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PROPHYLAXIS OF VARICES IN THE LOWER LIMBS DURING PREGNANCY

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INTRODUCTION

It is well known, that the aetiopathogenesis of idiopathic essential varicose veins of the lower limbs has not been yet determined with certainty. The involvement of a number of pre-existing causes as determining factors of this syndrome is, however, universally recognised: family history of condition, increased hydrostatic pressure in the area affected, and degeneration of the saphenous valves and of the perforating veins. In consideration of these facts and bearing in mind that, according to various authors, from 13% to 32% of the female population of Western countries is affected by varicose veins of legs, we carried out study in a sample population that is particularly at risk, in order to demonstrate and verify the value and efficacy of elastic compression in the prevention of venous ectasia of lower limbs during pregnancy.

MATERIAL AND METHODS

We selected 24 women aged between 20 and 32 years with a positive family history of varicose veins of the legs, all primiparae, between the 8th and 12th week of pregnancy and showing no clinical evidence of venous insufficiency.. All 24 women were investigated by Doppler sonography with negative 4MHZ and 8MHZ probes, for incompetence of the saphenous vein and for possible reversal of flow in the perforating veins. Rectal examination showed no haemorrhoidal pathology. To one group of 12 women we recommended



the regular and continuous use of elastic compression stockings of the 23/25mm hg type. Each month we carried out clinical examinations of the patients of both groups. None of the 24 patients had followed any therapeutic treatment un to the time of their pregnancy. All 24 patients followed a course of obstetric psychoprophylaxis for the last two months of their pregnancy.

All the patients were visited the first month post partum and all were subjected to a follow-up

Doppler sonography check.

RESULTS

Up to the time of postnatal examination none of the 12 women who had worn elastic compression stockings developed venous ectasia of the legs or haemorrhoids. Two women (16%) of the second group presented both varicose veins and haemorrhoids. In one case, the varicose veins appeared in the 4th month of pregnancy and in the other, shortly before the delivery.

The haemorrhoidal pathology appeared respectively before the 4th and 5th month of pregnancy in two patients. A 3rd woman, also belonging to the same group, delivery. In two woman with varicose veins the Doppler sonography revealed incontinence of the saphenous valve and absence of phatology of the perforating veins.

CONCLUSIONS

If considered that an average of 22% of the adult female population is affected by varicose veins of the lower limbs and that one woman out of two, Of this high percentage, may develop this condition during or after pregnancy, we can easily appreciate the importance of the condition during

or after pregnancy, we can easily appreciate the importance of the continuous use, in these circumstances, of a system as effective as easy to use, like the elastic graduated compression applied to the legs.

The elastic, compressive and supportive action of the stocking does not allow the increased hydrostatic pressure or the possible reversal of the flow from deep venous system to the surface, to distend excessively the venous wall, thus preventing any degenerative action on the wall itself and at the same time preserving its natural elasticity.

With the prevention of these pathogenic influences, both the valvular degeneration and the consequent venous incontinence, varicose veins, are avoided. We considered it appropriate and sufficient to use stockings with a supportive capacity of 23/25 mmHg of the SEGRETA IBICI type. Earlier studies had shown that such compression values can be achieved on the superficial circulation of patients with varicose veins in the standing position. The same type of stocking, tested accurately on patients with essential varicose veins, led to a clear reduction of the pressure in the saphenous vein measured at medial malleolus, making it possible to demonstrate, by phlebography, the corresponding decrease in the calibre of the saphenous vein and its collaterals.

Obviously we may confirm that the structural characteristic of the SEGRETA IBICI compression stocking constitute such an effective prophylactic and therapeutic protection all doctors should keep into due consideration.

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