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# Dr. Joseph Magnant

## *5<sup>th</sup> Year Anniversary*

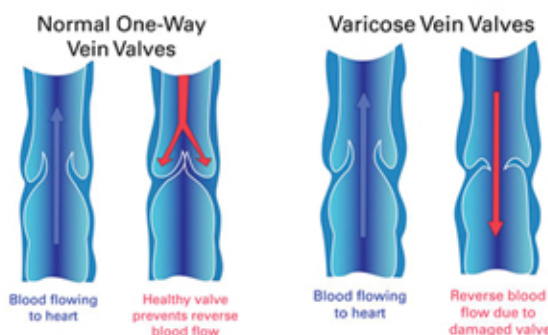
**T**hese days, roadside billboards, newspaper and magazine advertisements, radio and TV spots bombard men and women with images of unsightly legs, purplish and bulging veins that are twisted and enlarged. The promise of quick and painless procedures to help those suffering from this embarrassing and often painful and complicated medical condition is a welcome relief. While these and other efforts have increased public awareness the medical nature of venous insufficiency and recent advancements in available treatments, the issue is more complex than often represented by the myriad of physician specialties now offering the "promise of a cure".

"Venous insufficiency is an umbrella diagnosis and there are a variety of different types of patients under that umbrella" says Dr. Joseph Magnant, of Vein Specialists at Royal Palm Square in Fort Myers. An estimated 35-40 million adults in the United States have leaky valves in their leg veins, resulting in increased pressure and vein damage. Possible complications of venous insufficiency include conditions such as diffuse spider veins, varicose veins, swollen and achy legs, discolored and thickened skin, and varicose vein bleeding and skin ulceration.

However, what many patients and primary care physicians may not be fully aware of is that most of these conditions are treatable with modern outpatient procedures in which the abnormal veins are sealed rather than stripped.

### Veins take center stage

A longtime vascular surgeon, Magnant was drawn to vascular surgery because of its meticulous nature. During his fellowship at Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire in the early 90s, vein care took a backseat to more prominent arterial procedures, such as abdominal aneurysm repairs, carotid endarterectomies, and procedures to improve arterial circulation elsewhere. "Most cases involving veins were cast aside because the patients were not viewed as being acutely ill," he explains. "The assumption is that it is a cosmetic issue which is actually the case in only 5% of patients."



Prior to 1999, the only treatments for leg vein disorders, other than compression hose or injection sclerotherapy, were vein excision or vein stripping, both of which were performed in the hospital setting under general anesthesia and often required prolonged recovery. Therefore, surgical treatment of venous insufficiency was restricted to those patients with complications such as bleeding or ulceration, while the remaining majority (>95%) of patients suffering from large bulging veins or swollen achy legs were managed with hose and elevation and relegated to the natural progression of the disease. With the introduction of radiofrequency endovenous closure (vein sealing) by VNUS Medical Technologies in 1999 and the subsequent incorporation of this procedure into vascular surgery practices in the years that followed, patients previously thought to be better off left alone, had a viable, minimally invasive, and highly effective option available for their leg vein problems. Performed under local anesthesia with ultrasound guidance endovenous closure allows a more gentle approach, closing the leaking veins with heat.

Endovenous closure is truly minimally invasive, and should be done in a comfortable outpatient setting in a sterile procedure room, preferably by a dedicated Vein Specialist with vascular surgery training. Endovenous closure is performed through a small needle stick rather than through painful incisions and patients often may return to their daily routine immediately. Endovenous closure may be effectively accomplished with the radiofrequency or laser technologies with excellent long term results of permanent vein sealing (>95%).

"Surgeons are slow to accept change," Magnant confesses, but while serving as an attending in vascular surgery at the Harbin Clinic in Rome, Ga., he was the first of his group of five vascular surgeons to embrace the technology in 2001. Shortly after implementing endovenous closure in his practice, Magnant witnessed an increase in the number of referrals of patients with venous insufficiency.