

VEINS AND ARTERIES: Consultant vascular surgeon Michael Gaunt at the BMI Hospital in Bury.



Getting under the skin

Consultant vascular surgeon Michael Gaunt, who works in Cambridgeshire and Suffolk, urges us all to look after our legs. Lynne Mortimer talks to the expert about varicose veins

UNDER the skin we are a massive network of veins, muscles and organs, all interconnected and depending on each other. Without the life-giving flow of blood and oxygen the vessels – arteries and veins – that supply every part of our bodies, we cannot survive.

Today, I meet consultant vascular surgeon Michael Gaunt at a private health clinic near Cambridge where he is ensconced in his consulting rooms. These quiet surroundings, discreetly well-appointed represent only a part of his work.

Earlier he was at Papworth Hospital where he was performing life-saving surgery on a young patient. The operation took 13 hours and the patient is doing well.

There is a huge range of conditions affecting the vascular system, from the immediately life threatening, at one extreme, to the relatively mild but upsetting at the other.

We are not here to talk exclusively about the most serious medical outcomes. Between having a totally healthy vascular system and one that isn't one hundred per cent, there are degrees of problems which might be regarded as starting, almost, with the cosmetic. Thread veins in the legs, can be unsightly and cause distress but are not invariably an omen of something nasty lurking in the background.

They look like a tangled net of tiny red lines and, although I have no reason to be too concerned about the flowering patch on the inside of my right knee – it doesn't show too much and it gives me no discomfort – it is a visible encroachment on the otherwise lily-white skin of my legs. I am not a sun-lover.

Until now I have ignored it and would probably have continued to ignore it... but when one of our leading vascular surgeons offers to have a look at it... well, I am up on the examination bed before you can say 'Betty Grable' (she of the Million Dollar Legs, of course).

To see what is going on in my leg, Michael Gaunt dons headgear that looks a bit like a miner's helmet complete with Davy lamp. Tracing my veins the intense beam enables him to see what is going on in my leg, subcutaneously. It illuminates the thread veins on the inside of my right knee and, moving up, identifies the large blue vein on the inside of my thigh.

"Oh...", says Mr Gaunt, mysteriously, and then "Ah..."

"What?"

"A batch of thread veins has to be fed by a bigger vein," he explains. "This is not a varicose vein it is a reticular vein. As you can see, it's much more extensive under the light."

I can see.

Once upon a time there would have been three consultations before treatment but advances in ultrasound technology mean that an examination, diagnosis and results can be covered in one session.

There has been a revolution in the way varicose veins are treated. It wasn't so long ago that a patient would be put under general anaesthetic for invasive surgery.

Recuperation took more than a week. Those days are all but gone. It can now take just a few hours.

Veins – they look a bit blue under the skin – carry blood back towards the heart. In the leg there is a deep system of veins inside the muscles that carries blood at high pressure.

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There is also a superficial system of veins just underneath the skin which is designed to carry a smaller amount of blood under low pressure.

The superficial veins join the deep veins at two main points, in the groin and behind the knee. At each of these points, valves prevent high pressure blood from getting into the superficial system.

If the valves become leaky and the high pressure blood seeps into the superficial veins it causes them to become dilated and visible – these are varicose veins.

The seepage also means that some of the blood from the legs doesn't get back to the heart as it should and the re-flux into the superficial veins prompts symptoms of aching, swelling and night cramps.

Over time this can lead to venous eczema and then to ulceration but with early treatment this can be avoided.

Michael Gaunt puts it in a nutshell: "Veins take the waste blood away but in varicose veins it is accumulating."

"The symptoms come on very slowly. People I have treated often don't realise they have symptoms until, post-operatively, they find their legs don't ache so much."

Passionate about his field of medicine, Michael is keen to highlight the life-changing help it can offer.

He feels it can suffer from a general lack of awareness because the acute stages of vascular failure most often show themselves as a heart



MORE THAN SKIN DEEP: Consultant vascular surgeon checks over a patient's leg, looking under the surface of the skin, left. Above, leg with varicose veins before and after being operated on by Michael Gaunt, above right and top

hours. Both legs; front and back. It's amazing what we can do now with minimal impact on people's lives."

When he was first trained in vascular surgery it was very different. Those of a nervous disposition may wish to skip the next couple of paragraphs.

"We used to strip the veins out with that long wire with something like a bullet attached at the end. You pulled it out and, often, blood would squirt out on to the wall and (after the op) the theatre sister would give you a mop and you had to clean up the blood.

"For a trainee surgeon it was considered to be bad technique, you see. It was really bad news if you got the anaesthetic machine and the anaesthetist as well," he adds, with a hint of mischief.

He has been at Addenbrookes, in Cambridge, since 1999. He chose the appointment because it offered him the opportunity to develop his specialty. "We're probably the main vascular department in the eastern region now; we do most of the major work."

Married to Ann with two daughters, Elizabeth, 15, and Catherine, 11, Michael's average week is a logistical feat involving the Spire Cambridge Lea private Hospital, Addenbrookes, the BMI hospital in Bury St Edmunds, West Suffolk Hospital and a once-a-month clinic at Newmarket.

There are clinics and surgery and ward rounds and being on call. The work can spill over into the weekend.

At any time, Michael can be called out to attend to emergency surgery. And this, indeed, was what happened when we first tried to take his photograph.

Attentive, analytical and with enormous intelligence, experience and expertise, Michael, serious-minded but with a gentle humour, is exactly the man you would want to look after you.

Michael says varicose veins are "part of the price we pay for deciding to stand on our hind legs all those millions years ago."

Perhaps the most shocking statistic he quotes is that "one in five of the population will get varicose veins".

He is concerned that most people will put off treatment. While treatment through the NHS is severely restricted as Primary Care Trusts allocate funds to try to address medical priorities, early intervention on varicose veins – although only available privately – can be hugely effective.

On Michael Gaunt's excellent website are case studies include that of an oarsmen who rowed for Cambridge and the United States. He went to see Michael when aching legs had been affecting his athletic performance. "I did his varicose veins and he's a lot better. When you exercise more waste products build up in the muscles. With inefficient venous return to take blood to be de-toxified, the lactic acid builds up in your muscles."

The cost of treatment averages at around £2,500 with some small procedures considerably less and major surgery, considerably more.

And if you have been thinking Michael Gaunt is exclusively a leg man, you'd be wrong. The advances in the treatment of minor vascular problems have also reached the face. The little red veins that can appear on the cheeks and the nose can also be dealt with.

They are not caused by a penchant for wine, however. Michael sets the record straight.

"A lot of people come in very worried because people have commented they are a 'bit of a boozier' because of the veins on their face. Not necessarily true. (Alcohol) may affect the circulation and make them more prominent but it doesn't cause them."

It is, perhaps, too easy to overlook veins, putting down a new prominence to advancing age; "one of those things". As we all seek to look after our bodies and offset the ravages of age and declining health, it makes sense to be vigilant.

Dealing with a small problem now might mean there will be no big problem later.

More information about Michael Gaunt, vascular problems and procedures is available at www.michaelgaunt.com

attack or a stroke. But they are frequently brought on by problems in the veins and arteries, most often caused by hardening and narrowing. This is the most harrowing and potentially dangerous end of vascular failure.

But in a world where appearances count for so much, visible veins can cause real distress. Happily, this is where Michael is able to offer help via his private practice. Procedures are relatively straightforward and they can make an enormous difference to a person's health and self image.

Does he think our image-obsessed culture has had an impact on the numbers seeking treatment at an earlier stage? He believes this might be the case.

"People will say they don't like the appearance of their legs and they always wear trousers or long skirts. They're worried about going swimming in a costume or being seen on the beach in the summer. They'll wear a sarong or hide themselves behind a windbreak.

"In the bedroom, some women will even turn the lights off because they're so ashamed of their legs that they don't want their husbands to see them.

"I had a young lady in a couple of weeks ago, bursting into tears because she was so upset she had started getting varicose veins, thinking it was a disease of old age or middle age and she was only 19. But my youngest varicose vein patient has been nine-years-old. I treated a 13-

year-old girl just a couple of months ago. It can start at any time."

Varicose veins are not strictly an hereditary condition but there is an inherited tendency.

"The first sign of anything going wrong may not be lumps and bumps on your legs but the blushes of thread veins. They may be one of the earliest signs that you have an underlying problem.

"When someone comes along just for treatment of their thread veins, I say I have to make sure there is nothing underlying it because we have to treat the biggest veins first. The big veins feed into small veins and these feed into smaller veins.

"Some women spend money at beauty salons having injections or treatments that haven't worked because there is an underlying problem which hasn't been corrected. Unless you seal off those big veins that are feeding into the thread veins the treatment doesn't work."

He adds: "Not everybody that has thread veins has varicose veins. Some people just have the kind of skin that is prone to thread veins."

Men, he says, can often ignore veins and only notice them when the weather gets warm enough for shorts.

Michael Gaunt did not grow up with a burning ambition to be a doctor.

"I didn't go into university straight away.

After A levels I worked in a laboratory or a year

or so and became convinced that medicine was what I wanted to do.

"I trained at (the University of) Leicester Medical School and qualified with a distinction in the finals. I was picked up by Professor Sir Peter Bell (at Leicester). He was professor of vascular surgery there and it was where research was happening."

After completing his MD, also with distinction, Michael was destined for the top and, along the way, won a hatful of prizes for his work in vascular surgery, one of which was the European Vascular Surgery Prize.

Marked out early as a rising star – he demurs a little at this description – Michael is now among our most distinguished vascular surgeons, internationally renowned.

What is it about vascular work that he likes? "Instant gratification," he replies promptly. "You know instantly whether you've succeeded or failed."

He says the arterial side of a vascular surgeon's work has traditionally had a higher profile. "The venous side was always a backwater but recently the advances have just been phenomenal.

"We used to do stripping of veins under general anaesthetic and people would be in hospital for five days. Now," he says with genuine enthusiasm, "we have the laser for varicose veins under local anaesthetic and the patient is in and out of hospital in four or five