Varicose Vein Treatment Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-conditions/varicose-veins/

Details:

Varicose veins are veins that have become enlarged and twisted. They occur most often in the superficial veins of the legs, where standing puts them under sustained pressure.

The mechanism is straightforward. Leg veins contain one-way valves that stop blood flowing backwards. When those valves fail, blood refluxes downwards and pools, the vein stretches under the extra pressure, and the stretching stops adjacent valves from closing properly - so the problem spreads.

This is a medical condition, not only a cosmetic one

Varicose veins are visible, and many people come about appearance. But they are a sign of venous insufficiency, and untreated they can progress to:

Aching, heaviness and throbbing, worse after standing and at the end of the day

Swelling of the ankles

Night cramps and restless legs

Itching and skin irritation over the vein

Skin changes - brown staining, thickening and hardening of the lower leg

Superficial thrombophlebitis - a painful, inflamed, clotted vein

Bleeding from a vein close to the surface

Venous leg ulcers

Because of this, varicose vein treatment sits differently from the cosmetic work elsewhere on this site: it may attract Medicare rebates, and it starts with a proper vascular assessment.

Symptoms are worth reporting even if you came about appearance

People routinely under-report the aching, because it has come on over years and they have adapted to it. Two questions worth answering honestly before your appointment:

Are your legs worse at the end of the day than at the start? Venous symptoms follow that pattern - better overnight, worse after standing.

Do you put your legs up, and does it help? If elevation relieves it, that points to venous pressure.

Say so if the answer is yes. It changes the assessment, and it may change whether any part of your treatment attracts a rebate.

Risk factors

Family history - the strongest single factor

Age

Being female, though men are affected too

Pregnancy, particularly repeated pregnancies

Prolonged standing at work

Obesity

Previous deep vein thrombosis

Previous leg injury or surgery

Assessment: duplex ultrasound first

What you see on the surface is rarely the whole problem. A duplex ultrasound maps which veins are refluxing and where the incompetent valves are, including deep veins you cannot see.

This matters practically: treating visible surface veins while leaving an incompetent vein feeding them almost guarantees recurrence. Assessment before treatment is the difference between a result that lasts and one that does not.

Dr Tim French (MED0001790529) leads our vein team. He is a phlebologist with AHPRA specialist and general registration and over a decade of clinical experience in venous medicine, including at the Royal Melbourne and Royal Adelaide Hospitals.

One point on terminology: phlebology is not an AHPRA-recognised specialty in Australia - it describes a field of practice rather than a protected title. The useful questions are about training, experience and volume in venous work. Any registered practitioner can be checked by name at ahpra.gov.au.

If nobody has scanned your legs, ask why

This is the single most useful thing on the page. A clinic offering to inject visible leg veins without mapping what is feeding them is offering you a temporary result, and the veins will return - often within a year or two.

A vein consultation which may include ultrasound is $230 including GST as at September 2024. Against the cost of a course aimed at the wrong target, that is a small figure.

Treatment options

Compression stockings

Graduated compression supports the veins and relieves symptoms. It does not remove veins, and it is management rather than treatment - but it is often the right first step, and is used after most procedures.

Sclerotherapy

A solution is injected into the vein, causing its walls to close and the vein to be absorbed. Suits spider veins and smaller varicose veins. Several sessions are usually needed. From $470.

Ultrasound-guided sclerotherapy

The same principle applied to deeper veins that cannot be seen, guided by real-time ultrasound.

Endovenous laser treatment

A thin laser fibre is passed inside the vein under ultrasound guidance and withdrawn, closing the vein from within. Done under local anaesthetic as a day procedure, with a walk-out recovery. From $4,200. See varicose vein laser treatments .

Surgery

Ligation and stripping is now used far less often, having largely been replaced by endovenous techniques for most patients, but remains appropriate in some cases.

See all vein treatments .

Which treats what

What you have	Usual approach
Fine surface spider veins, no reflux found	Sclerotherapy, or surface laser
Small to medium varicose veins	Sclerotherapy, several sessions
Deeper veins not visible from the surface	Ultrasound-guided sclerotherapy
A refluxing truncal vein	Endovenous laser - the cause, treated first
Symptoms but no procedure yet decided	Compression, while the plan is made
Skin changes or an ulcer	Treat the reflux, and see the venous ulcer page

Order matters more than method here. The refluxing vein is treated before the surface veins it feeds, or the surface work does not hold.

The process, start to finish

Vein consultation with a doctor, $230 including GST as at September 2024, which may include ultrasound.

Duplex ultrasound to map the reflux.

A plan naming which veins, which method, in which order, over how many sessions - and a written quote.

Treatment of the underlying reflux first , where there is any.

Surface veins afterwards , once the cause is dealt with.

Compression for the period specified after each procedure.

Review , with a realistic account of what has cleared.

Follow-up over years , because new veins can develop - the tendency does not go away.

Who this is for, and what sits outside it

For: anyone with visible leg veins, with or without symptoms, who wants them assessed properly.

More urgent: anyone with skin changes near the ankle, a healed or open ulcer, bleeding from a vein, or a painful inflamed clotted vein.

Deferred: pregnancy. Leg veins commonly appear or worsen in pregnancy and frequently improve in the months afterwards, so assessment usually waits until well after delivery.

Outside this: arterial disease, which is a different problem needing different care - and one reason arterial supply is checked before compression is applied.

Not addressed by treatment: the underlying tendency. Family history is the strongest risk factor and does not change.

What to expect

Sclerotherapy involves multiple small injections along the vein, followed by compression stockings for a period your practitioner specifies. Endovenous laser is a day procedure under local anaesthetic, and you walk out.

Expected afterwards: bruising and discolouration along the treated vein, firmness or tenderness over it, and brown staining that fades over weeks to months. Treated veins feel lumpy before they are absorbed.

Call us for increasing rather than settling pain, spreading redness or heat, pus, a fever, an ulcer at an injection site, or a treated area that is hard, hot and increasingly painful.

Call 000 for pain and swelling in one calf, chest pain or shortness of breath - signs of a clot.

What results are realistic

Treated veins close and are absorbed. Symptoms - aching, heaviness, swelling - commonly improve substantially once the reflux is dealt with, and that improvement is often the part patients value most, even when they came about appearance.

New veins can develop over time , because the underlying tendency is unchanged. Periodic review and further treatment are normal rather than a sign that something failed.

Two cosmetic outcomes worth knowing about in advance: brown staining along a treated vein, which can take many months to fade and occasionally persists; and matting , a fine network of new tiny vessels near a treated area, which often settles on its own over months.

Individual results vary with the extent of the disease, which veins are involved, and how consistently compression is worn.

Cost, and Medicare

As at September 2024 and including GST, a vein consultation with a doctor - which may include ultrasound - is $230. Sclerotherapy starts from $470 and endovenous laser treatment from $4,200. A plan is quoted after assessment.

This is one of the few areas on this site where Medicare may genuinely contribute , because symptomatic venous disease is a medical condition. Purely cosmetic treatment of surface veins is far less likely to attract a rebate. Ask which item numbers apply and what your expected out-of-pocket cost is. We are not a no-gap provider , so a gap applies.

Ask for the cost of the whole plan rather than one session, and ask what follow-up over the next few years is likely to cost.

What you should leave the consultation with

Whether you have underlying reflux, and in which veins

Whether an ultrasound was done, and what it showed
Which veins are being treated by which method, and in which order
The number of sessions, the total cost, and the likely follow-up over years
Which Medicare item numbers apply and your expected out-of-pocket cost
How long compression must be worn
Written risk information
An after-hours number, and what would make you call 000

Self-care that genuinely helps

Walking. The calf muscle pump is the body's own mechanism for moving blood out of the leg.
Elevating the legs above heart level when resting.
Compression, worn as prescribed - including the part where it is uncomfortable in summer.
Avoiding prolonged standing still where you can; moving beats standing.
Weight, where it applies.
Not smoking.
None of this reverses valve failure. It relieves symptoms and slows progression, which is worth having.

Risks

Bruising, discolouration and brown staining along the treated vein
Matting - fine new vessels near the treated area
Pain or tenderness over the treated vein
Superficial thrombophlebitis
Ulceration at an injection site, uncommon
Infection
Changes in sensation from nerve irritation
Deep vein thrombosis, uncommon but serious
Allergic reaction to the sclerosant
Incomplete closure, recurrence, and new veins over time
See risks and complications .

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Common questions about varicose veins

What are varicose veins?

Veins that have become enlarged and twisted, most often in the superficial veins of the legs where standing puts them under sustained pressure.

Why do they form?

Leg veins contain one-way valves that stop blood flowing backwards. When those valves fail, blood refluxes and pools, the vein stretches, and the stretching stops adjacent valves closing properly - so the problem spreads.

Are they just a cosmetic problem?

No. They are a sign of venous insufficiency, and untreated they can progress to aching and heaviness, ankle swelling, night cramps, itching, skin changes, thrombophlebitis, bleeding and venous leg ulcers.

I only care about how they look. Should I mention symptoms?

Yes. People routinely under-report aching because it came on over years. If your legs are worse at the end of the day, or elevation helps, say so - it changes the assessment and may change whether a rebate applies.

What is the biggest risk factor?

Family history.

Why is an ultrasound needed?

Because what you see on the surface is rarely the whole problem. A duplex ultrasound maps which veins are refluxing and where the incompetent valves are, including deep veins you cannot see.

What happens if surface veins are treated without it?

Treating visible veins while leaving an incompetent vein feeding them almost guarantees recurrence - often within a year or two.

What if a clinic offers to inject without scanning?

Ask why. A vein consultation which may include ultrasound is $230, which is small against the cost of a course aimed at the wrong target.

Who performs vein work here?

Dr Tim French (MED0001790529), a phlebologist with AHPRA specialist and general registration and over a decade in venous medicine, including at the Royal Melbourne and Royal Adelaide Hospitals.

Is phlebology an AHPRA specialty?

No - it describes a field of practice rather than a protected title, so ask about training, experience and volume in venous work.

Do compression stockings treat varicose veins?

They relieve symptoms and support the veins, but they do not remove them. Compression is management rather than treatment - often the right first step, and used after most procedures.

What is sclerotherapy?

A solution injected into the vein, causing its walls to close and the vein to be absorbed. It suits spider veins and smaller varicose veins, and several sessions are usually needed. From $470.

What is endovenous laser treatment?

A thin laser fibre passed inside the vein under ultrasound guidance and withdrawn, closing the vein from within. A day procedure under local anaesthetic with a walk-out recovery. From $4,200.

Is vein stripping still done?

Far less often - it has largely been replaced by endovenous techniques for most patients, though it remains appropriate in some cases.

Does the order of treatment matter?

More than the method. The refluxing vein is treated before the surface veins it feeds, or the surface work does not hold.

Can I be treated while pregnant?

Assessment is usually deferred until well after delivery. Leg veins commonly appear or worsen in pregnancy and frequently improve in the months afterwards.

What is normal after treatment?

Bruising and discolouration along the treated vein, firmness or tenderness over it, brown staining that fades over weeks to months, and treated veins feeling lumpy before they are absorbed.

When should I call us?

For increasing rather than settling pain, spreading redness or heat, pus, a fever, an ulcer at an injection site, or a treated area that is hard, hot and increasingly painful.

When should I call 000?

For pain and swelling in one calf, chest pain or shortness of breath - signs of a clot.

Will my symptoms improve?

Aching, heaviness and swelling commonly improve substantially once the reflux is dealt with - and that is often the part patients value most, even when they came about appearance.

Will new veins appear?

They can, because the underlying tendency is unchanged. Periodic review and further treatment are normal rather than a sign something failed.

What is brown staining?

Discolouration along a treated vein, which can take many months to fade and occasionally persists.

What is matting?

A fine network of new tiny vessels near a treated area, which often settles on its own over months.

Will Medicare cover it?

It may - this is one of the few areas on this site where Medicare genuinely can contribute, because symptomatic venous disease is a medical condition. Purely cosmetic treatment of surface veins is far less likely to. Ask which item numbers apply. We are not a no-gap provider.

What does it cost?

A vein consultation which may include ultrasound is $230 including GST as at September 2024. Sclerotherapy starts from $470 and endovenous laser from $4,200, with a plan quoted after assessment.

What self-care actually helps?

Walking, because the calf muscle pump moves blood out of the leg; elevating the legs when resting; wearing compression as prescribed; avoiding prolonged standing still; weight where it applies; and not smoking. None of it reverses valve failure, but it relieves symptoms and slows progression.

What are the risks?

Bruising, discolouration and brown staining; matting; pain or tenderness over the treated vein; superficial thrombophlebitis; uncommon ulceration at an injection site; infection; changes in sensation from nerve irritation; deep vein thrombosis, uncommon but serious; allergic reaction to the sclerosant; and incomplete closure, recurrence and new veins over time.

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.