

- 1) If you are taking Coumadin, Plavix or Pletal, please notify us so an individual treatment plan can be made between all interested parties, including your primary care physician.
- 2) Please stop all aspirin products, if medically cleared to do so, 5 days prior to the procedure.
- 3) Fill all of the prescriptions (if you were given any) prior to the procedure. Continue all of your current medications.
- 4) Please arrange for someone to drive you home. The pain will be minimal but oral sedation and wraps on the leg will make driving unsafe. In addition, the sedative may not have worn off. You will be provided with pain medication as needed after the procedure.
- 5) Women, please shave your legs the night before the procedure - not in the morning. Men who do not routinely shave their legs are not required to do so. You may shower the morning of your appointment. Please do not apply any oils or lotions to the leg.
- 6) It is important for you to have a small meal prior to coming in for your appointment. This is not general anesthesia and there is no need to arrive on an empty stomach. Your first dose of ibuprofen can be taken 1 to 2 hours prior to your appointment with this snack.
- 7) Do not bring the compression hosiery with you to the procedure. Your legs will be placed in wraps. Please wear sweatpants or other loose fitting pants in order to allow for the wraps as you leave the office. The wraps will remain in place for 36 hours.
- 8) You will be in the office for about 2 hours, with the procedure taking about 1 hour.

Please Note:

Patients with the following conditions may not be appropriate candidates for the procedure:

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| 1) Coagulopathy | 4) Pregnancy |
| 2) Deep vein thrombosis | 5) Active infection |
| 3) Peripheral artery disease | 6) Inability to ambulate |

About the Treatment

Varicose veins are enlarged, tortuous veins that often appear beneath the skin of the lower extremities. Varicose veins occur when the thin flaps of the venous valves no longer meet in the midline, which allows blood to reflux, or flow in a retrograde direction.

Varicose veins are superficial veins that have become enlarged and have lost their ability to effectively transport blood. 90% of all blood volume is carried by the deep system of veins, which are the normal channels, so the varicose veins are not effectively contributing to your overall circulation. If the blood doesn't flow efficiently, the veins become enlarged because they are congested with blood. Once a vein has become varicose it won't go back to normal and must be treated.

Superficial venous reflux introduces elevated intravascular pressure into veins that are intended to function as a low pressure system, which leads to progressive distension, dilation, and tortuosity of the vein. Since the superficial veins lack muscle support and lie close to the surface of the skin, they become visible with increased intravascular pressure. The condition is further aggravated as the walls of the affected vein weaken. Incompetence in the perforator veins that connect the superficial and deep venous systems can also aggravate varicose veins by reducing or eliminating flow into the deep venous system, allowing blood to stagnate in the superficial veins. Varicose veins are found most often on the back of the calf or on the inside of the leg between the groin and ankle, and are commonly the result of reflux through the valve at the junction between the greater saphenous vein and the common femoral vein.

Some form of venous disorder affects approximately 80 million Americans. Women are more likely to suffer from varicose veins than men, with as many as 50% of American women affected. Often, varicose veins initially present only a cosmetic concern, but they can become clinically important when symptoms such as cramping, throbbing, burning, swelling, and/or a feeling of heaviness or fatigue. Alterations in skin pigmentation in the afflicted area can become pronounced. Severe varicosities may be associated with dermatitis, ulceration, and thrombophlebitis, which result when metabolic waste products are no longer removed due to pooling of venous blood and increased hydrostatic pressure.

First-line treatment of varicose veins of the leg includes conservative methods that attempt to treat the underlying cause of the condition. These treatments include weight reduction, elevation of the legs, walking, and wearing compression hosiery. When these initial therapies fail, management is geared to closing these faulty valves with laser therapy. This will stop the "leak" and halt the progression of leg vein disease. It is not intended to directly treat varicose, reticular or spider veins. It acts to arrest the root cause of these conditions and prevents them from progressing. It also allows other "clean-up" therapies to work more effectively.

Endovenous Laser Ablation (EVLA) is performed using the CoolTouch CTEV™ Laser System. This is a procedure performed by placing a laser fiber into the vein and, once turned on, heating the inside of the vein to seal it shut. Endovenous laser ablation takes the place of traditional vein stripping, which is performed in a hospital, and can be performed in the comfort and convenience of an office setting using only local anesthesia. The procedure can typically be performed in 40 minutes. The CoolTouch® Laser System offers the most comfortable laser treatment available with rapid relief of symptoms, no downtime and less bruising than traditional laser treatment. Immediately after this procedure you will need to have your leg wrapped for 36 hours.

This system is intended to halt the progression of venous insufficiency that is the root cause of your varicose, reticular and spider veins. It is essential to perform this first, before any other treatments, as it will enhance the effectiveness of all subsequent treatments that will address the damage that has already occurred.

Larger bulging varicose veins are addressed with Ambulatory Micro-Phlebectomy. Also known as “hook” Phlebectomy, this involves the micro-extraction of bulging varicose veins through very small incisions. These small incisions usually heal completely without any scarring. This varicose vein removal procedure is performed in the doctor’s office under local anesthesia and typically is done at the same time as your Endovenous laser procedure. Without this adjunctive procedure, the varicosities will usually shrink over 6 months to a year, however, most of our patient desire to leave their laser procedure with all bulging veins gone. They choose to not take the chance that these veins will not completely disappear and eliminate the possibility of having to return for a separate procedure to perform the Phlebectomy at a later date.

The remainder of the reticular veins and spider veins also may fade over time, but the laser procedure has an even more indirect effect on these veins. Many of them may persist for a long period of time after EVLA - although the laser procedure will stop them from progressing. Since it is our ultimate goal to clear all of the veins in the leg, we offer patients the option of treating these spider veins as well. If you have spider veins, in addition to the bulging varicose veins, these can be treated with Sclerotherapy. We have found that 3 treatment sessions per leg is the most effective way to eliminate the vast majority of residual vein disease. As always, if you do not have spider veins, or do not care to have your spider veins treated, you can forgo these injections and just have your bulging varicose veins treated with EVLA and Micro-Phlebectomy.

Thank you again for choosing The North Shore Vein Center. If you have any additional questions or concerns, please contact the office at 516-869-VEIN (8346).