



Sore Down There?



Varicose veins in intimate areas are an uncomfortable but common issue, especially during and after pregnancy. Here, DR SRIRAM NARAYANAN, Senior Consultant Vascular Surgeon at The Harley Street Heart and Vascular Centre, writes about their causes and treatment options.

You're feeling beautiful, and life is everything you have dreamed of, with a three-year-old with boundless energy running around and a newborn in your arms. Then, out of nowhere, discomfort kicks in down there. Soon, you start noticing blue, ropy bulges. They ache, sometimes bleed, and clothes become uncomfortable. You may even be worried that your partner may see them and turn away.

This is the private and constant agony of vulvar varicosities – or vaginal and vulvar varicose veins. They're commonly seen but few people talk about them.

How varicose veins in the private areas develop

As pregnancy progresses, dramatic changes occur in blood circulation within the pelvis. Blood flow to the pelvic organs increases almost tenfold. The veins around the uterus, vagina and rectum dilate and become more engorged with blood. The growing uterus also blocks blood flow in the veins, adding to swelling in the vulva and contributing to leg swelling. This can lead to varicose veins around the vagina, haemorrhoids (or piles) and varicose veins in the legs, especially at the back of the thigh.

Symptoms to look out for

For many women, these enlarged veins return to normal about three months after childbirth. For others, they persist as varicose veins around the vagina, causing

a sensation of fullness, swelling, aching and discomfort down below that may worsen with prolonged sitting or standing. There may also be itchiness, and the veins can bleed upon contact or from friction with clothing too. Of course, intimacy can become rather painful, compounded by the psychological barrier of feeling “not pretty down there.”

What are the treatment options?

The goal of treatment is to shut the blood flow in the unhealthy veins and divert the flow into the healthy veins in the pelvis. Here, a full assessment by a vascular specialist of the visible veins in the vaginal area and those around the uterus and groin that feed the vaginal veins is crucial. Ultrasound duplex scans and CT scans help establish the extent of the problem.

Treatment may involve sclerotherapy injections, similar to those used for leg varicose veins, done with ultrasound scan guidance and a short anaesthetic due to the sensitivity of the area. Any feeding veins around the uterus and pelvis may be treated with minimally invasive techniques like embolisation, which blocks blood flow using platinum coils or medical glue. These are usually simple day-surgery procedures with no long-term effects on circulation. After all, your circulation is your lifeline. [a](#)

The Harley Street Heart and Vascular Centre (Gleneagles Hospital)
 #02-38/41 Annexe Block, 6A Napier Road
 6472 0503 | WhatsApp: 8822 8164
vascular.harleystreet.sg | circulation@harleystreet.sg