

Vascular Surgery UPDATE



**Cranley Surgical
Associates, Inc.** General and Vascular Surgery
Surgical Oncology

**All the Options.
Better Care.**

Painful legs from varicosities and superficial venous insufficiency affects 25 million people in the United States. Ablation of the saphenous vein can now be performed with less post-operative pain and recovery time and faster return to work and normal life. Well-chosen patients may be treated in the office setting at a much lower cost with less hassle than in the hospital.

SOLUTIONS TO PAINFUL VARICOSE VEINS AND VARICOSITIES

Varicose veins are a product of mankind's upright posture. Venous valvular dysfunction (the underlying pathology for varicose veins) allows blood to pool in the lower extremities as a result of gravity and the superficial veins close to the skin surface become enlarged, visible, tortuous, discolored. These venous changes can lead to skin breakdown or blood clotting in some instances. Patients complain of leg achiness, itching, fatigue, or burning in the direct area over the abnormal veins.

Heredity is the most common cause of the dysfunctional valves, but many other causes may play a role. Any mechanism causing increased venous pressure (obesity, pregnancy, sedentary lifestyle, pelvic/abdominal tumors, COPD, CHF) will aggravate the situation. However, many individuals are primarily concerned about the appearance of the unsightly veins.

Cranley Surgical vascular surgeons offer a wide range of treatment options to fit the needs and preferences of the patient.

A typical patient will be seen in the office, evaluated with a physical exam, and if appropriate a venous duplex exam is performed to check for venous reflux in the great saphenous, small saphenous, and the deep venous system. Treatment options are then discussed and may include:

1. Compression stockings customized to the needs of the patient.
2. Sclerotherapy done in the office as an outpatient with full maintenance of ambulation and combined with compression therapy for a three-week interval.
3. Radiofrequency ablation (VNUS) to obliterate the great saphenous vein.

4. Complete stripping of the great saphenous vein combined with micropuncture varicose vein removal to preserve cosmesis (Minimally invasive venous ablation).

The VNUS device avoids stripping the great saphenous vein. Using ultrasound guidance, the great saphenous vein is accessed with a needle and the vein is ablated with radiofrequency-derived heat leaving the vein in place but no longer leaking and no longer providing blood flow into varicose venous tributaries.

There are three randomized trials comparing VNUS closure procedure to vein stripping. The conclusions are that with the VNUS ablation of the saphenous vein, there is less post-operative recuperation time, less post-operative pain, less limitation to physical activity, faster return to normal lifestyle, and a higher quality of life scores than with stripping. Patients have experienced tremendous improvement in their symptoms of pain, fatigue, and edema, and these results have been maintained for at least three years.

Even when stripping of the great saphenous vein is indicated, newer surgical techniques allow for smoother, less painful recoveries. The use of tourniquets and local anesthetic gauze sponges in the track created by the removed great saphenous vein, allows for better control of blood loss, less bruising and less swelling. Cosmesis is maintained by stab incisions in the 2-3 mm. range.

Patients treated for varicose veins are some of the most satisfied in our practice. Other practitioners offer treatment for varicose veins, but often offer only one modality. At Cranley Surgical Associates, we pride ourselves by offering "All the Options and thus Better Care."



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