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# PATIENT-FRIENDLY VEIN TREATMENTS

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CEO MORRISON VEIN INSTITUTE

**T**here are a lot of misconceptions about venous problems, such as varicose and spider veins. When people have large varicosities on their legs, often they realize they have venous disease. But sometimes even with large varicosities, there's a misconception among family doctors and the general population that varicose veins are just a cosmetic problem or a normal part of aging. That's not true. Venous disease is truly a disease, and usually it starts because of a problem that one inherits, such as weak vein valves or walls.

Determining the extent of vein problems requires a Doppler duplex ultrasound scan. In the old days, doctors might have given people dyes or performed difficult types of x-rays to determine what's wrong. Now, it's very easy to do this with a 45-minute color flow, venous Doppler ultrasound scan.

Venous reflux disease, also known as venous insufficiency, is a condition affecting the circulation of blood in the lower extremities. The tiny valves that normally force blood back up towards the heart no longer function, causing blood to pool up in the legs, and the veins of the legs become distended. Reflux causes medical symptoms like: aching, cramping, restless legs, itching, ankle or leg swelling, and even warmth or heat of the vein itself.

For patients with venous reflux occurring internally below the knee, we often recommend ultrasound-guided sclerotherapy (injections) about every three months until finished. It usually takes two to three sessions. In this procedure, the ultrasonographer locates the veins underneath the skin that aren't visible to the naked eye. Some doctors prefer to do this themselves, but it is often more accurate if they have a very skilled technician doing it for them, so thus, the physician is watching the screen, watching the needle enter into the vein and injecting the solution right into it. Such injections are performed anywhere from one-half an inch to six or eight inches apart, using a foamed sclerosing detergent, such as Sotradecol. It shows up very nicely under ultrasound, allowing the physician to see how far the foam has traveled, and allowing him/her to determine where the next injection should be. This makes it a much more accurate procedure than injection with liquid alone. These injections are not the type used for surface spider veins, only for the deeper saphenous veins and tributaries inside the leg that are diseased and refluxing. Postoperatively, patients wear support hose for about three weeks, returning at this point and at six weeks to make sure their wounds are healing properly. If healed properly, the surface veins can then be treated with sclerotherapy. If performed in that order, the patient's veins really go away.

For treating varicosities above the knee, treatment options include radiofrequency (RF) catheterization (VNUS Closure, VNUS Medical Technologies), lasers from 810 to 1,320 nm or foam sclerotherapy to close the saphenous vein. The latter is a newer procedure, performed since 2000, that's still being studied.

It involves ultrasound-guided injections. To choose between RF and laser technologies, the physician must consider factors such as the vein's size and configuration, as well as the patient's pain tolerance. If we don't believe the patient will tolerate postoperative discomfort very well, we tend to use the RF because it offers less pain following the procedure than the laser. To treat bulging varicosities above the knee, we typically recommend ambulatory phlebectomy because it provides better cosmetic results than injection techniques.

Ambulatory phlebectomy is typically performed in the office. The doctor marks where the large, bulging varicosities are with the patient standing. Then while the patient lies down, the physician uses a specialized light (Veinlite, TransLite) to determine whether those veins have moved and remarks them if necessary. Local anesthesia is applied overlying all the marked varicosities and a series of one- or two-mm incisions are made along the length of the vein, followed by gently teasing the vein out of the surrounding tissue with a small hook designed for that purpose.

Patients often worry that this is like a stripping procedure; however, it's very different because there is far less tissue damage surrounding the vein than with ambulatory phlebectomy. Therefore, the postoperative discomfort is considerably less than with a stripping procedure. Following ambulatory phlebectomy, patients typically return to full activity within the next day. Likewise, patients who have had a VNUS Closure usually return to work the next day. If a patient is going to do heavy lifting or very strenuous work, we often treat those patients on Thursday or Friday so they have the weekend to rest up. Patients who receive ultrasound-guided injections, on the other hand, sometimes go golfing immediately afterwards. Nevertheless, it is recommended that patients refrain from extreme sports, such as mountain biking because some have attempted such activities too soon and required additional treatments as a result.

Morrison Vein Institute's post op procedure also includes annual follow-up visits. There are clinics around the country that might check patients at one week postoperatively, but they don't look at them again at six or 12 months. We want to ensure that four or five years out, their veins are still closed. We believe patients need excellent follow-up. We tell patients it's like having gum disease or diabetes. We seal up one diseased vein and the good news is they have plenty of other good veins in there, however, without proper education about support hose, exercise, maintaining a healthy weight and good follow-up care after procedures, patients can have other veins go bad.

**Nick Morrison, MD, FACPh**, is a world-renowned leader in the field of phlebology and has dedicated his medical practice to veins for over 10 years. He is joined in practice by Charles Rogers, MD, and James McEown, MD, and the Morrison Vein RN team. They provide a comprehensive medical treatment plan with a personal and individual approach to vein care. Morrison Vein has offices in Tempe, Scottsdale and Sun City. Call **866-GRT-LEGS** or visit [www.morrisonvein.com](http://www.morrisonvein.com) to schedule a consultation.

