

# VENOUS OBSTRUCTIVE DISEASE

Venous Obstructive Disease is a disorder of veins. The heart pumps blood out to the legs by ways of **arteries**. Once the blood is circulated, it is returned to the heart by **veins**. Disease of the veins is often created by an obstruction or compression of the veins rather than by “blockages” from cholesterol plaques in arteries. The most common location for venous compression is inside the abdomen or the pelvis. These are called **iliac vein compression**, which can occur on the left and/or right side(s). When an iliac vein is compressed the blood returning to the heart is obstructed leading to swelling and even blood clots in that leg.

## Symptoms

Swelling	Restlessness	Calf pain
Heaviness	Itching	Leg cramps
Achiness	Thigh pain	Leg soreness

## Types of Veins

- There are two types of veins: superficial veins and deep veins.
- Disease of the superficial veins include varicose or veins (spider veins) and superficial thrombophlebitis (blood clots in superficial veins). This disease is due to venous reflux.
  - Disease of the deep veins include iliac vein compression and deep venous thrombosis (blood clots in deep veins). This disease is due to venous compression or obstruction.

## Diagnosis

Venous Obstructive Disease can only be diagnosed by a physician with expertise in venous disease by obtaining your history and performing physical examination. Additional testing may include a CT of the pelvis and/or ultrasound of your legs.

## Treatment

Venous Obstructive Disease can be resolved with venous stenting by performing a venogram by the expert physician. Three months of blood thinners are usually prescribed after venous stenting followed by an ultrasound of the stent(s). Properly fitted compression stockings are an important part of treatment of venous obstructive disease to reduce swelling and to reshape your legs.

Venous stenting is an outpatient same-day procedure. The patient arrives 2 hours before the procedure for lab work and IV placement. The procedure takes about one to two hours followed by a two-hour recovery before going home. It usually takes about 48 hours for the patient to return back to normal activities.

The patient should see improvement of symptoms within a month. After the procedure, the patient may experience bruising or pain at incision sites, tingling sensation or numbness of lower legs, and temporary back discomfort lasting for a few days. All of these discomforts usually resolve with conservative treatments. Please call our office if symptoms do not resolve.

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