

Venous insufficiency is a medical problem, much like the abovementioned conditions and I believe it is time we start treating it as such rather than wishing it away with unfilled compression hose prescriptions or compression hose still in their boxes. Earlier diagnosis and intervention where appropriate will reduce the long term consequences and complications of venous insufficiency such as thrombosis, bleeding, skin changes and ulceration. The modern, minimally invasive technique of endovenous ablation has made this possible.

Of the estimated 35-40 million adults in the U.S. who suffer from symptomatic superficial venous insufficiency, or venous reflux disease, the majority have symptoms and signs which cause significant discomfort. Until 2000, the only treatments available for patients with significant saphenous vein insufficiency were compression hose, high ligation or high ligation and stripping. The latter two treatments were often considered too invasive for patients with symptoms other than bleeding veins or non-healing leg or ankle venous ulcers.

Thus most patients with venous insufficiency were advised to wait until the end complications occurred before considering anything more than compression hose. The landscape of venous insufficiency treatment was transformed dramatically by



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LEFT LOWER EXTREMITY

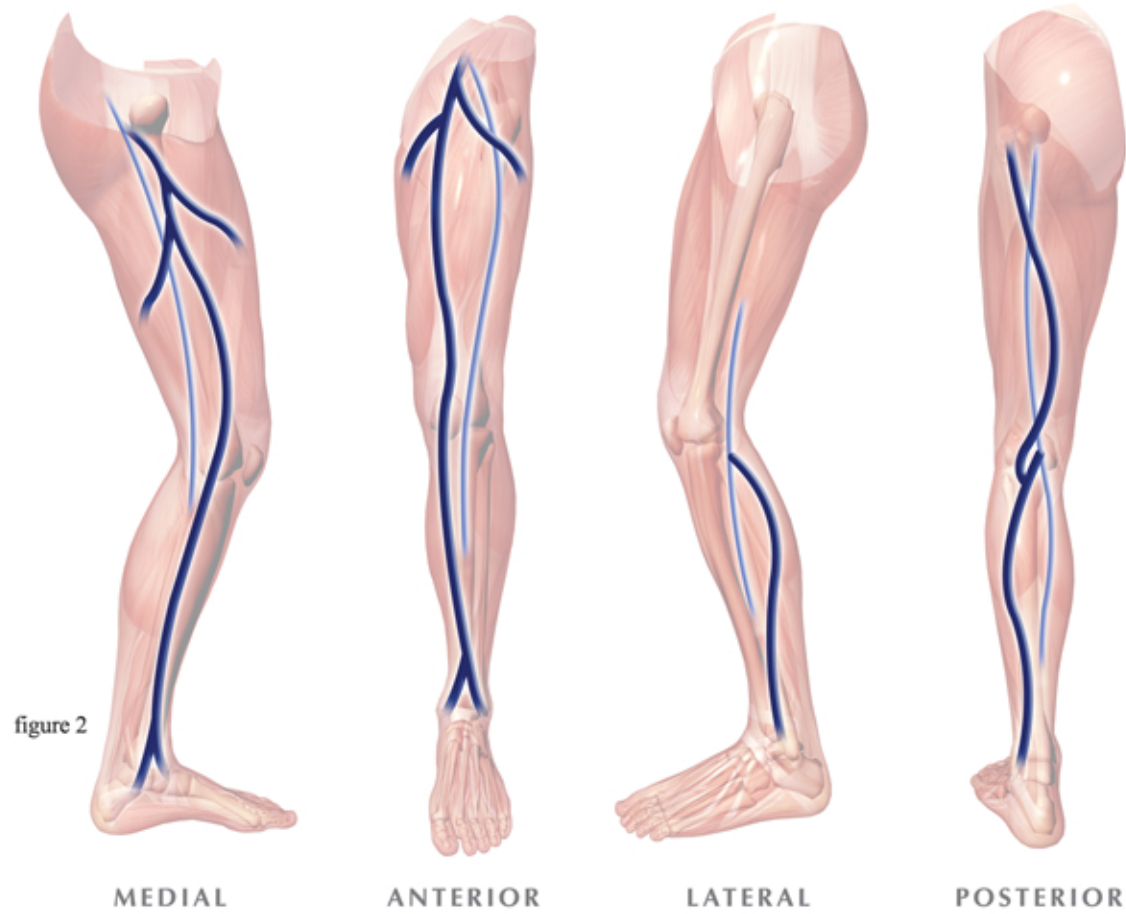


figure 2

the introduction of endovenous ablation (sealing veins with heat rather than vein stripping) in 1999. The radiofrequency catheter system was the first system approved by the FDA in 1999 and the LASER system for endovenous ablation received FDA approval in 2001.

Over the past decade, our understanding of venous insufficiency has been greatly improved as endovenous ablation has been applied with excellent results to patients with some of the more advanced stages of venous insufficiency. Superficial veins other than the great saphenous vein, such as the small saphenous vein, intersaphenous vein, anterior accessory saphenous vein and perforating veins are now treatable with endovenous ablation (figure 2). Modern ultrasound evaluation of the lower extremity venous system by experienced vascular technologists accurately identifies which veins are insufficient (leaking) and stratifies the severity of reflux. Ultrasound directed sealing of the abnormal veins under local anesthesia has yielded far superior results than vein ligation or stripping. The net result has been relief for millions

of patients worldwide and for hundreds of thousands of patients in the USA. Ulcers are being healed in record time, stasis dermatitis changes are being reversed and leg swelling and pain is receding in thousands of patients once thought to be untreatable.

So the question is when to consider getting your vein problems evaluated and whether it is wise to leave varicose veins alone until complications like superficial venous thrombosis (clotting of the varicose veins) with possible progression to deep vein thrombosis(DVT), hemorrhage(bleeding) or ulceration occur. The next time someone tells you to wait for one of the above occur before to seeking evaluation or treatment of your venous problem, reflect back on the goals of treatment in patients with other medical diseases such as high blood pressure, high cholesterol and diabetes. The common goal is quite simply *prevention* of long term complications, not necessarily relief of "pain". It has been 11 years since the introduction of endovenous ablation as the preferred treatment of patients with symptomatic venous insufficiency and it is time to shed the light of this safe, effective and minimally invasive treatment on the mass of patients still suffering from venous insufficiency.