

# Venous Insufficiency:

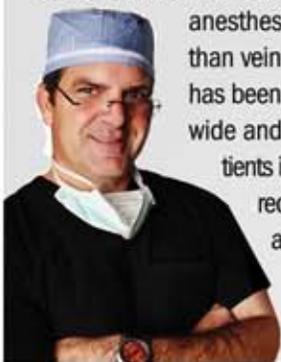
## Will President Obama's Health Care Reform Turn Back the Clock on Vein Treatments?

By Joseph Magnant, M.D., F.A.C.S.

**O**f the estimated 35 million adults in the U.S. who suffer from superficial venous insufficiency, or venous reflux disease, the majority have symptoms and signs which cause significant pain and disability. Until 2000, the only treatments available for patients with significant saphenous vein insufficiency were compression hose, high ligation or 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. The landscape of venous insufficiency treatment was transformed dramatically by the introduction of endovenous thermal ablation (sealing veins rather than stripping) in 2000. 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.

### Advances in Venous Insufficiency Treatment Provides Relief for Millions

Over the past decade, our understanding of venous insufficiency has been greatly improved as endovenous ablation has been applied to patients with advanced stages of venous insufficiency with excellent results. 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. Modern ultrasound evaluation of the lower extremity venous system by experienced vascular technologists can accurately identify which veins are insufficient leaking and 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.



### How will President Obama's Health Care Program Affect Those with Venous Disease?

What does the future hold for patients with venous insufficiency in the USA? How will President Obama's health care reform act affect the treatment of patients with venous disease? If the Canadian Health care program, which the President has touted as one which should be emulated, is our window into the future of health care, the prospects for patients with venous insufficiency may not be so favorable. Like most other physicians in southwest Florida, I often see patients from other states and countries during their winter vacations. In the past 5 years, I have seen a number of Canadians who have presented with severe venous insufficiency. One patient was a 65 year old active woman with terrible leg pain and swelling and was confirmed to have severe great saphenous insufficiency. Another Canadian patient, 84 years old and active, presented with a 2 year history of severe stasis dermatitis (itchy and scaly skin) and 2 months of severe pain and multiple ulcers. Both patients had been treated with compression hose and had seen their Canadian primary care physicians for evaluation. The only treatment for these patients covered under the Canadian Health plan was either ligation or ligation and stripping of the great saphenous vein. They both decided to obtain a second opinion and subsequently underwent endovenous ablation rather than stripping, at their personal expense. Both patients were treated successfully with outpatient endovenous closure, under local anesthesia and recovered with minimal to no down time. General anesthesia is no longer required, no incisions required, no fasting or lab work needed, no more venous insufficiency or venous hypertension. The first patient returned for her 3 week follow-up appointment without leg pain for the first time in years. The second patient's leg ulcers dried up and the stasis dermatitis and ulcers healed without incident.

To learn more about Venous Insufficiency and our advanced, minimally invasive treatment options, please contact Vein Specialists at 239-694-VEIN (8346), or visit us online at [www.weknowveins.com](http://www.weknowveins.com).

### Restricted Access to Modern Technology

The treatment of these 2 patients with venous insufficiency represents a microcosm of the direction in which medical care in the United States is heading as we transition into the proposed government run health care system of President Obama. If cost containment efforts are focused on restricting access to more modern technology, and patients are offered what are perceived to be "less expensive" procedures, which may in fact be more antiquated and invasive treatments, they will likely opt not to seek treatment for their medical problems. Only when they develop severe complications of the disease will they seek attention. In the case of venous insufficiency, these complications are leg ulcerations or varicose vein bleeding. As in Canada and other countries with nationalized health care, private and parallel health care delivery systems of medical care will likely be spawned. The offloading of patient care responsibility to these private clinics offering more modern technology, and the shift of the financial burden from the National Health care system to the individual patient will serve to create two very disparate classes of medical care. Canadians will likely still come south to the USA for their more modern and readily available treatments, by private clinics. The question is whether Americans will tolerate the rationing of healthcare (limited number of total hip replacements per month or severity of complications of venous disease) or accepting full financial responsibility for the more advanced, minimally invasive treatments which have, up until now, been covered by most payers.

Following is a link to new medical codes which are part of the new health care system (ICD-10 Coding System), including codes for injury from ducks, turtles, macaws and even burning water skis: [http://online.wsj.com/article\\_email/SB10001424053111904103404576560742746021106-IMyQjAxMTAxMDIwNjE5NDYyWj.html?mod=wsj\\_share\\_email](http://online.wsj.com/article_email/SB10001424053111904103404576560742746021106-IMyQjAxMTAxMDIwNjE5NDYyWj.html?mod=wsj_share_email)

### Changes are Clearly Needed

Changes in our health care system are clearly needed. A multidisciplinary approach to address the many aspects of our health care delivery system is imperative to any meaningful effort at improving the current system. We cannot afford to ignore this problem, nor can we afford to make hasty and incomplete reforms which stand to undermine the doctor-patient relationship, restrict patient access to modern, minimally invasive treatments, stifle medical and technologic innovation, and expand and extend the federal government's role in determining who gets what treatments, when and for how long. Tort reform, serious crackdown on Medicaid and Medicare fraud, portable health insurance across state lines with consolidation of redundant and top heavy insurance administration, incentives to physicians and healthcare providers who care for uninsured or indigent patients and block grants to states to cover Medicaid and spark innovation have all been proposed but are not currently included in President Obama's health care reform act.



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