

Cosmetic Surgery for Plumbers



All About Varicose Veins, Non-invasive Work-up and Therapy

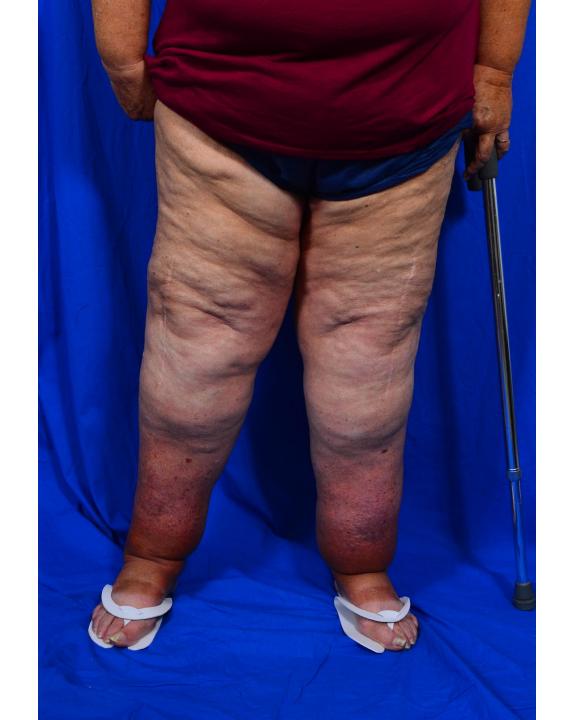
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Board Certified, American Board of Surgery
Diplomate, American Board of Venous & Lymphatic
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Diplomate, American Board of Cosmetic Surgery



Talk Objectives

- Be able to diagnose patients with venous disease.
- Be familiar with modern treatment modalities.
- Understand the importance of gradient compression.
- Know the main presenting symptoms of vein dz.













How Do You Treat?

- Diuretics?
- Compression?
- Refer to derm?
- Work up for other disease processes?
- Watchful waiting?
- Home health for wrappings/Unna boots?
- Pain management?
- Lymphedema therapy?

Vein Disease or "Varicose Veins"

Chronic venous disease
(Chronic) Venous insufficiency
Venous reflux
Venous (valvular) incompetence
(Ambulatory) Venous hypertension
Venous stasis disease

THE SPECTRUM OF CHRONIC VENOUS DISEASE









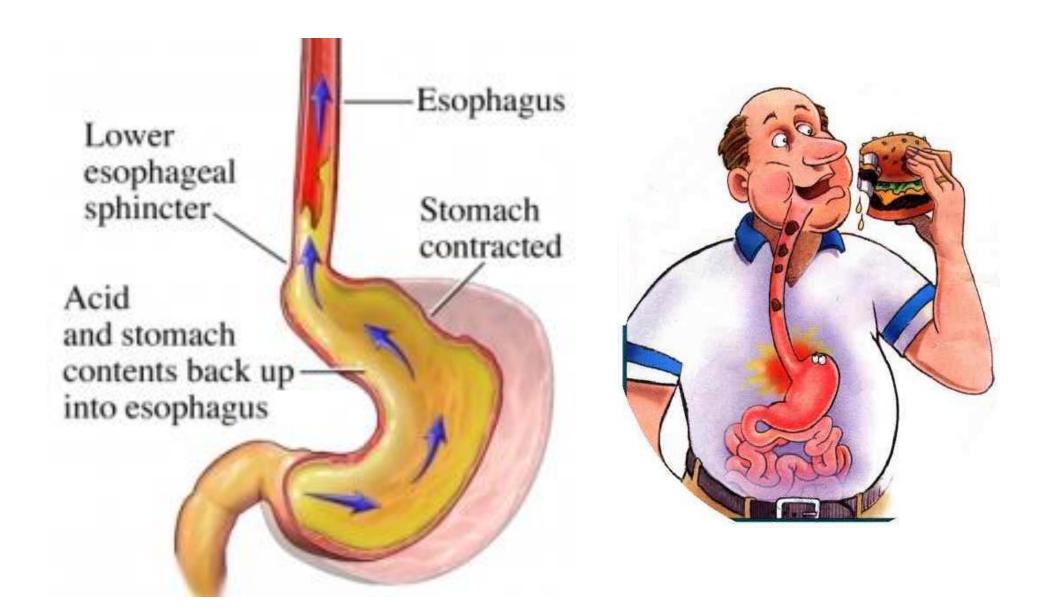


IMPORTANCE OF CHRONIC VENOUS DISEASE

- 1 in 22 *or* 4.5% *or* 12.2 million people in the USA are affected by varicose veins
- Incidence increases with age and is more common in women with over 40% of women in their 50's suffering from some sort of venous disorder
- Across all ages and gender, 60% of Americans suffer from venous disease and its sequelae

National Heart Lung and Blood Institute (NHLBI) http://www.nhlbi.nih.gov/

REFLUX



Venous Reflux Pathophysiology

Dilated veins/malfunctioning valves \rightarrow Blood flowing back down the veins (REFLUX) \rightarrow High pressure in the superficial veins \rightarrow

Symptoms PE findings

Leg pain Varicose veins

Aching Spider veins

Throbbing Pigment Skin changes

Cramps Lipodermatosclerosis

Fatigue/tiredness Venous ulcers

Heaviness

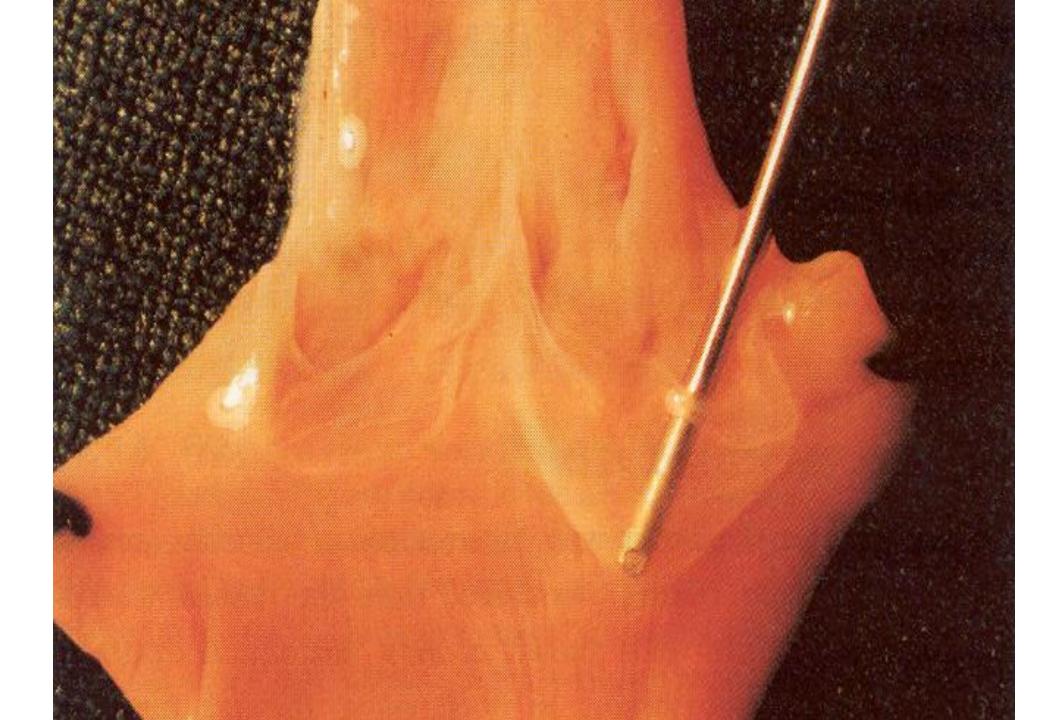
Leg swelling

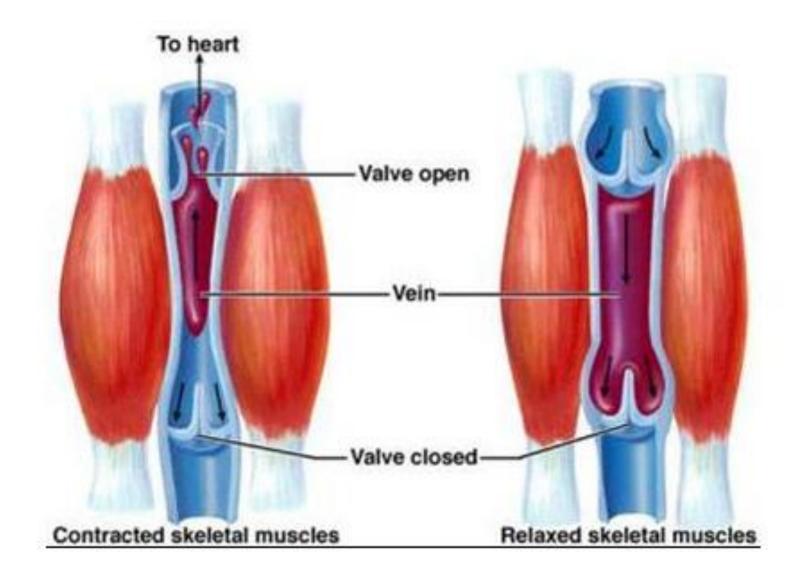
Restless legs

Spontaneous bleeding

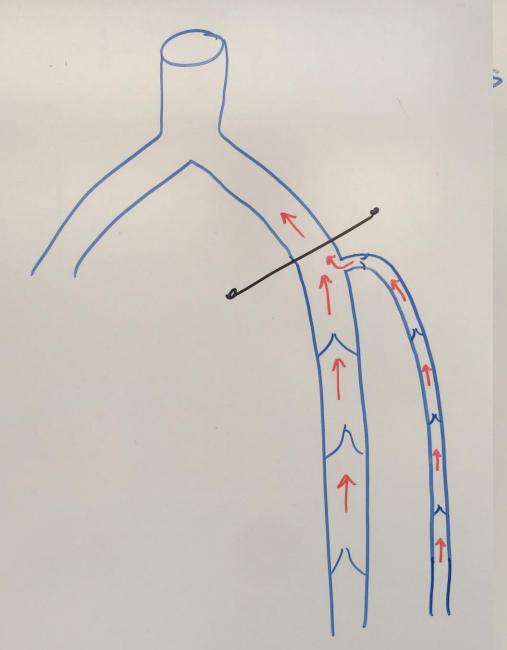
Numbness

Itching

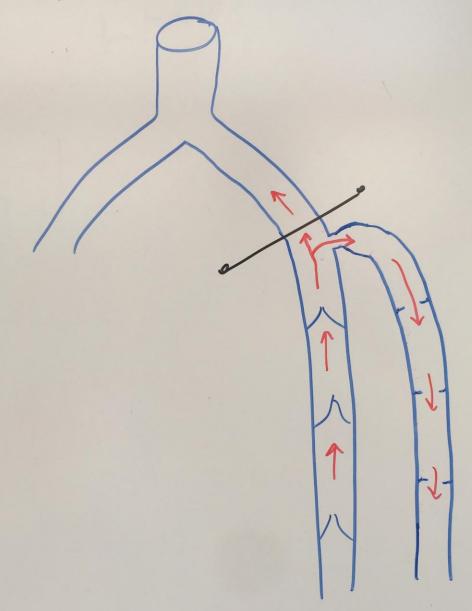




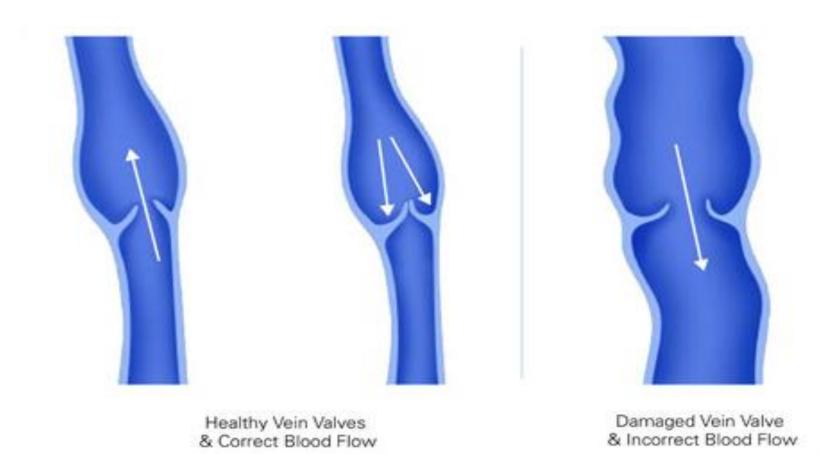
Normal



Superficial Venous Reflux

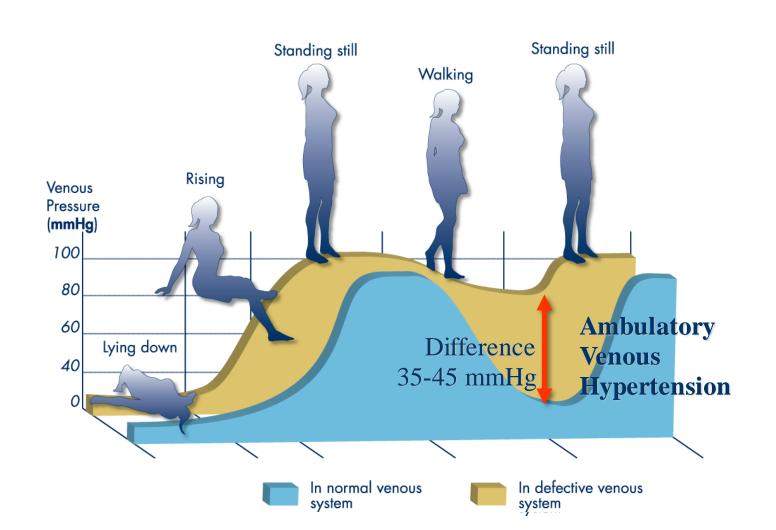


Normal Reflux



Venous Pressure at the Ankle

Normal vs. Defective



Presenting Symptoms of Chronic Venous Disease

- Pain
 - Aching, throbbing, burning, stabbing, cramping.
- Swelling (peripheral edema)
- Varicosities
 - Varicose, telangiectasia(spider), reticular.
- Restless legs/RLS
- Numbness
- Fatigue, heaviness in legs
- Itching
- Bleeding
- Skin changes......Pigment, LDS, ULCERs.

The Work Up

- Dr Google/SM/friends and family/PCP Referral!
- •Interview/H&P
- Venous US exam key!!!

Evaluation of Patients

- H&P
 - Coagulopathy
 - Thrombophlebitis or DVT
 - PAD
 - Results from previous treatment
- Testing
 - Duplex ultrasound
- Patient selection





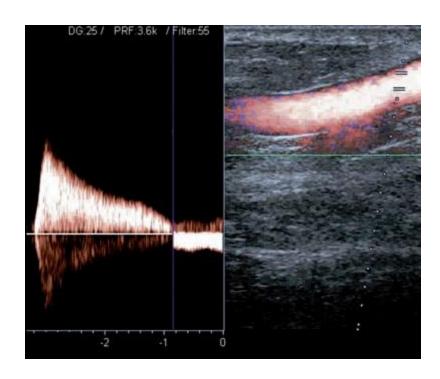
Ultrasound



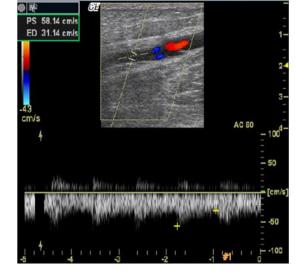


Duplex Ultrasonography

- Replaced plethysmography and venography
- 7-10MHz linear transducer
- Exam supine and standing
- Superficial and deep systems evaluated
- Physiologic reflux: < 0.5 sec
- Pathologic reflux: > 0.5 sec



Duplex scan



- Vast majority have superficial incompetence only.
- Sensitivity 95 % for identifying the competence of the saphenofemoral and saphenopopliteal junctions.
- Less sensitive for identifying incompetent perforators (40 to 60 percent)

Lin, JC, Iafrati, MD, O'Donnell, TF Jr, et al. Correlation of duplex ultrasound scanning-derived valve closure time and clinical classification in patients with small saphenous vein reflux: Is lesser saphenous vein truly lesser?. J Vasc Surg 2004; 39:1053.

Jutley, RS, Cadle, I, Cross, KS. Preoperative assessment of primary varicose veins: a duplex study of venous incompetence. Eur J Vasc Endovasc Surg 2001; 21:370.

MRN: DOB: 05/12/

Procedure Code: 93970

Referring MD:

CC:

Accession#

Procedure US DPLX SCAN EXTRM VEINS

BILAT

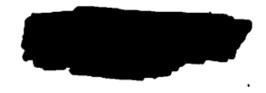
History: year-old with venous insufficiency. Patient complains of bilateral leg pain and swelling.

Technique: Color flow Doppler and spectral waveform analysis was used.

Findings: The bilateral common and superficial femoral, popliteal, greater saphenous and calf veins are well visualized, widely patent and easily compressible. No evidence of DVT is noted. Grayscale and color flow analysis failed to demonstrate any abnormalities.

Impression: No evidence of DVT or other abnormality is noted left and right lower extremity.

Electronically Signed By:



Md

Treatment

Non-surgical

CONSERVATIVE MANAGEMENT

- Leg Elevation
- Exercise/Ambulation
- Compression Stockings (BAUERFEIND, SIGVARIS, JUZO, JOBST, ETC.)
- Weight loss

Compression Therapy

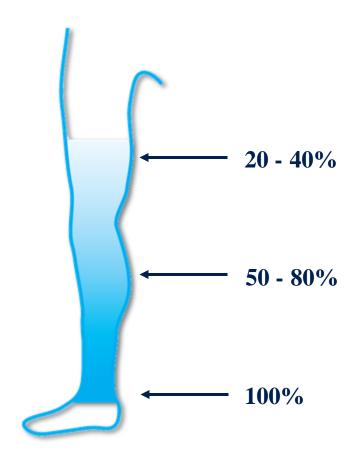
- To be effective, it is very important that compression be graduated
- Strongest at the ankle and decreasing in the proximal direction



Compression Therapy

• To be effective, it is very important that compression be graduated

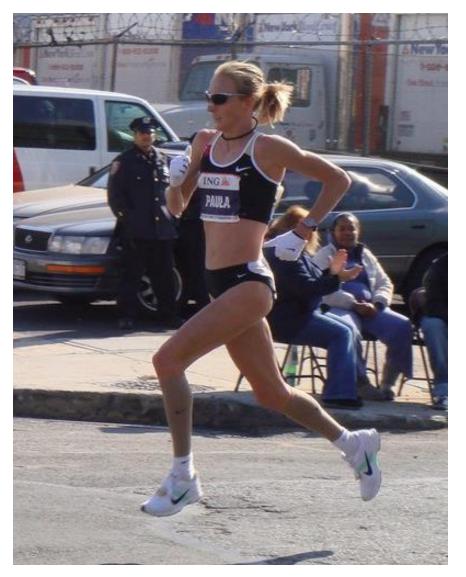
• Strongest at the ankle and decreasing in the proximal direction



New York Marathon

Paula Radclife





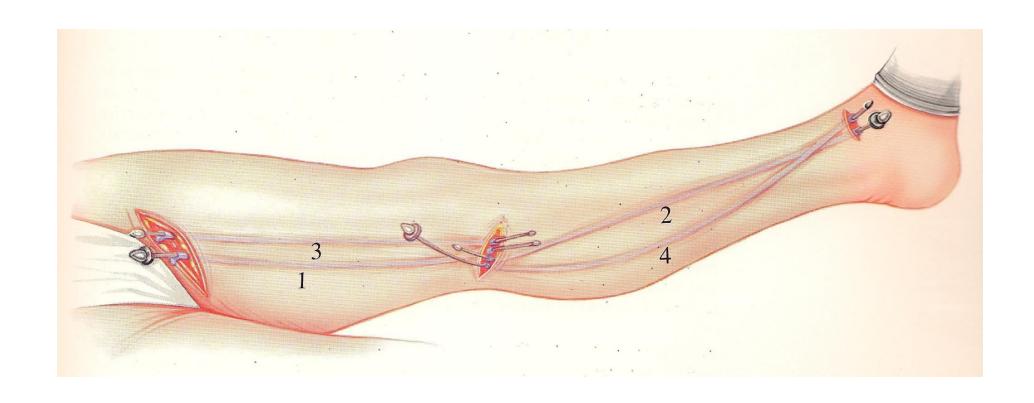
Ed Costello from Brooklyn, NY, US





Treatment

Surgical



Modern Treatment

- Endovenous Laser ablation.
- Endovenous Radio Frequency ablation.
- Commercial foam preparations
- Glue



- Outpatient procedure
- Only local anesthesia required
- Closure of >93% Great Saphenous Veins at 2 yrs

















Stripping

- General or Spinal.
- Hospital/OR.
- Painful.
- Recovery 4-6 weeks.
- Recurrence high.

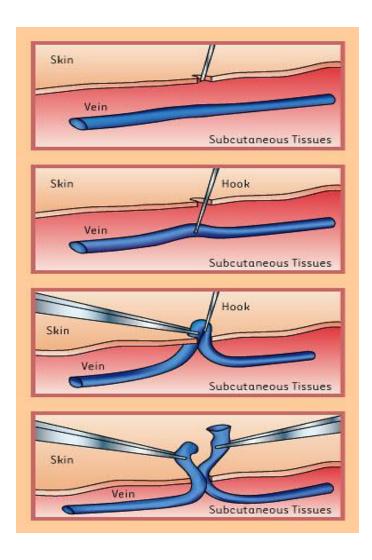
LASER/RF

- Local/IV sedation.
- Office Procedure.
- Minimal Discomfort.
- 1-2 days.
- 1-2%.

Adjunctive Procedures

- Microphlebectomy
- Sclerotherapy

Microphlebectomy















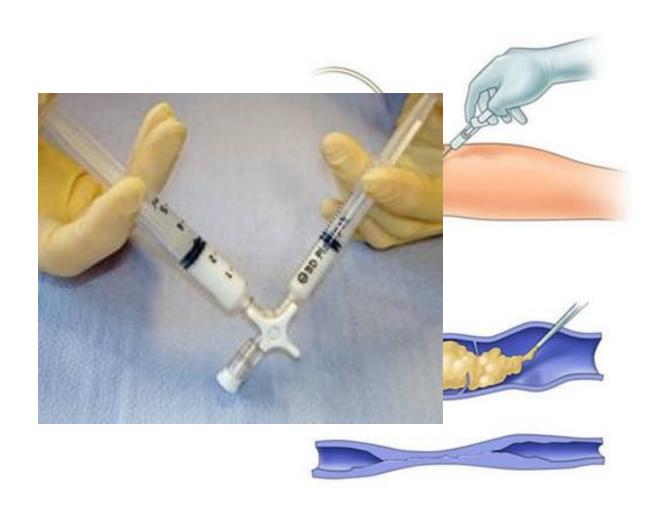




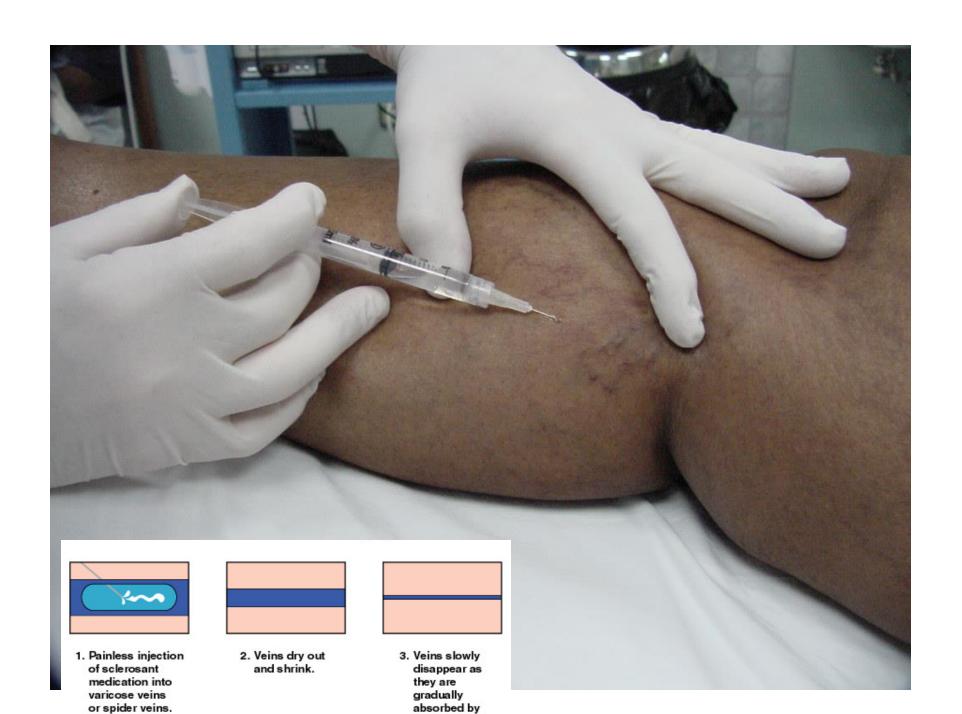




Sclerotherapy

























Cosmetic treatments









What can happen if you decide not to have tx

• The importance of early treatment.....



















Spontaneous Bleeding.....



Spontaneous Bleeding.....



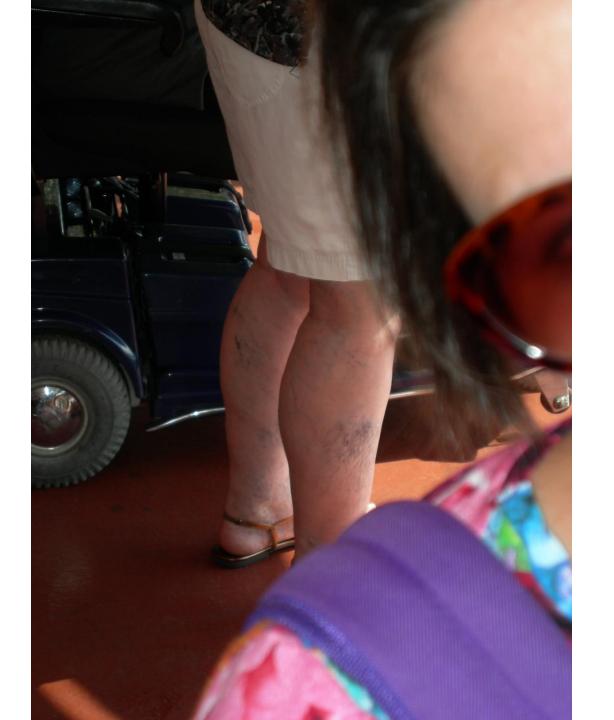


















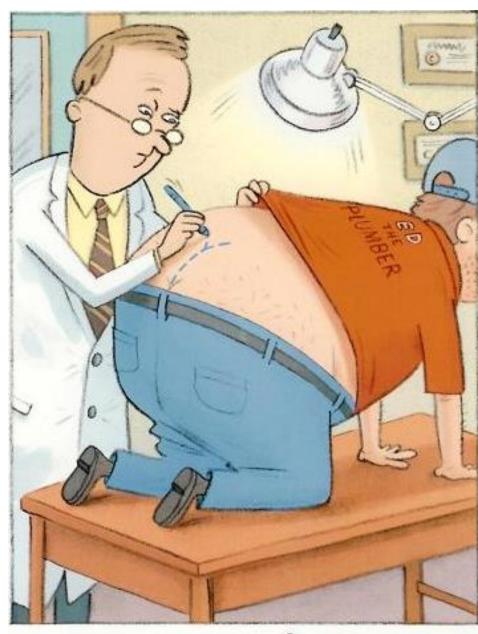






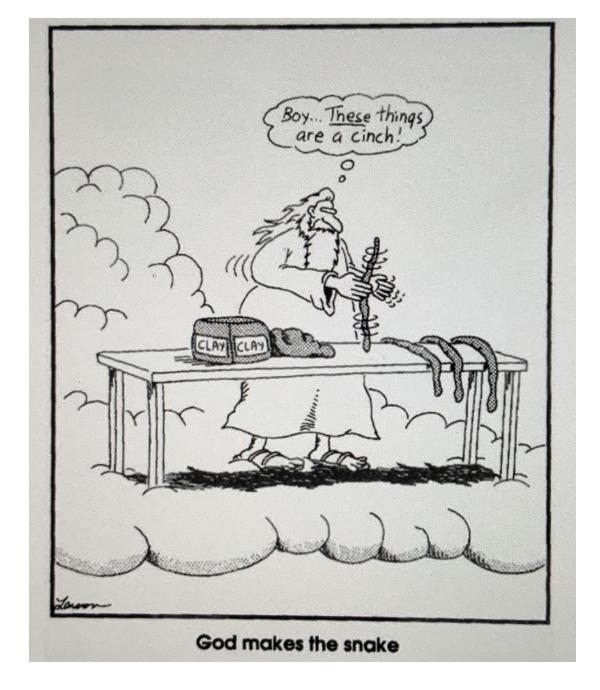






Thank You!

Vince Gardner C 205-807-6721



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