

Introduction and Treatment of Venous Insufficiency

Emmanuel Ifeanyi Obeagu*

Department of University Health Services, Public University in Ibadan, Nigeria

EDITORIAL

Habitual venous insufficiency occurs when your leg valves don't allow blood to inflow back over to your heart. Typically, the valves in your legs make sure that blood flows toward your heart. But when these valves don't work well, blood can also flow backwards. This can beget blood to collect (pool) in your legs. Your provider will take your medical history and give you a test. You may also have an imaging test called a Duplex ultrasound. This looks at blood inflow and the structure of your leg valves. It checks the speed and direction of blood inflow in the blood vessel.

Habitual venous insufficiency (CVI) is a condition that occurs when the venous wall and or valves in the leg valves aren't working effectively, making it delicate for blood to return to the heart from the legs. CVI causes blood to "pool" or collect in these valves, and this pooling is called counterpoise.

Habitual venous insufficiency occurs when these valves come damaged, allowing the blood to blunder backward. Stopcock damage may do as the result of aging, extended sitting or standing or a combination of aging and reduced mobility. When the valves and valves are weakened to the point where it's delicate for the blood to flow up to the heart, blood pressure in the valves stays elevated for long ages of time, leading to CVI.

Habitual venous insufficiency that develops as a result of DVT is also known as post-thrombotic pattern. As numerous as 30 percent of people with DVT will develop this problem within 10 times after opinion.

An estimated 40 percent of people in the United States have CVI. It occurs more constantly in people over age 50, and more frequently in women than in men.

The soberness of CVI, along with the complications of treatment, increase as the complaint progresses. That's why it's veritably important to see your croaker if you have any of the symptoms of CVI. The problem won't go down if you stay, and the before it's diagnosed and treated, the better your chances of precluding serious complications. Symptoms include

- 1) Swelling in the lower legs and ankles, especially after extended ages of standing
- 2) Paining or frazzle in the legs
- 3) New swollen valves
- 4) Tough-looking skin on the legs
- 5) Flaking or itching skin on the legs or bases
- 6) Counterpoise ulcers (or venous counterpoise ulcers)

Still, the pressure and swelling increase until the smallest blood vessels in the legs (capillaries) burst, If CVI isn't treated. When this happens, the overlying skin takes on a sanguine-brown colour and is veritably sensitive to being broken if banged or scratched.

At the least, burst capillaries can beget original towel inflammation and internal towel damage. At worst, this leads to ulcers, open blisters on the skin face. These venous counterpoise ulcers can be delicate to heal and can come infected. When the infection isn't controlled, it can spread to girding towel, a condition known as cellulitis.

CVI is frequently associated with swollen valves, which are twisted, enlarged valves close to the face of the skin. They can do nearly anywhere, but utmost generally do in the legs.

*Correspondence to: Emmanuel Ifeanyi Obeagu, Department of University Health Services, Public University in Ibadan, Nigeria, E-mail: Emmanuellifeanyi@gmail.com

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