CRAFTED BY: WatkinsBusinessandMedicalWriting.com

ACTUAL ARTICLE WITH IDENTIFYING INFORMATION CHANGED

Varicose Veins Vanquished With Radio-Frequency Ablation

Approx. 1,540 Words

"I was ashamed of my legs," confesses retired jeweler Christine Lowell. "They looked like ugly snakes."

She had very bad varicose veins and lived with the resulting leg pain and swelling for twenty years. At one point, she sought treatment from an internist, but it failed.

Christine is an active woman who enjoys traveling and gardening, and she didn't let her sore and unsightly legs keep her from enjoying her favorite activities. She simply endured the pain and embarrassment as best she could and continued looking for a solution.

One day, she heard about a seminar on the newest varicose vein treatments. "I went to see what could be done," recalls Christine. "That's where I met Dr. Bell."

"Surgeons have treated varicose veins for many years, but the techniques available to them were brutal and didn't address the underlying problem causing the varicose veins to develop," says Peter V. Bell, M.D., F.A.C.S., a board-certified vascular surgeon with Bell, Ian & Akross, M.D.s, P.A. in Orlando. "The old treatment was to strip the vein out through incisions in the knee and groin. The patient required several days of hospitalization and the recovery would keep them out of work for weeks."

Dr. Bell compares the evolution of treatment of venous disease to the evolution of treatment of elevated cholesterol: "For years, we knew about the problems cholesterol

caused but we couldn't do anything about it. Only when we got statin drugs could we adequately address them; likewise, it was only when we developed these minimally-invasive surgical techniques that we could adequately address venous disease."

Along with advances in treatment techniques has come a change in the reason for treating.

"In the past, treatments were based on achieving a cosmetic result," says Phillip L. Ian, M.D., a board-certified vascular surgeon. "Now, people understand that, if left untreated, varicose veins can cause damage to tissues. It's more than a cosmetic concern; it's a health concern."

Board-certified vascular surgeon David P. Akross, M.D., F.A.C.S., states that the systemic impact varicose veins can have on a patient's overall health calls for particular healthcare expertise: "Other professionals offer evaluation of vascular disease, but they're not equipped to handle the more serious situations. That requires the insight and training of a vascular surgeon. Our eyes are trained to evaluate the whole patient."

More than 40 million Americans suffer from a variety of vein disorders. These disorders are chronic and progressive in nature and can result in preventable complications such as venous stasis ulcers and thrombophlebitis.

Varicose veins result when valves inside a vein fail, allowing blood to flow backward down the leg. As blood flow reverses, pressure builds up inside the vein and results in bulging of the vein. Leg pain, heaviness, itching, and swelling develop and can become chronic and progressive if left untreated. Severe complications such as leg ulcers and lipodermatosclerosis develop in 20% of patients.

"People who are on their feet all day—like nurses and those in service jobs—are especially susceptible to developing varicose veins," says Dr. Ian. "Pregnant women are also at increased risk because their venous pressure is elevated."

NON-SURGICAL RELIEF FOR PATIENTS

Endovenous radio-frequency treatment is a minimally-invasive procedure that is considered the gold standard for treating venous insufficiency. Using ultrasound guidance, a catheter is inserted into the greater saphenous vein and radio-frequency energy is transmitted through the catheter. As the catheter is slowly withdrawn, the energy is delivered into the vein. The vein collapses and seals shut.

Problems with the greater saphenous vein are treated first. Problems originating from smaller veins are treated by ablating or removing the veins with microphlebectomy. For those patients with spider veins, either laser or sclerotherapy is recommended.

Noninvasive procedures produce longer lasting results, require no recovery time, and leave no scars. Insurance covers the evaluation and treatment of most venous disorders.

TESTIMONIALS

Dr. Bell recommended venous closure for Christine's varicose veins. The procedure was done in the surgeon's office, and Christine is thrilled with the results.

"My legs look fantastic and they feel great," she says. "I'd highly recommend this treatment to other people living with varicose veins."

She also speaks highly of Dr. Bell: "He's got a sense of humor and he's always willing to answer questions. I really like him."

Elizabeth Langston, L.P.N., depends on her legs. As a nurse in the ICU of Altamonte Regional Hospital, her job demands that she be on her feet all day.

"I used to have swelling in my legs after twelve hours on my feet," says Elizabeth. "Just running my hand over my legs hurt.

"I tried different remedies—like support stockings—but nothing worked for me."

She had known Dr. Ian for several years and says the day he showed her a brochure about the state-of-the-art varicose vein treatments he and his colleagues were offering was the day she finally found a solution for her problem veins.

After evaluating Elizabeth, the surgeon recommended ablating her varicose veins. Like other patients who opt for bilateral treatment, she had her legs treated five weeks apart and wore custom compression stockings after each treatment.

"The treatments weren't uncomfortable at all," recalls Elizabeth, "and each one took only about forty-five minutes. My recovery was easy. I had the procedure done on a Friday and was back to work the following Monday. Dr. Ian prescribed pain medication but I never needed it."

She speaks highly of the surgeon: "He's very good. He takes time with you and he's so pleasant."

Elizabeth continues to care for patients and continues to enjoy her work, free from discomfort. "My legs feel good at the end of the day," she reports. "They're not tired and sore and swollen anymore. I absolutely recommend radio-frequency closure treatment."

QUALIFICATIONS FOR TREATMENT

The surgeons caution that not all patients are candidates for this state-of-the-art treatment. Those with leaky veins due to problems in the deep vein system can't be

treated with minimally invasive methods nor can patients whose veins are not straight enough or are of insufficient quality to allow passage of the catheter. The procedure is also contraindicated in patients with a history of clot formation or whose overall medical history precludes this treatment.

TREATMENT PROCESS

Treatment begins with a full medical history and physical exam. An ultrasound study is ordered to evaluate the health of the patient's venous system and to identify the type and location of any problems. The information from this comprehensive evaluation allows the surgeon to decide on the best treatment for each patient.

Jessie Black is a registered vascular technologist and co-owner of Premier Vascular Imaging, Inc., a business that specializes in ultrasound of the veins and arteries. She works with Drs. Bell, Ian, and Akross to evaluate and treat their vascular patients.

"We provide a detailed look at the veins during the initial evaluation," says Jessie, "and during the procedure itself, we use ultrasound to guide the catheter into the vein. Once there, the ultrasound technologist makes sure the catheter does not go into the deep vein system. As the catheter comes back through the vein, the technologist watches its location. The ultrasound technologist is very much like a navigator during the vascular procedure."

Progress in varicose vein treatment—like in most areas of medicine—is ongoing.

"In the next eighteen months," says Dr. Akross, "we will have newer, smaller, more efficient catheters that will open up treatment to an even larger number of patients."

"Treating varicose veins is very rewarding for us," concludes Dr. Bell. "Not only are we able to give the patient healthier legs free of discomfort, but we're often able to give them results immediately."

Contacting the surgeons.

Drs. Bell, Ian, and Akross address the full range of vascular diseases. Their main office is located at 9 Spanish Lane, Suite 588, in Orlando. Their Longwood office is located at 5990 Seminole Drive, Suite 303, and their Sanford office is located at 9430 Cypress Road, Suite 133. Contact Sandra Hunt, Practice Manager, by phone at (407) 555-6009 or by e-mail at sh@website.com. Visit www.BellIanAkross.com for more information about the practice. Bilingual staff members can assist Spanish-speaking patients and their families. Regular office hours are Monday through Friday by appointment.

Peter V. Bell, M.D., F.A.C.S., is board certified in Thoracic Surgery by the American Board of Thoracic Surgery. He received his medical degree from the University of Florida and served his residency at Baylor College of Medicine in Houston, Texas where he also received his Fellowship training in Thoracic Surgery.

Phillip L. Ian, M.D., is board certified in Thoracic Surgery by the American Board of Thoracic Surgery. He received his medical degree from University Health Sciences, Chicago Medical School and served his residency at Maimonides Medical

Center. He received his Fellowship training in Cardiothoracic Surgery at SUNY Health Science Center at Brooklyn in Brooklyn, New York.

David P. Akross, M.D., F.A.C.S., is board certified in Thoracic Surgery by the American Board of Thoracic Surgery. He received his medical degree from Louisiana State University School of Medicine in New Orleans and served his residency at LSU Charity and Affiliated Hospitals, also in New Orleans. He received his Fellowship training in Cardiothoracic Surgery at the University of Miami.

###