

What do you know about Varicose Veins?

Statistics

- More than 30 million Americans suffer from chronic vein disease.
- Only 1.9 million of those seek treatment annually while the remaining go undiagnosed and untreated.
- They are not just a cosmetic problem. Varicose Veins are caused by chronic venous insufficiency (CVI).
- Heredity is the number one contributing factor that causes varicose and spider vein. While pregnancy, menopause and other hormonal factors put women at a higher risk, men can be affected as well. Some other predisposing factors include aging, standing occupations, obesity and leg injury/surgery.



Smaller varicose veins (above) and bulging veins (left)

Signs & Symptoms of Varicose Veins

(For further information, please consult your personal physician. For a list of physicians, you can go to the "DCMS Physician Directory" at <http://db.dcmsonline.org/directory/>. Find more information at <http://veinform.org/patients.aspx>.)

- Varicose and/or spider veins
- Swelling of the ankles
- Leg fatigue
- Leg pain, aching or cramping
- Burning, itching, tingling or numbing of the skin on the legs
- Leg ulcers, open wounds or sores
- Skin discoloration

Complications

Varicose veins can lead to complications such as blood clots, bleeding, rashes and ulceration.

Treatment

- Two general types of treatment options: conservative measures, such as compression stockings and leg elevation; and corrective measures, such as endovenous thermal ablation, chemical ablation, surgery and sclerotherapy.
- Technological advances in treatment methods allow spider and varicose veins to be treated more effectively and safely than ever before.
- Successful treatment depends on two things: careful assessment of the problem, and the skill of the physician providing the treatment.

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Venous Disease: Misunderstood, Misdiagnosed & Mistreated

"It is ironic that medical education does not cover three of the most common medical problems: back pain, hemorrhoids, and varicose veins." P. Fujimura, MD, Surgical Intern, University of California School of Medicine

Dr. Fujimura is right. Venous disease is often misunderstood, misdiagnosed and therefore mistreated even though it is among the most common medical conditions to affect mankind. Approximately 1-3% of the population of the Western world is estimated to have a severe venous problem at some point in their lives. Although it is generally acknowledged that venous disorders have an enormous socioeconomic impact, the diagnosis and treatment of such conditions have suffered from a lack of interest and support, especially in academic centers.



James St. George, MD
Medical Director/CEO
St. Johns Vein Center

Ironically, venous disorders have affected patients for thousands of years. An early method of treating varicose veins consisted of making offerings to the gods for help. The cover of this issue displays one such offering from 300 BC. According to an inscription found on the West side of the Acropolis, this was a votive offering to the Greek god of medicine, Asclepius. It was commissioned by Lysimachidis of Archarnes, who was probably suffering from varicose veins, and dedicated to Dr. Amynos, a local physician.

The first description of medical treatment appears in the writings of Hippocrates in the 4th century BC. He describes treating varicose veins by traumatizing them with "a slender instrument of iron" to cause thrombosis. Celsus (30 BC to AD 30) practiced stripping and cauterization.

Plutarch described the first varicectomy on the Roman Consul Gaius Marius (157-86 BC.) He recorded, "For having, as it seems, both his legs full of great tumours, and disliking the deformity, he determined to put himself into the hands of an operator, when, without being tied, he stretched out one of his legs, and slightly, without changing countenance, endured most excessive torments in the cutting, never either flinching or complaining; but when the surgeon went to the other, he declined to have it done, saying, 'I can see the cure is not worth the pain.'"

Until recently, surgical stripping of incompetent leg veins remained the primary treatment for incompetent leg veins and, like poor Gaius Marius, many patients felt that the treatment was worse than the disease. Fortunately, many recent advances in the field of Phlebology have revolutionized the treatment of venous disorders.

Since venous disorders frequently start with acute thrombosis, in "Endovascular Management of Iliofemoral Deep Vein Thrombosis," **David M. Sella, MD**, and **Gregory Frey MD**, review the technique, benefits, and medical evidence of catheter-directed thrombolysis for the treatment of DVT. **Shannon L. Beardsley, MD**, reviews the pathophysiology, diagnosis and treatment of Pelvic Congestion Syndrome in "Endovascular Therapy for Pelvic Congestion Syndrome: Making the Diagnosis and Getting the Patient Treated." This syndrome may affect as many as 17,000 women in Duval County alone. Chronic venous disease of the lower extremity has a tremendous impact on the health and quality of life for a large number of people so in "Evaluation and Treatment of Lower Extremity Superficial Venous Insufficiency," I explain the tools necessary for practitioners to help their patients with this condition. This is also the CME article.

David S. Ross, MD, addresses the evaluation and treatment of venous ulceration in "Venous Stasis Ulcers: A Review," since 50% of ulcers remain unhealed for over a year due to inadequate or incomplete treatment. **Rickie Sander, MD, FCAP**, provides an overview of primary and secondary lymphedema, which are difficult to diagnose and manage, in "Lymphedema-Pervasive and Chronic, but Treatable" An Overview." A mainstay treatment for venous insufficiency, venous ulceration and lymphedema is compression therapy. **Sonya M. Casey, RVS**, and I provide a brief primer for the prescribing physician with "An Introduction to Compression Therapy." Congenital venous anomalies may be disfiguring and disabling for both the pediatric and the adult patient. **Ricardo Paz-Fumagalli, MD**, addresses congenital venous anomalies in "Venous Malformations: Basic Concepts and Interventional Radiologic Management."

A condition dating from 300 BC and written about by Hippocrates and Plutarch, should be better understood today. It is my hope that this issue provides some tools to physicians so they can dramatically improve modern day patients' quality of life and venous health.