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VASCULAR SURGERY

BEYOND the Obvious

Don't walk into knee surgery until you've had your veins evaluated.

A true multi-tasker, Frances "Fran" Hannan put a new spin on the job of office manager. She did everything in her husband's OB-GYN practice, including helping him deliver babies. When they finally decided to retire, the couple looked to Florida and life near the Gulf waters.



JOSEPH G. MAGNANT, MD, FACS, RPVI

"I was in medicine with my late husband, Dr. William F. Hannan, for many years in Medford, Massachusetts," she confirms. "We retired here in 1989. I fell in love with Cape Coral the minute I laid eyes on it."

Happy in her Florida home, Fran immediately became involved in her community. She found herself on the go all the time.

"I am very active at St. Andrew Church," she notes. "I'm a Eucharistic minister and lector, and I run the senior luncheons. I have been president of the Italian Club in Cape Coral, the Cape Coral Women's Club and the Lee County Women's Tennis League."

As she stayed busy with all of her activities, her knee began to swell and ache. It was getting progressively worse until it began interfering with some of the things she enjoyed doing.

"I was having pain in my right knee, the right side of the right knee,"



EHCN PHOTO BY AMANDA SMITH

Fran feels like a new woman after vein treatment saved her from knee surgery.

she describes. "I also had a pronounced lump in the back of the knee, and I was very uncomfortable.

"The pain was excruciating. I couldn't even drive a car for any distance because I would have to keep stopping to get out and walk. I couldn't climb up a flight of stairs. I couldn't exercise. It really stopped all activities for me. I couldn't stand on it for any length of time, and even when lecturing in church, I'd stand on one leg in back of the podium. That's how painful it was."

The pain finally wore her down so that she made an appointment with an orthopedic surgeon to investigate the problem. The physician was concerned about Fran's severe "arthritis" and scheduled her for an arthroscopic surgery. In the meantime, Fran's foot began to hurt as well, so she went to see her podiatrist.

"He walked in the door, looked at my leg and said, *I don't like what I see. You need to go to Dr. Magnant,*" remembers Fran. "So I made an appointment."

Her observant podiatrist was referring her to Joseph G. Magnant, MD, a board-certified vascular surgeon who specializes in vein treatment. Dr. Magnant's practice, Vein Specialists, which has offices in Fort Myers and Bonita Springs, is dedicated to the modern evaluation and treatment of leg vein disorders. Fran was shocked by what Dr.

Magnant's evaluation uncovered.

"They did an ultrasound of the leg and found out that I had a leak from the groin area, which was going down the leg," reports Fran. "Blood was settling in that area in back of the knee where you bend it and then on the right side of the knee."

Dr. Magnant looked at Fran's leg and scheduled the procedure immediately. He knew it had to be done so that nothing else could go wrong. Sealing the leaking vein was necessary to reduce the pooling of blood in Fran's leg veins and reduce the swelling and pain. This, in turn, would reduce the risk of postoperative complications such as deep vein clots and wound problems.

Fran was shook up at first by the news of her actual diagnosis, but Dr. Magnant's calming and encouraging manner put her at ease.

"My first impression of him was that he knew exactly what he was doing," she relates. "He makes you feel totally comfortable. He relaxes you and tells you this is going to be done and you'll walk out of there. You'll put stockings on and you'll feel one hundred percent better. Well, I did."

The first step

Dr. Magnant points out that knee joint arthritis and venous insufficiency often

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BEYOND the Obvious

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coexist because they affect people over the age of 40. Therefore, patients slated for knee surgery, such as knee replacement, should undergo a vein evaluation prior to the procedure.

“Research has proven that patients who have their vein problems addressed before knee replacement have a lower risk of complications from the surgery,” he states. Failing to have venous disease treated also affects recovery from surgery.

“Whether it’s varicose veins, a swollen leg or discolored skin, the patient is going to have a more difficult recovery because the leg is already swollen,” says Dr. Magnant. “Swelling leads to poorer wound healing because of the tenseness and edema in the tissue.”

Sometimes, the vein disease is the source of the patient’s pain, and treating it corrects the patient’s problem and makes surgery unnecessary.

“Some patients who are slated for knee replacement are able to postpone the surgery indefinitely after they’ve had their venous disease treated because the leg isn’t as swollen, isn’t as achy, isn’t as whatever their symptoms happen to be. The arthritis is still there, but the symptoms they were having might not have been completely arthritic in nature.”

Dr. Magnant believes both his colleagues in the medical field and patients should consider a vein evaluation before any knee replacement. If surgery can be postponed or cancelled because vein treatment corrected the patient’s problem, even in a few cases, it’s worth it.

“What’s easier to fix,” asks Dr. Magnant, “sealing a vein in a fifteen-minute procedure or making an incision, removing a knee and placing a new joint? Which has more potential post-surgical complications? Which is more stressful on the patient? Which has more risk with it? Which has a more protracted recovery? Which is more expensive?”

“If you can save five or ten percent of patients, at least for the short or medium term, who would otherwise undergo knee replacement by addressing their venous disease first, why would you not do that? That’s just good patient care.”

He adds that the odds are high that a person needing a new knee also has vein issues, so it’s very important that physicians understand the role of venous insufficiency in these patients. It’s also important for patients to be aware and proactive in asking for a vein evaluation.

“Forty million adults are affected by venous insufficiency, including one out of three people over the age of fifty,” alerts Dr. Magnant. “Consequently, there’s a thirty percent chance that there’s going to be something that can be done to at least enhance a patient’s chances of having a good outcome from a knee replacement. It might even save them in the short or medium term from needing to have the surgery.”

“If you have a knee that’s bothering you and the orthopedic surgeon says you need a knee replacement, stop and consider if you have varicose veins, a swollen leg, discolored skin or heavy legs – any symptoms of venous insufficiency. Rather than having a total knee immediately, insist on a vein evaluation first. It’s minimally invasive.”



A new woman

Fran saw two orthopedic surgeons, one for her initial visit and one for a second opinion, and neither recognized a vein condition or suggested a vein consultation.

“Everyone overlooked it,” notes Fran. “No one figured it out. We all thought it was bone. Everybody thought the knee had to be scoped. It’s so easy to overlook



FHCN PHOTOS BY AMANDA SMITH

Getting out and about is no problem for Fran now.

something like this, because no one looks for the vein trouble. Everyone looks for the obvious.”

Since her treatment at Vein Specialists, Fran feels like a new woman. She’s back to her activities without having had to undergo a serious orthopedic procedure.

“Now, I’m like another person,” she says. “Dr. Magnant gave me back mobility that I haven’t had for quite a while. I can walk up and down stairs. I’m back on the treadmill for forty-five minutes a night. Essentially, he gave me back the use of my right leg.”

Fran is so thrilled with how her situation turned out that she wants to tell everyone about it, especially those people who find themselves facing a knee replacement or other knee surgery. For them, she has some advice about Dr. Magnant’s treatment.

“If they have issues similar to mine, they will find themselves relieved of any and all pain they have,” she assures. “They won’t have any downtime, and it’s not something they need to be afraid of. It’s something that can be handled quickly, and then they can resume their normal lives.”

She is also quick to recommend Dr. Magnant.

“I wouldn’t even hesitate, and I’ve been in medicine. I’m the first one to speak for this man. This truly changed my life.”

FHCN—Patti DiPanfilo



Joseph G. Magnant, MD, FACS, RPVI, is a fellow of the American College of Surgeons and is board certified by the American Board of Surgery in vascular surgery. He earned his medical degree from Medical College of Virginia. He completed a general surgery residency at Medical College of Virginia Hospitals and a fellowship in vascular surgery at Dartmouth-Hitchcock Medical Center, Lebanon, NH. Dr. Magnant of Vein Specialists focuses exclusively on vein evaluation and modern treatments in a dedicated, outpatient, vein-centered facility. Dr. Magnant is an active member of the American College of Phlebology, Society for Vascular Surgery and Society of Vascular Ultrasound.

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