty in Australia — registration can be checked free on the AHPRA public register.