



BANISHING ugly veins

An outpatient procedure has made the treatment of varicose veins simpler and more effective

IF VARICOSE VEINS HAVE KEPT you from revealing your legs, stand up and take notice. A minimally invasive treatment can get you back into your shorts and dresses without sidelining you for days. "I was surprised by how easy and painless it was," reports LuAnne Izzo of Katonah, 48, who is proud of her legs once again after years of hiding them.

Vascular surgeons at Westchester Heart & Vascular are using the outpatient VNUS Closure™ procedure to treat varicose veins with little discomfort. Patients often experience immediate relief from burning or throbbing in the legs and can usually go back to work and resume their normal activities the following day.

Healthy leg veins contain one-way valves that open and close to assist the return of blood to the upper part of our body. When these valves become damaged or diseased, blood can pool in the veins, causing a condition called venous reflux or venous insufficiency in which leg veins may become swollen, discolored and knotted. Symptoms—including pain, throbbing, burning, muscle cramps and leg fatigue—often follow. This condition, commonly known as varicose veins, can progress to leg ulcers and dangerous blood clots.

It's been estimated that nearly 60 percent of all American women and

WHO'S AT RISK?

You may be at risk for varicose or spider veins if you:

- are a woman
- have been pregnant more than once
- have a family history of the condition
- work at a job that requires long periods of standing
- do a lot of heavy lifting
- are overweight

42 percent of men have varicose veins. And though the problem sometimes affects younger adults, its incidence increases with age.

"Varicose veins are one of only a few conditions that affect clinical health, aesthetics and quality of life," says surgeon Arun Goyal, M.D., Director of Vascular Imaging and the Atrium Laser Vein Center and an assistant professor of surgery at New York Medical College. "By the time patients come to me, many have suffered for years and greatly curtailed their activities."

CLOSING OFF DISEASED VEINS

Until about 10 years ago, doctors treated varicose veins with an invasive procedure called vein stripping, which Izzo recalls her mother undergoing. The patient was placed under general anesthesia while a vascular surgeon made several incisions near the knee and groin and then inserted a medical tool into the great saphenous vein, the major vein in the leg from which smaller veins branch off. The saphenous vein was tied off and then pulled from the leg. Because smaller veins broke during this process, blood frequently leaked into surrounding tissues; patients had postoperative pain, soreness and bruising, and recovery took up to four weeks.

In the early 2000s, the surgeons at Westchester Medical Center began performing a procedure called radiofrequency endovascular ablation to treat varicose veins. As embodied in a system known as VNUS Closure™, it has since replaced vein stripping in all but

the most severe cases.

Endovascular procedures are performed without an incision instead of with "open" surgical cuts. Radiofrequency ablation involves using heat energy to remove diseased tissue, in this case the varicose veins.

THE POWER OF HEAT

Dr. Goyal performs VNUS Closure™ in the Atrium Laser Vein Center, using local anesthesia. A Closure™ catheter is inserted into the patient's saphenous vein percutaneously at the knee through a small needle prick. Using ultrasound imaging to guide him, Dr. Goyal delivers quick bursts of radiofrequency energy within the catheter to sections of the vein's wall. The heat shrinks the wall, causing it to collapse and seal up. Healthy veins take over the job of taking blood from the legs back to the heart. The

Closure™ procedure takes about an hour, and patients go home one to two hours later. If an ultrasound test performed prior to the procedure has shown venous reflux disease in veins other than the saphenous, they can be treated at the same time.

"Research studies have shown that the Closure™ procedure is about 97 percent effective," says Dr. Goyal. "And most patients require just one treatment."

Patients usually go back to work the next day. Postoperative care involves wearing compression stockings for one to two weeks and walking at least one mile a day. Any bruising or scarring is minimal.

"There was no down time," says satisfied patient Izzo. "If I had known how uncomplicated it was going to be, I would have done it a lot sooner."



Arun Goyal, M.D.

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ALONG CAME 'SPIDERS'

Spider veins are varicose veins' annoying but harmless cousins: tangled groups of tiny blood vessels that turn blue or red from mild venous reflux, located near the surface of the skin. People at risk for varicose veins are also at risk for spider veins. Spider veins can be caused by ultraviolet rays of the sun, certain medications or an injury to the skin surface.

Generally, spider veins are treated with one of two noninvasive or minimally invasive methods:

- Sclerotherapy, the injection of an irritant solution into the spider veins, which causes them to seal shut. The veins are absorbed by the patient's body.
- Laser treatment, during which a device is used to deliver heat to the surface of the skin to destroy the veins.

Because these treatments are considered cosmetic procedures, they are not covered by health insurance. Patients usually require four treatments over a period of six months. Although general practitioners, dermatologists and other healthcare professionals offer spider-vein treatments, Dr. Goyal recommends consulting a board-certified vascular surgeon.

"We have extensive knowledge about the complex functioning and malfunctioning of the entire circulatory system, so that if there are other medical issues affecting this system we can address them too," he says.