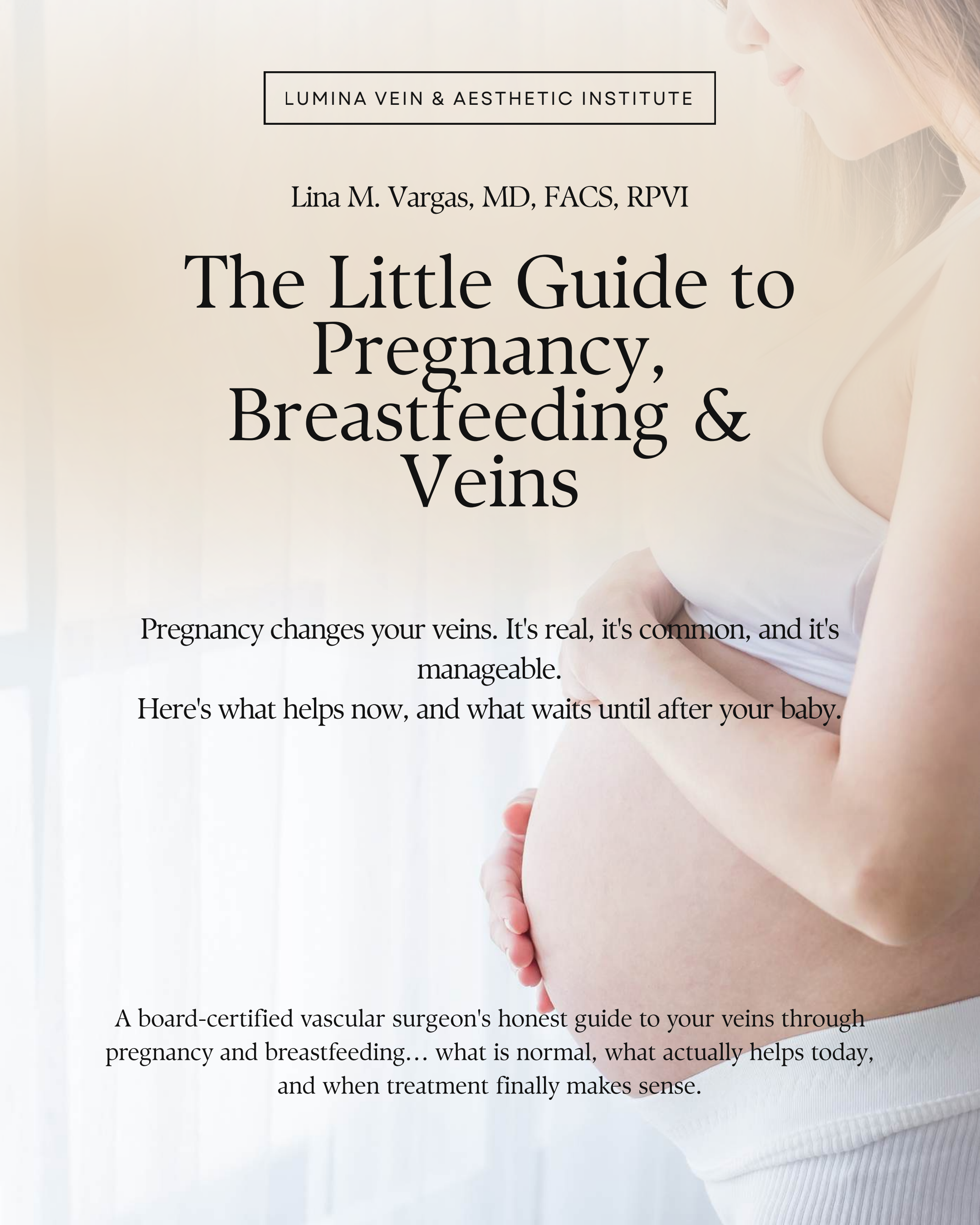




LUMINA VEIN & AESTHETIC INSTITUTE

Lina M. Vargas, MD, FACS, RPVI

The Little Guide to Pregnancy, Breastfeeding & Veins

Pregnancy changes your veins. It's real, it's common, and it's manageable.

Here's what helps now, and what waits until after your baby.

A board-certified vascular surgeon's honest guide to your veins through pregnancy and breastfeeding... what is normal, what actually helps today, and when treatment finally makes sense.

A note from Lina

Your legs are carrying more than a baby

If pregnancy gave you heavy legs, swollen ankles, or veins you had never seen before, you are not alone, and you are not overreacting by asking about it. I hear some version of this in my office every week: "My doctor said it's just part of pregnancy."

It is common. That does not mean you have to white-knuckle through it. There are safe, simple things that genuinely help while you are expecting, and excellent treatment options once you are ready for them. The trick is knowing what to do now, and what waits until after your baby arrives, and after breastfeeding, if you choose to.

That is exactly what this little guide walks you through. As a vascular surgeon, and as a woman who talks with mothers about their veins every single day, I wrote down what I wish someone told every expecting mom.

Let's take care of you, too.

With love, Lina

@dr.linavargas



Why pregnancy is hard on your veins.

Three things happen at once, and none of them are your fault...

Progesterone relaxes the walls of your veins, making them stretchier and easier to widen. Your blood volume increases by nearly half to support your baby. And your growing uterus presses on the large veins in your pelvis, slowing the blood trying to return from your legs. The result: aching, heaviness, swelling, and veins that seem to appear overnight, in the legs, and sometimes in places nobody warned you about.

Here is what I want you to hold onto: this is common, and it deserves better than "that's just pregnancy." Vein disease also tends to progress with each pregnancy, so what whispered in the first often gets louder in the second and third. The reassuring part: many bulging veins improve on their own in the months after delivery, and the ones that stay behind have excellent treatment options waiting, when the timing is right.

A close-up photograph of a person's hands holding a white pregnancy test stick with a pink cap. The test stick has a small window showing a purple line, indicating a positive result. The hands are positioned to hold the stick horizontally, with the pink cap on the left and the white tip on the right.

**EVERY PREGNANCY ASKS A LITTLE MORE OF
YOUR VEINS THAN THE ONE BEFORE.
PROTECTING THEM NOW, WHILE YOU ARE
EXPECTING, IS THE EASIEST VERSION OF THE
JOB.**

What actually helps, starting today.

You cannot change your hormones or your blood volume, and you would not want to. What you can do is take the pressure off with three daily habits. They are simple, they are safe for you and your baby from the first trimester on, and they change how your legs feel by the end of the day.

1

DAILY HABIT I

Maternity
compression: waist-
high style, properly
sized, on first thing in
the morning.

2

DAILY HABIT II

Move and elevate:
walk or swim most
days, and rest with
your feet above heart
level.

3

DAILY HABIT III

Sleep on your left
side: it takes the
weight of the uterus
off your largest vein.

**MATERNITY COMPRESSION IS SAFE THROUGHOUT
PREGNANCY, AND IT IS THE SINGLE MOST EFFECTIVE
THING YOU CAN WEAR. SKIP THE GUESSING: WE CAN
SIZE YOU FOR THE REAL, MEDICAL-GRADE KIND.**

Timing is everything. Here is the map.

Treatment is not canceled by pregnancy or breastfeeding. It is simply sequenced. Here is how the timeline works, from positive test to final result.

Stage	What we do, and when
During pregnancy	Conservative care first. When medically necessary, thermal ablation is possible, using only lidocaine.
After delivery	Many veins improve on their own over three to six months. Let your body settle first.
While breastfeeding	More is possible than most moms are told: ablation, Varithena, sclerotherapy, and laser, with the right precautions.
After weaning	Every option, no precautions needed. Your plan is ready when you are.

Treatment is not always off the table, even while pregnant. Thermal ablation uses a single medication, lidocaine, for tumescent anesthesia, and lidocaine is safe in pregnancy and while nursing, so medically necessary ablation can proceed at any stage. Polidocanol is different: Varithena and cosmetic sclerotherapy are contraindicated in pregnancy and wait until after delivery. Then they are possible: pump and discard your breastmilk for 12 to 24 hours, up to 48 out of an abundance of caution, to minimize any potential exposure to your baby. Transdermal laser is always safe while breastfeeding.

And here is the part I need every mother to know: clot risk.

Pregnancy makes blood clot more easily by design, and that risk stays elevated for about six weeks postpartum. One swollen, painful, warm, or red calf deserves a same-day call. Sudden shortness of breath or chest pain is an emergency.



A little effort, done right, goes a long way.

Your body is doing something extraordinary, and your veins are part of that story. If you want help with maternity compression, or you want us to size and order a pair for you with free shipping, click the link below and let us know in the comment box. A consultation is safe at any stage, even while nursing.

If you are local to greater Orlando

We cannot wait to welcome you in our beautiful office, where you'll feel right at home. As the only Spanish-speaking female vascular surgeon in the greater Orlando area, I take pride in offering compassionate and expert care.

And if you are not local...

We still want to see you and stay connected. Follow us on social media and click the link below to let us know you would like to schedule a virtual consultation.

We look forward to welcoming you to Lumina Vein & Aesthetic Institute.

REQUEST AN APPOINTMENT