VENOUS INSUFFICIENCY

The Vascular Group, PLLC

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VENOUS INSUFFICIENCY

Veins and Arteries

In normal circulation, blood rich in oxygen travels from the heart to other parts of the body through the arteries. It is returned to the heart and lungs through the veins to receive oxygen.

As the venous blood flows toward the heart, it travels from the superficial to the deep veins. Superficial veins are located close to the surface of the skin. Deep veins are located in the muscles of the arms and legs.

The walls of the veins are not as strong as the walls of an artery. This is because the blood flow through a vein is under less pressure and does not flow as fast, therefore not requiring as strong of a wall as an artery.

Unlike arteries, veins in the extremities have valves along their length that open as blood flows toward the heart. The valves then close to prevent blood from moving away (refluxing) from the heart. Failure of these valves is common and is the source of most varicose veins and venous ulcers.

VENOUS ABNORMALITIES

Weak (Incompetent) Valves

With weak valves, the walls of the veins become weak allowing the pooling of blood. This is defined as reflux and may cause leg swelling, pain, heaviness, and discomfort. At worst, ulcers may form.

Varicose Veins

These are superficial veins located close to the surface of the skin that have become stretched and dilated (bulging in appearance). Varicose veins are caused when weak vein valves allow blood to collect in the veins. This collecting of the blood causes the veins in the lower leg to stretch, twist and bulge and come closer to the surface of the leg. Fluid may eventually seep out of the veins into surrounding tissues and cause leg swelling. Varicose veins are predominately located in the legs.

Signs and Symptoms of Varicose Veins

- Purple, bulging, or uneven appearance of superficial surface veins in the legs.
- Dull heavy ache in the legs after standing for a long period of time
- Leg swelling
- Pain with standing
- Dark pigmentation changes around ankle area

What are the Risk Factors for Varicose Veins?

- Family history of varicose veins
- Obesity
- Pregnancy
- Prolonged Standing
- Deep vein thrombosis (DVT) – blood clot in the deep vein
- Trauma to the vein

Treatment for Varicose Veins

- Avoid prolonged standing – if you must stand, flex your feet and move your ankles in a circle.
- Elevate your legs above the levels of your heart.
- Wear support stockings or fitted elastic support stockings prescribed by your physician. This will relieve symptoms and prevent the conditions from becoming worse.
- Weight control – extra pounds can cause increased pressure on the venous system in the lower extremities.

DIAGNOSTIC TESTS

If a problem with your vein is suspected, certain tests may be ordered.

Venous Ultrasound

This is a non-invasive test which uses ultrasound and Doppler techniques to determine absence/presence of flow in the veins and also to determine direction in which blood is flowing to assess severity of venous reflux. The test is used to diagnose blood clots, weak valves and incompetent perforator veins (the veins that connect the superficial and deep veins).

Venogram

This is a dye test used to diagnose abnormalities in your veins. This is done as an outpatient procedure when non-invasive tests are indeterminate.

Ascending Venogram

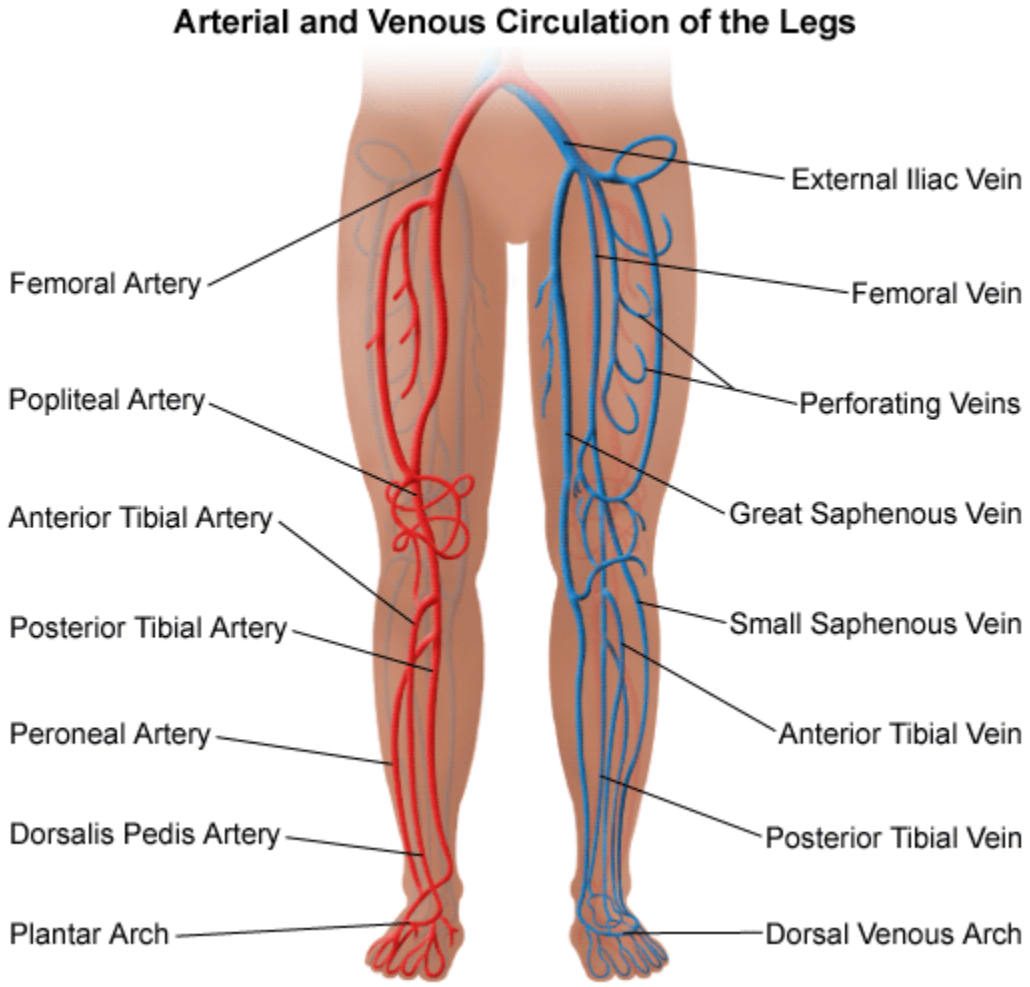
This is done to assess the patency of the deep veins and the absence/presence of a blood clot in the deep veins. Dye is injected into a vein in your foot and x-ray pictures are taken.

Descending Venogram

This is used to assess the valves in the veins to see how they are working and if there is a problem with them. Dye is injected into a vein in your groin and x-ray pictures are taken.

Radio Frequency Ablation

Endovenous Radio Frequency ablation is a technique for treating saphenous vein reflux without a major operation. Like vein stripping, Radio Frequency Ablation eliminates reflux through the saphenous vein and is considered a permanent fix. Unlike stripping, this procedure does not require general anesthesia it is done through a skin puncture so small it doesn't even require a stitch.



How does it work?

The word "endovenous" means inside the vein. An endovenous procedure is one that is done from the inside, rather than from the outside. Radio Frequency Ablation uses a type of radio frequency energy that provides heat in a uniform fashion to the vein wall. When this energy is delivered to the inside of the vein, it heats the vessel wall and seals it closed.

What do I need to do before the procedure?
You are required to have a blood test prior to your procedure that is valid for six months unless there has been a change to your health status. Women 55 years of age and under are required to have a pregnancy test drawn within 7 days of the procedure date, unless you have had a hysterectomy or tubal ligation.

A friend or a family member must accompany you to your appointment and drive you home. We will not perform the procedure if you have no one to drive you home.
No eating 8 hours prior to your procedure and no drinking 2 hours prior to your procedure. You may have your medications with a sip of water.

What if I take Coumadin, Pradaxa or Xarelto or other blood thinners?
Please let us know if you are taking any blood thinning medication. You can continue to take your regular medications, we will not hold them. Although you will be asked to have an INR blood test drawn the day prior to your procedure.

Step-by-step
You will be given intravenous sedation. In preparation for this you may not eat or drink anything for 8 hours prior to your procedure. No liquids 2 hours before your procedure. You **must** be accompanied by a responsible adult (over 18 years of age) who is able to escort you home. All medication should be taken as usual unless instructed otherwise. No driving or operating heavy machinery for 24 hours following your procedure.

You will be given intravenous sedation to help you relax and be calm. A sedative is given to you through a small needle in the back of your hand or your arm.

The skin is numbed with a local anesthetic; a catheter is placed into the saphenous vein anywhere below the knee to the ankle area. It is then guided through the vein (under ultrasound guidance) to the groin to access the greater saphenous vein or the behind the knee for the lesser saphenous vein. Under ultrasound guidance, numbing solution is injected in the leg to surround the vein as well. The Radio Frequency ablation machine is turned on and the catheter is slowly pulled out of the vein, treating the entire length of the abnormal vein in approximately three minutes. A dressing is placed on your incision site and then you put on your compression stocking.

You will need to have compression stocking(s) ready to wear immediately after your ablation treatment. We will give you a prescription prior to the procedure. You can get the stocking at a medical supply company. We can provide a list of places if needed.

Is it painful?
The anesthesiologist will see that you will be comfortable during the procedure. You should not feel any discomfort. The catheter inside the vein is completely painless, as is the radio

frequency ablation treatment itself. During recovery, which takes about two weeks, you may have some bruising and cramping.

What to expect after the treatment:
You will be encouraged to walk after the procedure. Wear your compression stocking for two weeks. This will help to decrease any discomfort you might have. You may have an uncomfortable pulling sensation that may peak 4-5 days after your treatment. This is normal.

We recommend Motrin (ibuprofen) 200 mg to 600 mg up to four times daily as needed. In order to best minimize the post procedural discomfort you should start taking the ibuprofen right after the procedure and continue for several days even when the discomfort is moderate. Bruising occurs commonly post procedure as well. This should improve over time.

What is my follow up?
We will see you one week after the procedure. You will have an ultrasound done at that time to assess for absence of flow in the treated veins. The next follow up appointment is a routine ultrasound at 1 and every 6 months for two years or until as the provider feels necessary.

Don't I need my vein?
In a normal leg, the greater saphenous vein carries less than 10 percent of the blood going to the heart. When it starts flowing backwards, the saphenous vein has decreased blood flow. In fact, by carrying blood the wrong way, it actually makes other veins work harder. Closing the Saphenous vein actually makes the blood return better, not worse.

What if I need a vein for bypass surgery?
Most surgeons will not use a refluxing saphenous vein for bypass. The vein is enlarged and scarred, and generally makes a poor choice for use as a bypass graft.

Will it work for me?
Nothing of course is guaranteed. However, if you have large, painful varicose veins, swollen legs, or leg wounds that are slow to heal, you may very well be a candidate for vein ablation. In order to know for sure, you will need to have an ultrasound examination of your veins. This is an important step in evaluating venous disease, and will be useful no matter what kind of vein treatment you have.

Does it treat spider veins?
If your symptoms are limited to small spider veins, ablation may be more than you need. However, if your spider veins are caused by saphenous vein reflux, and the saphenous vein is not treated, the spider veins will likely come back. Again, ultrasound examination is a very useful study in deciding the best course of therapy. You may need separate treatment for the spider veins after the completion of the ablation.

Who does the procedure?
Radio Frequency Ablation is performed by our physicians of the Vascular Group, who are trained to do the procedure.

Will my insurance cover it?
Check with your insurance company to see what is covered as many vary. However, almost all insurance companies will cover vein treatments that are medically necessary. That is, those conditions that cause pain, swelling, bleeding, non-healing wounds, or that significantly impact the patient's quality of life. Some insurance companies will only cover procedures if there was a three to six month trial of compression therapy. If vein ablation is right for you, our staff will work with you to determine your coverage.

Possible complications:
All procedures carry risk. These risks, although rare, include but are not limited to:

- Soreness: responds well to ibuprofen or Tylenol
- Bleeding: may occur, usually responds to gentle compression
- Bruising: usually resolves in a week or two
- Infection: very rare. Signs of redness, pain, swelling, warmth may indicate infection or blood clots in the superficial veins. Please notify us so that the appropriate treatment can be undertaken.
- Thermal injury can occur rarely.
- EHIT or Endovenous Heat Induced Thrombus can occur in a small percentage of patients. A small clot can form at the junction of the treated vein and the deep vein. This is usually treated with aspirin or possible anticoagulation and is followed up closely with ultrasound. It usually resolves with follow-up.
- Deep venous thrombosis can occur. Daily walking can help minimize this problem. If it does occur, patients may require hospitalization, anticoagulation, or surgical/endovascular intervention to treat the problem
- Pulmonary embolism is a complication of DVT. If swelling or leg pain is noted, please call so that we can evaluate and treat as soon as possible. Patients will need to be on anticoagulation for at least 3-6 months.
- Nerve injuries: Greater saphenous nerve or sural nerve injury which may be temporary or sometimes permanent.
- Telangiectasia matting: spider veins in the skin may occur in 15% of patients. This can resolve. If it persists other treatment modalities can be considered.
- Vision loss or stroke- rare but can occur in patients. Those patients with a patent foramen ovale are at increased risk

Ambulatory Phlebectomy

What do I need to do before the procedure?
You are required to have a blood test prior to your procedure that is valid for six months unless there has been a change to your health status. Women 55 years of age and under are required to have a pregnancy test drawn within 7 days of the procedure date, unless they have not had a hysterectomy or tubal ligation. A friend or a family member must accompany you to your appointment and drive you home. We will not perform the procedure if you have no one to drive you home.

No eating 8 hours prior to your procedure and no drinking 2 hours prior to your procedure. You may have your medications with a sip of water.

What if I take Coumadin, Pradaxa or Xarelto or other blood thinners?
Please let us know if you are on Coumadin, Pradaxa, Xarelto or any other blood thinner, antiplatelet medication. We will communicate with your prescribing provider for permission to hold these medications. If taking Coumadin, a repeat INR is needed the day prior to procedure.

Step-by-step
An ambulatory Phlebectomy is a disruption of a segment of vein to interrupt the blood flow. When you arrive you will be asked to put on a pair of surgical shorts, the bulgy veins areas of your leg will then be marked with a surgical pen. You will be asked to lie down on a bed and you will be prepped in a sterile fashion.

You will be given intravenous sedation. In preparation for this you may not eat or drink anything for 8 hours prior to your procedure. No liquids 2 hours before your procedure. You **must** be accompanied by a responsible adult (over 18 years of age) who is able to escort you home. All medication should be taken as usual unless instructed otherwise. No driving or operating heavy machinery for 24 hours following your procedure.

You will be given intravenous sedation to help you relax and be calm. A sedative is given to you through a small needle in the back of your hand or your arm.

A local anesthetic is then injected along the length of the marked veins. Small incision is made approximately 1 -2 cm apart. The provider then uses a pair of forceps to pull out the affected segment through the incision and thus interrupt the blood flow. Steri strips are then applied to the incision site, gauze pads and rolled gauze is placed. Finally, a large ace wrap is applied for compression.

Post procedure:
Some bruising is to be expected. Motrin or Tylenol can be taken for discomfort. The ace wrap should remain on for 48 hours. On day two, you may take the ace wrap off while leaving the steri strips in place (steri strips will fall off in about a week or so). You may take a shower, put on thigh high compression stocking. The compression stocking should be worn during waking hours until your follow up appointment. No tub bathing or swimming for two weeks. Normal activities may be resumed after the procedure.

Sclerotherapy

Step-by-step
This is an outpatient procedure that is done in the doctor's office. A chemical is injected into the vein causing the walls of the vein to stick together. Cotton balls are placed over the injection sites, and then the leg is wrapped with an ace bandage. This procedure is performed by a physician, nurse practitioner or physician assistant.

You may drive home after the procedure. Once you are home you are to remain on bed rest with bathroom privileges for 2 days with your leg(s) elevated. After that time you may remove the bandage, shower and resume your normal activity. You should reapply the bandage or wear your compression stocking during your waking hours for the next two weeks. If you should experience some degree of swelling, you may loosen the elastic bandage to relieve the pressure, when you reapply it, be sure it is snug, not loose.

The vein that was sclerosed may be felt as a hard cord, lumpy, and may be darkened. This is normal and may take a few months to disappear, so be patient. We ask you to stay out of the sun or tanning salons for 4-6 weeks post procedure as this can cause staining of the skin.

Is it painful?
Depending on the solution used you may experience some burning during the procedure. The only thing we ask is that you do not move your leg while we are injecting. If you need a break we will stop for a while.

What are the potential side effects of Sclerotherapy?
You may develop skin pigmentation (brown/yellow color) changes and that in most cases this fades over time but you may have this indefinitely. Skin ulcerations (sores on the skin) may occur. These are not common and will heal, however you may have some scarring. You may be allergic to the solution that is injected, however this is very rare.

Will it work for me?
Nothing of course is guaranteed. However, we hope that it will improve any symptoms you may have and get rid of the veins you would like to have dissipated. The important thing to

remember is that although your “troubled” veins may be gone that does not mean you will not get other varicose veins.

Does it treat spider veins?
Spider veins are varicose veins and Sclerotherapy does treat them.

Who does the procedure?
This procedure is performed by a physician, nurse practitioner or physician assistant.

What if I take Coumadin, Pradaxa or Xarelto or other blood thinners?
Please let us know if you are taking any blood thinning medication. You can continue to take your regular medications, we will not hold them. Although you will be asked to have an INR blood test drawn the day prior to your procedure.

Will my insurance cover it?
Check with your insurance company to see what is covered as many vary. However, almost all insurance companies will cover vein treatments that are medically necessary. That is, those conditions that cause pain, swelling, bleeding, non-healing wounds, or that significantly impact the patient's quality of life. Some insurance companies will only cover procedures if there was a three to six month trial of compression therapy. Our staff will work with you to determine your coverage.

Surgical Treatment for Varicose Veins

Step-by-step

Vein Excision- For this procedure you will have multiple incisions along the length of the vein. About 2-3 inches apart a very small incision is made and then the vein removed through these incisions. This will not require stiches.

Vein Stripping – An ultrasound is usually performed prior to this procedure to determine if the main superficial vein, the greater or lesser saphenous vein, has reflux. This means the valves do not close properly, thus allowing blood to flow back down the leg. If this is the case, they would need to remove these veins as well as obvious varicosities. The other superficial veins are branches of these, and if they are not working properly, they will cause new varicose veins to form.

This procedure is done using general or spinal anesthesia. It is done as an outpatient. For stripping of the greater saphenous vein you generally will have an incision in your groin and possibly by your ankle. For the lesser saphenous vein you will have an incision on the back of your leg below your knee. You will note bruising and hardened areas along the area where the vein was removed. This is normal, and should dissipate over the next month or so.

Subfacial Endoscopic Perforator Vein Surgery (SEPS)

This type of surgery is generally done if you have a history of stasis ulcers and an ultrasound demonstrating incompetent perforating veins. This will be done under general (you will be asleep) or spinal anesthesia. Two to three incisions will be made in the upper calf. One of the incisions is for the endoscope to be inserted. Carbon dioxide is inserted through the scope to cause better visualization of your veins. The second incision is for the doctor to perform the surgery. In this procedure, the incompetent perforated veins are clipped. If the surgeon is unable to perform the procedure endoscopically it can be done open. In this case the surgeon will make an incision along the posterior or medial aspect of the leg. The perforating veins are directly ligated.

What will happen post-operatively?
After these procedures are performed, the leg will be wrapped with a gauze bandage and then an ace bandage. You will need to be on bed rest for two days following this surgery, with the ace bandage in place. You may get up and use the bathroom but when you are lying or sitting down your leg should be elevated. After two days the gauze and ace bandage may be removed to shower, but then the ace bandage needs to be reapplied daily for one week. You will need to make a postoperative visit for two to three weeks after the operation.

Is it painful?
You will not feel anything during the procedure. Post operatively you will be given pain medicine to make you comfortable. When you leave the hospital you will receive a prescription for pain medicine to take as needed.

Don't I need my vein?
In a normal leg, the superficial veins carry less than 10 percent of the blood going to the heart. When it starts flowing backwards, the saphenous vein has decreased blood flow. In fact, by carrying blood the wrong way, it actually makes other veins work harder. Closing the saphenous vein actually makes the blood return better, not worse.

What if I need a vein for bypass surgery?
Most surgeons will not use a refluxing saphenous vein for bypass. The vein is enlarged and scarred, and generally makes a poor choice for use as a bypass graft.

Will it work for me?
Nothing of course is guaranteed. However, if you have large, painful varicose veins, swollen legs, or leg wounds that are slow to heal, it may very well help you. In order to know for sure, you will need to have an ultrasound examination of your veins. This is an important step in evaluating venous disease, and will be useful no matter what kind of vein treatment you have.

Does it treat spider veins?
If your symptoms are limited to small spider veins, and you have saphenous vein reflux, and the saphenous vein is not treated, the spider veins will likely come back. Again, ultrasound examination is a very useful study in deciding the best course of therapy. You may need separate treatment for the spider veins after the completion of surgery.

Who does the procedure?
The surgery is performed by our physicians of the Vascular Group, who are trained to do the procedure. These physicians perform many procedures every year.

Will my insurance cover it?
Check with your insurance company to see what is covered as many vary. However, almost all insurance companies will cover vein treatments that are medically necessary. That is, those conditions that cause pain, swelling, bleeding, non-healing wounds, or that significantly impact the patient's quality of life. Some insurance companies will only cover procedures if there was a three to six month trial of compression therapy. Our staff will work with you to determine your coverage.

SUPERFICIAL THROMBOPHLEBITIS (PHLEBITIS)

This involves a small clot and/or inflammation of the superficial vein causing irritation. It is not life threatening. These clots do not break off affecting other parts of the body such as the lung.

What Causes Thrombophlebitis?

- Injury to the vein
- Irritation of the vein from long term intravenous use or intravenous medication
- Pregnancy

Signs and Symptoms

- Increased temperature to affected vein
- Redness around the affected vein
- Pain over the vein
- Firm tender cord along the affected vein

Treatment

- Application of warm, moist heat. This is to reduce the inflammation and may be applied continuously, or every four to six hours for thirty minutes at a time until the symptoms have resolved.

- Elevate the affected extremity
- A non-steroidal, anti-inflammatory may be prescribed to relieve the symptoms
- Antibiotics may be ordered but are generally not necessary
- Support stockings or ace wrap to relieve the symptoms

Please note that the symptoms of thrombophlebitis/phlebitis generally resolve quickly and without complications.

DEEP VENOUS THROMBOSIS (DVT)

This is a serious condition in which a deep vein (the deep veins that are in our muscles and you cannot see) is partially or completely blocked by a clot. Goal of treatment is to prevent the blood clot from breaking off and traveling to other parts of the body, such as the lungs.

What Causes a DVT?

- Prolonged bed rest
- Decreased activity over a long period of time
- Recent major surgery
- Injury to the veins of the arms or legs
- Obesity
- Pregnancy

Signs and Symptoms

- Unusual sudden swelling of an arm or leg
- Pain, cramping, or an aching feeling in legs

Treatment

When someone develops a deep vein thrombosis (DVT) there are different forms of treatment that might be recommended. Your provider will determine which one is best for you. He or she may recommend that you either be admitted to the hospital to receive blood thinning medication intravenously or that you self- administer a blood thinning medication as an outpatient with injections.

- With either treatment you may need to be on Coumadin for three to six months or longer.
- For more information on Coumadin, see below.
- An elastic stocking will be ordered for the affected arm or leg once you are able to get out of bed, in about three or four days. This should be worn at all times except when bathing or sleeping. It should be put on in the morning and taken off at night when you go to sleep.

COUMADIN (WARFARIN)

Coumadin prevents your blood from clotting normally. Many people refer to it as a blood thinner. Its goal is to prevent blood clots from forming or moving to other areas.

Important Points to Remember

- You will need to have periodic blood work done to evaluate the clotting of your blood and to keep your medication at a safe and therapeutic level.
- The blood test is called a protime (PT, prothrombin time), or INR. It is best to keep your INR between 2.0 -3.0.
- Your physician will monitor your INR
- Take your Coumadin at the same time each day. This will keep your INR at a consistent level.
- If you miss a dose do not take an additional dose – call your physician for instructions.
- DO NOT take aspirin or aspirin products unless instructed by your physician. This increases the effect of Coumadin
- Watch for signs of bleeding, such as blood in urine or stool, tarry black stools, bleeding gums, joint back or abdominal pain, coughing up blood, severe nose bleed, vomiting "coffee ground" material. If any of these symptoms occur, DO NOT take your Coumadin until you consult your physician.
- Carry an identification card or medical alert bracelet stating you are taking Coumadin.
- Tell all doctors and dentists you are on Coumadin.
- Use an electric razor.
- If you get cut, apply pressure for 5 to 10 minutes. If it continues to bleed, call your doctor.
- Do not take vitamins containing Vitamin K. The reason is food high in Vitamin K have the reverse effect on Coumadin causing the blood to clot
- Your diet can affect Coumadin. Foods rich in Vitamin K (green leafy vegetables, cauliflower, vegetable oils, etc.) should not be taken in excess but at a consistent level. Alcohol should be used in moderation. It increases the effect of Coumadin making your blood thinner. Therefore, it should be taken carefully
- Notify your physician for any hair loss, itching, rash or fever.
- Notify your physician of you have persistent vomiting or diarrhea. This will affect your response to Coumadin.
- Certain medications interact with the effect of Coumadin. It is important to contact your physician or pharmacist regarding any new medications to avoid interaction.
- It is very important that you follow your doctors instructions regarding you blood work, and have it drawn on a regular basis.

VENOUS STASIS ULCERS

Venous ulcers are caused by severe or long term swelling from poor blood flow in the veins. This causes weakening in the tissue of your leg. The skin then breaks causing an ulcer to form.

What Causes Venous Stasis Ulcers?

- Hereditary
- Varicose veins
- Injury to lower legs

Signs and Symptoms

- Brown pigmentation to skin and around ankle
- Edema (swelling) of affected extremity.
- Leathery texture to skin.
- Sores (ulcers) that do not heal.
- Ulcers are generally located in the distal third of the leg around the ankle area.

What is the Treatment for Venous Ulcers?

- Elevate legs whenever possible – while in bed or lying down, elevate legs above heart level. This will help decrease swelling.
- A compression pump may be used for severe swelling.
- Elastic bandages or support stockings may be ordered to control swelling.
- Antibiotics may be ordered if an infection is present.
- Good hygiene is very important in preventing infection.
- If you are overweight, you should consider a weight loss program.
- Unna Boot-This is a medicated moist gauze dressing that is applied from the foot to below the knee. It provides the needed compression improving blood flow in the veins to promote healing. The Unna Boot will feel snug. It will harden as it dries into a semi-rigid cast and may be worn one to four weeks at a time. If you experience numbness, tingling, swelling in the foot or foul odor, notify your doctor. Be sure to keep the Unna Boot dry. It is NOT to get wet. When you take a shower put a plastic bag over the boot. Healing of your ulcers make take a few weeks to months.

- Once your ulcer is healed you must continue to wear support compression stockings. You will always be prone to ulcers.

IT IS VERY IMPORTANT TO FOLLOW YOUR DOCTORS INSTRUCTIONS FOR TREATMENT OF YOUR ULCER.

After your three months of compression stocking therapy has been completed you will return to one of our offices for a follow up appointment and discuss your options with one of our providers. We will then work with your insurance company and you will be contacted to schedule a procedure appointment.

If you have any questions or concerns, please contact:

The Vascular Group Office at:

Albany office (518) 262-5640

Glens Falls office (518) 792-7122

Poughkeepsie office (845) 483-0698

Schenectady office (518) 374-2767

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Receipt of Education Packet

VENOUS INSUFFICIENCY

Patient Name_____ D.O.B._____MR#_____

My signature indicates that I have received the following education packet:

Venous Insufficiency

I understand that this packet has important information about my surgery and that I can call the physician's office if I have further questions.

_____ _____

(Signature) (Signature of Witness)

_____ _____

(Name-Print) (Name and Title-Print)

_____ _____

(Relationship to Patient) (Date)

Remarks: ____