

Vein Specialists Point to Dehydration and Travel as Summer Clot Risks

Vein disease symptoms intensify in summer heat, though clot incidence data point to dehydration and immobility during travel rather than temperature itself.

LOS ANGELES, CA, UNITED STATES, August 26, 2026 /EINPresswire.com/ -- Summer heat changes how leg veins behave, and vascular specialists are drawing a line between two things that often get merged in seasonal health coverage. Symptoms of existing vein disease reliably worsen when temperatures climb. Clot formation follows a different pattern, and the epidemiological record points toward dehydration and long periods of sitting rather than the heat itself.

Why Heat Makes Vein Symptoms Worse

The mechanism is straightforward. When the body needs to shed heat, it moves blood toward the skin by widening the vessels that carry it. In a healthy leg, the one-way valves inside the veins keep that blood moving back toward the heart. Where those valves are already damaged or weak, the same dilation allows blood to collect in the lower leg instead of returning, and the pressure that builds produces the familiar summer complaints of swelling, aching, heaviness, and throbbing that ease overnight and return the following afternoon.

That pattern describes chronic venous insufficiency, a condition in which damaged valves leave blood pooling in the legs and can progress to skin discoloration and venous ulcers if the underlying pressure goes unaddressed. Recognizing [chronic venous insufficiency symptoms](#) during a heat wave matters because the seasonal flare is not the disease arriving; it is an existing problem becoming visible. Patients who assume the swelling is a temporary consequence of the weather frequently postpone evaluation until autumn, by which point the valve damage has had another summer to advance.



Diagnosis of DVT and Varicose Veins



Heat explains the leg aches in July. It does not explain the clots. Confusing the two sends patients after the wrong precaution."

Dr. Vasim Lala, CACVI

What the Clot Data Actually Show

The relationship between heat and deep vein thrombosis runs opposite to what seasonal messaging often suggests. A meta-analysis published in *Phlebology* in 2020, pooling 23 studies and 40,309 patients with venous thromboembolism, found incidence highest in winter (27.2%) and lowest in spring (23.1%), with summer at 24.6%. Winter incidence exceeded summer incidence with

a relative risk of 1.12, and the authors noted the winter excess was most pronounced for deep vein thrombosis specifically.

A separate ten-year analysis of hospital admissions in northeastern China, published in *International Angiology* in 2017, reached the same conclusion from the other direction. Admissions rose as average, minimum, and maximum temperatures fell, and the researchers reported no significant effect on deep vein thrombosis at extremely high temperatures.

Broader heat data show a similar split between general strain and vascular events. A study in *The BMJ* covering nearly 22 million emergency department visits among 74.2 million United States adults across 2,939 counties found that days of extreme heat carried a 7.8% excess relative risk of emergency visits for any cause. Visits for cardiovascular disease did not follow, registering a small decline over the same days.

None of that diminishes the underlying burden. The Centers for Disease Control and Prevention estimates that blood clots affect as many as 900,000 Americans each year and that between 60,000 and 100,000 die of deep vein thrombosis or pulmonary embolism annually, with a fifth to half of survivors developing long-term complications. Accurately understanding [deep vein thrombosis risk factors](#) is what allows prevention to target the right variables at the right time.

Where Summer Risk Actually Comes From

Two seasonal factors do carry a defensible link to clot formation, and neither is temperature acting directly on the vein. Dehydration reduces circulating plasma volume, which concentrates red cells and clotting factors and raises blood viscosity. Slower, thicker flow through the deep veins of the calf is the setting in which thrombosis begins, and dehydration has been associated with venous thromboembolism in hospitalized patient groups.

The second factor is immobility, and summer supplies it in volume. Long flights, extended road trips, and hours seated in transit hold the calf muscle still, and that muscle is what pumps venous blood upward against gravity. Travel-related thrombosis is a recognized clinical entity, and its seasonal peak reflects the travel calendar rather than the thermometer.

Baseline risk is not distributed evenly across the population. Prior thrombosis, recent surgery or hospitalization, active cancer, pregnancy and the weeks following delivery, hormone therapy, inherited clotting disorders and advancing age all raise susceptibility, and the seasonal factors compound whatever risk a person already carries. A long flight represents a different proposition for a traveler six weeks past a knee replacement than for one with no vascular history, which is why prevention advice pitched at the general public tends to understate what a smaller group of travelers should be doing.

The practical guidance that follows is unglamorous and well established. Maintaining fluid intake during hot weather, standing and walking at intervals during long journeys, moving the ankles while seated, and wearing graduated compression where a clinician has recommended it all address the mechanisms that genuinely drive summer risk. Persistent one-sided leg swelling, calf pain, warmth, or discoloration warrants same-day assessment rather than watchful waiting, because those signs point toward an event already underway.

For established venous disease, [minimally invasive vein treatment options](#), including radiofrequency ablation and sclerotherapy, address incompetent veins on an outpatient basis, which is one reason summer symptom flare is often when longstanding disease finally gets evaluated.

About CACVI

The Center for Advanced Cardiac and Vascular Interventions is a Los Angeles-based cardiac and vascular practice treating conditions including chronic venous insufficiency, varicose veins, deep vein thrombosis, and peripheral artery disease. The physician team performs catheter-based cardiac and endovascular procedures, and the practice serves patients across Los Angeles, the San Fernando Valley, and the High Desert.

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