

About the Treatment

Some form of venous disorder affects approximately 80 million Americans. Women are more likely to suffer from varicose veins than men, with as many as 50% of American women affected. Often, varicose veins initially present only a cosmetic concern, but they can become clinically important when symptoms such as cramping, throbbing, burning, swelling, and/or a feeling of heaviness or fatigue. Alterations in skin pigmentation in the afflicted area can become pronounced. Severe varicosities may be associated with dermatitis, ulceration, and thrombophlebitis, which result when metabolic waste products are no longer removed due to pooling of venous blood and increased hydrostatic pressure.

Varicose veins are superficial veins that have become enlarged and have lost their ability to effectively transport blood. 90% of all blood volume is carried by the deep system of veins, which are the normal channels, so the varicose veins are not effectively contributing to your overall circulation. If the blood doesn't flow efficiently, the veins become enlarged because they are congested with blood. Once a vein has become varicose it won't go back to normal and must be treated.

Superficial venous reflux introduces elevated intravascular pressure into veins that are intended to function as a low pressure system, which leads to progressive distension, dilation, and tortuosity of the vein. Since the superficial veins lack muscle support and lie close to the surface of the skin, they become visible with increased intravascular pressure. The condition is further aggravated as the walls of the affected vein weaken. Incompetence in the perforator veins that connect the superficial and deep venous systems can also aggravate varicose veins by reducing or eliminating flow into the deep venous system, allowing blood to stagnate in the superficial veins. Varicose veins are found most often on the back of the calf or on the inside of the leg between the groin and ankle, and are commonly the result of reflux through the valve at the junction between the greater saphenous vein and the common femoral vein. This condition is known as chronic venous insufficiency. Signs and symptoms of chronic venous insufficiency include, in part, the following:

1. Leg pain and heaviness after prolonged sitting and/or standing
2. Varicose veins
3. Venous ulcers
4. Bleeding or clotting of superficial veins

First-line treatment of varicose veins of the leg includes conservative methods that attempt to treat the underlying cause of the condition. These treatments include weight reduction, elevation of the legs, walking, and wearing compression hosiery. When these initial therapies fail, management is geared to closing these faulty valves. This will stop the "leak" and halt the progression of leg vein disease. It is not intended to directly treat varicose, reticular or spider veins. It acts to arrest the root cause of these conditions and prevents them from progressing. It also allows other "clean--up" therapies to work more effectively.

Endovenous ablation is performed by placing a fiber into the vein and heating the inside of the vein to seal it shut. Endovenous ablation takes the place of traditional vein stripping, which is performed in a hospital, and can be performed in the comfort and convenience of an office setting using only local anesthesia. This new technology offers the most comfortable treatment available with rapid relief of symptoms, no downtime and less bruising than traditional laser treatment. Immediately after this procedure you will need to have your leg wrapped for 36 hours.

This system is intended to halt the progression of venous insufficiency that is the root cause of your varicose, reticular and spider veins. It is essential to perform this first, before any other treatments, as it will enhance the effectiveness of all subsequent treatments that will address the damage that has already occurred.

Larger bulging varicose veins are addressed with Ambulatory Micro-Phlebectomy. Also known as "hook" Phlebectomy, this involves the micro-extraction of bulging varicose veins through very small incisions. These small incisions usually heal completely without any scarring. This varicose vein removal procedure is performed in the office under local anesthesia and typically is done at the same time as your endovenous procedure. Without this adjunctive procedure, the varicosities will usually shrink over 6 months to a year, however, most of our

patient desire to leave their laser procedure with all bulging veins gone. They choose to not take the chance that these veins will not completely disappear and eliminate the possibility of having to return for a separate procedure to perform the Phlebectomy at a later date.

Please Note:

Patients with the following conditions may not be appropriate candidates for the procedure:

5. Coagulopathy
6. Deep vein thrombosis
7. Peripheral artery disease
- 4) Pregnancy
- 5) Active infection
- 6) Inability to ambulate

Pre-Procedure Instructions

1. If you are taking Coumadin, Plavix or Pletal, please notify us so an individual treatment plan can be made between all interested parties, including your primary care physician.
2. Please stop all aspirin products, fish oils, and blood thinning products if medically cleared to do so, 5 days prior to the procedure.
3. Eat a light meal before your procedure, not just coffee. It is important for you to have a small meal prior to coming in for your appointment. This is not general anesthesia and there is no need to arrive on an empty stomach. Your first dose of ibuprofen can be taken 1 to 2 hours prior to your appointment with this snack.
4. Please wear loose fitting and comfortable shoes and pants. A thick wrap will be placed around your leg and foot at the conclusion of the procedure. The wraps will remain in place for 36 hours, so you will not be able to get the leg wet (shower) the day following the procedure.
5. We usually do not provide prescriptions prior to the procedure. However, you should fill all of the prescriptions (if you were given any) prior to the procedure. Continue all of your current medications.
6. Arnica cream may help limit the bruising and inflammation. This can sometimes be purchased at a local drug store and we also have it available for purchase at the office. A thin layer applied to the skin three times daily during the week following any sclerotherapy injections may also limit some bruising over the treated areas. Most patients will have mild to moderate bruising.
7. Please shave your leg the night before the procedure -- not in the morning. You may shower the morning of your appointment. Please do not apply any oils or lotions to the leg.
8. Do not bring the compression hosiery with you to the procedure. If you have not already obtained them, compression hose will be available for purchase on the day of your procedure. Your legs will be placed in wraps. Please wear sweatpants or other loose fitting pants in order to allow for the wraps as you leave the office.
9. You will be in the office for about 2 hours, with the procedure taking about 1 hour.

Thank you again for choosing North Shore Vein Center. If you have any additional questions or concerns, please contact the office at 516-869-VEIN (8346).