



# VIU REVIEW

The Official Journal of  
Venous Insufficiency University

Volume 2, Issue 3

## Locations

Annapolis, MD  
Baltimore/Towson, MD  
Easton, MD  
Glenn Dale, MD  
Greenbelt, MD  
Prince Frederick, MD  
Rockville, MD  
Takoma Park, MD  
Waldorf, MD  
Washington, DC

Phone: 888-855-VEIN  
(8346) or 301-860-0930



www.loveyourlegsgain.org

-----

## IN THIS ISSUE

Postpartum Management of Venous Disease	1-2
Center for Vein Restoration Featured on WJLA-TV/ABC-7 News	1&4
VIU Offers Complimentary, Local CME Events	2
Restless Legs Syndrome Commonly Overlaps with Venous Disorders	3
Clinical Evaluation of CVI: The CEAP Classification	5-6

## Postpartum Management of Venous Disease

The hormonal changes in pregnancy as well as the pressure changes related to the gravid uterus commonly contribute to venous insufficiency, and can commonly lead to dilated varicosities, throbbing, and aching pain, especially when standing or sitting for prolonged periods of time.

Additionally, there is a tremendous increase in the blood volume and venous capacity during pregnancy that contributes to the failure of the venous system. Twin or multiple pregnancies place increased physiological and mechanical stress on the venous system.

Varicose veins during pregnancy are often symptomatic and present with pain, numbness, tingling, heaviness, night cramps and are not very cosmetically appealing. These varicosities are of much clinical concern for they may become extremely painful, precipitate restless legs syndrome, and pose the risk of phlebitis, blood clots or deep vein thrombosis.

### Manage Conservatively

Presently there are no recommendations for the use of definitive treatments for the management of varicose veins during pregnancy. In fact, it is recommended that women delay definitive treatments to allow physiological varicose veins of pregnancy to regress spontaneously and allow time for the body to become "normal" from the heightened coagulation state. Overall, varicose veins during pregnancy are best managed conservatively, but it requires expert monitoring for prevention of complications. *To page 2 ►*

## Center for Vein Restoration Featured on WJLA-TV/ABC-7 News



Dr. Luis Dibos performs radiofrequency ablation in an outpatient setting.

A recent news segment, "New Varicose Veins Treatment Shows Promise" featured Center for Vein Restoration patients, Julie Pollack and Alison Telesford.

Julie Pollack, a mother of seven, suffered from painful varicose veins for 13 years. "They're achy, the veins just swell up and they look really bad, too," she said.

The bulgy, swollen veins are just one potential symptom of a broader condition called venous insufficiency. Risk factors include heredity, standing or sitting for long periods of time, and pregnancy. Pollack says her seven pregnancies could be to blame but after the treatment procedure, her legs are feeling and looking much better.

*To page 4 ►*

Compliments of Sanjiv Lakhnpal, MD, Jaime Marquez, MD, Jerrilyn Jutton, MD, Rajiv Jhaveri, MD, Luis A. Dibos, MD, Thomas C. Militano, MD, Arvind Narasimhan, MD, Ken Nguyen, DO, Frank Sbrocco, MD, Shekeeb Sufian, MD, Daniel Teklay, MD and Michelle Thomas, MD

## Postpartum Management of Venous Disease

*-continued from page 1*

It is recommended that women discuss venous issues with their Obstetrician at the routine six-week postpartum visit. While there are multiple physiologic, anatomic and biochemical adaptations that limit venous evaluation and treatment during pregnancy, the maternal vascular and hematologic changes normalize by 6-to-8 weeks postpartum. This allows for clinical and sonographic venous examination at 8-to-10 weeks and procedure performance by 10-to-12 weeks.

Lactation should not delay the scheduling of venous evaluation or procedures. The use of local anesthesia may minimally expose the infant to medication, thus nursing patients are advised to "pump and dump" on the procedure day only, with or without pre-medication use. Acetaminophen or ibuprofen usage for post-procedure analgesia is not contraindicated.

### Treat in a Timely Manner

Venous ablation treatments can offer a definitive treatment in an outpatient setting without hospitalization or a prolonged recovery. The procedure consists of using local anesthetic to pass a catheter that can be used to "close" or ablate the vein. The patient has very little sensation throughout the procedure and rarely will need more than acetaminophen or ibuprofen following the procedure for pain control.

Another benefit of this is that the patient can resume full activities, drive home from the procedure, and resume work immediately. Generally the patient will need some type of compression stockings for one-to-two weeks afterward.

**To schedule a patient consult at Center for Vein Restoration call 301-860-0930 and learn more at [www.loveyourlegsagain.org](http://www.loveyourlegsagain.org).**

## Complimentary CME-Accredited Events for Health Care Professionals

### Join us for a complimentary Venous Insufficiency University (VIU) event near you.

In one evening, you will enhance your understanding of the most current diagnostic and treatment options available to your patients suffering from venous disease.

The physicians and allied health professionals of VIU provide a comprehensive program which includes a broad spectrum of treatment options for superficial and deep venous disorders.

Physicians and clinical health care providers will also earn up to 2.5 prescribed CME credits at no charge while learning what's new for their at-risk patients.

RSVP— call Lorie Frantz at 443-624-8838 or email [RSVP@loveyourlegsagain.org](mailto:RSVP@loveyourlegsagain.org).



### CALENDAR OF EVENTS

**Registration, cocktails and networking begin at 6:00 pm, followed by dinner and presentations at 6:45 pm.**

**Wednesday, October 28, 2009**

Karma  
Gaithersburg, Maryland

**Thursday, November 5, 2009**

Liberatone's  
Timonium, Maryland

**Thursday, November 19, 2009**

Maggiano's  
Chevy Chase, Maryland

**January 20, 2010**

Location TBA  
Eastern Shore, Maryland

## Restless Legs Syndrome Commonly Overlaps with Venous Disorders

Restless Legs Syndrome (RLS), a condition defined by clinical symptoms, affects as many as 12 million Americans, with women twice as likely to be affected.

Patients experience intense unpleasant sensations deep in the legs, usually in the calf area, that are accompanied by an irresistible urge to move the affected limbs in order to relieve the heaviness they have in their legs. These sensations are variably described as heebie-jeebies, antsy, Jimmy legs, or as creeping-crawling, pulling, and wormy.

As RLS symptoms are stronger at bedtime and during periods of relaxation, sleep-onset insomnia is common, and patients with severe RLS experience nightly attacks that lead to chronic sleep deprivation. In addition, the severity of the disorder appears to increase with age, with older patients experiencing symptoms more frequently and for longer periods of time.

There is no single diagnostic test for RLS however current research findings indicate that RLS is a clinical syndrome that commonly overlaps in patients with venous insufficiency and chronic venous disorder.

### RLS and Venous Disease

Primary RLS is suspected to be a sensorimotor abnormality associated with central nervous system dysfunction. Secondary RLS is known to occur in such dissimilar conditions as back pain, iron deficiency, renal failure, pregnancy, neuropathy, and venous disease.

For the past 25 years, studies have observed RLS in patients with venous disorders due to refluxing venous blood flow. This backward flow, or reflux, causes blood to pool and stagnate in the veins, which can lead to aching and cramping, and frequently patients also complain of crawling skin sensations, itching and restless legs.

In 2007, *Phlebology* published a prospective study on the profile of RLS in 174 consecutive patients and 174 matched controls presenting to a phlebology practice. RLS diagnosis was made using a prospective questionnaire and clinical observation according to the International Restless Legs Syndrome (IRLS) Study Group consensus panel at the National Institutes of Health. Duplex ultrasound evaluations established the presence of CVI (with reverse flow  $>0.5s$  = reflux).

The study concludes that RLS appears to be a common overlapping clinical syndrome in patients with CVI as 36 percent of the study group had evidence of RLS compared to 19 percent of the control group. It should also be noted that none of the RLS

patients gave a history of anemia, chronic renal failure, or a psychiatric or neurologic disorder that others have described as being associated with the diagnosis of RLS.

### Alleviating RLS Symptoms

It's important to note that many patients suffering with Restless Legs Syndrome may have no visible evidence of superficial or varicose veins. In these cases, a specially designed ultrasound examination will often reveal a complicated and extensive network of venous reflux beneath the skin.

Results of a study published by *Phlebology* in 2008 examined the effect of endovenous laser ablation in patients with concurrent RLS and duplex-proven superficial venous insufficiency. Thirty-five patients with moderate-to-very severe RLS (defined by the NIH RLS criteria) and duplex-proven superficial venous insufficiency completed an IRLS rating scale questionnaire and underwent standard duplex examination to objectively measure the baseline severity of their conditions.

They were then separated into non-operative and operative cohorts. The operative cohort underwent endovenous laser ablation of refluxing superficial axial veins and ultrasound-guided sclerotherapy of the associated varicose veins. Operative correction of the superficial venous insufficiency resulted in an average of 80 percent improvement in symptoms with 53 percent of patients indicated their RLS symptoms had been largely alleviated and 31 percent indicating complete relief.

The study concludes that laser ablation of refluxing axial veins and sclerotherapy of associated varicosities alleviates RLS symptoms in patients with superficial venous insufficiency and moderate-to-very severe RLS.

### Rule Out Venous Disease First

Venous reflux should be ruled-out in all patients with Restless Legs Syndrome before initiation or continuation of drug therapy. It is our experience that many patients with RLS symptoms and venous disease will experience significant improvement in their discomfort with comprehensive treatment of their venous disease.

Patients experiencing leg cramping, pain, and restless legs may need an arterial or venous ultrasound study to determine if treatment is needed to improve the flow of blood through the leg veins, and in turn alleviate the discomfort of RLS. Once diagnosed, the minimally-invasive venous closure procedures that we utilize can be performed on an outpatient basis.

**Call Center for Vein Restoration at 301-860-0930 to schedule a patient consultation.**



*"Many patients suffering with RLS may have no visible signs of superficial or varicose veins,"* says Rajiv Jhaveri, MD.



7500 Hanover Parkway  
Suite 103B  
Greenbelt, MD 20770

Phone: 888-855-VEIN (8346)  
or 301-860-0930

Additional locations:  
Annapolis, MD  
Baltimore/Towson, MD  
Easton, MD  
Glenn Dale, MD  
Prince Frederick, MD  
Rockville, MD  
Takoma Park, MD  
Waldorf, MD  
Washington, DC

[www.loveyourlegsagain.org](http://www.loveyourlegsagain.org)



## Center for Vein Restoration Featured on WJLA-TV/ABC-7 News

*-continued from page 1*

"It was definitely worth it," she said.

Alison Telesford, 37, suffers from the disease as well, but her main complaint is swollen ankles. "I wake up in morning and they're already fat and stay swollen all day long," said Ms. Telesford.



Dr. Sanjiv Lakhanpal,  
cardiac surgeon and  
founder of Center for  
Vein Restoration

According to Dr. Sanjiv Lakhanpal, a cardiac surgeon and founder of Center for Vein Restoration, the procedure is performed by inserting a catheter to heat up the diseased vein and close it in small segments. "We access the vein under ultrasound guidance so we can be very specific and go to the target and treat the vein, all in an outpatient setting."

The procedure is performed out of medical necessity -- not for cosmetic reasons -- and is therefore covered by most insurance. This new option, using radiofrequency, is minimally invasive, results in a quicker recovery time, and carries less risk than other options like vein stripping and laser treatment.

Telesford is ecstatic. "I can finally wear shoes again!" she said. The news segment is available to view upon demand at [http://www.wjla.com/news/stories/0709/643396\\_video.html?ref=newsstory](http://www.wjla.com/news/stories/0709/643396_video.html?ref=newsstory).

**For more information on the Closure procedure, visit [www.loveyourlegs.org](http://www.loveyourlegs.org) or call 301-860-0930.**

## Clinical Evaluation of Venous Insufficiency

### CEAP – Clinical severity, Etiology, Anatomy and Pathophysiology

#### Classification of Chronic Venous Disease and Course-of-Action

*Use of this classification system improves the accuracy of the diagnosis as well as communication between specialists and their patients.*



**CEAP 1:** Spider or reticular veins

**ACTION:** Venous duplex ultrasound assessment and cosmetic Sclerotherapy assessment



**CEAP 2:** Varicose veins

**ACTION:** Venous duplex ultrasound assessment and consult for conservative management



**CEAP 3:** Edema of venous origin

**ACTION:** Venous duplex ultrasound assessment and consult for possible endovenous ablation



**CEAP 4:** Skin changes ascribed to venous disease—pigmentation, venous eczema, lipodermatosclerosis

**ACTION:** Venous duplex ultrasound assessment and consult for possible endovenous ablation



**CEAP 5:** Skin changes (as in CEAP 4) in conjunction with healed ulceration

**ACTION:** Venous duplex ultrasound assessment and consult for possible endovenous ablation



**CEAP 6:** Skin changes (as in CEAP 4) in conjunction with active ulceration

**ACTION:** Urgent full leg ulcer assessment and consultation for endovenous ablation

**Early treatment is crucial to prevent further complications from venous stasis. Venous duplex ultrasound and consultation with our Vascular Specialist will determine the best course-of-action.**

**Do you experience any of the following in your legs?**

- Aching/Pain     Heaviness     Tiredness/Fatigue
- Itching/Burning     Swollen Ankles     Leg Cramps
- Restless Legs     Throbbing



*Venous insufficiency is treatable through a simple in-office, minimally invasive and pain-free procedure covered by most insurance companies.*

**Phone: 888-855-VEIN (8346) or visit [www.loveyourlegsgain.org](http://www.loveyourlegsgain.org)**

# CENTER FOR VEIN RESTORATION



## LOCATIONS:

### Annapolis:

128 Lubrano Drive, Ste 202  
Annapolis, MD 21401  
Phone: 410-266-3820  
Fax: 410-224-7450

### Baltimore/Towson:

7300 York Road, Ste LL  
Towson, Maryland 21204  
Phone: 410-296-4876  
Fax: 410-296-4878

### Easton:

505A Dutchman's Lane, Ste A-2  
Easton, MD 21601  
Phone: 410-770-9401  
Fax: 410-770-9404

### Glenn Dale:

12200 Annapolis Road, Suite 225  
Glenn Dale, MD 20769  
Phone: 301-860-0930  
Fax: 410-809-0929

### Greenbelt:

7500 Hanover Pkwy, Ste 103B  
Greenbelt, MD 20770  
Phone: 301-886-8363  
Fax: 301-441-8806

### Prince Frederick:

301 Steeple Chase Dr, Ste 401  
Prince Frederick, MD 20678  
Phone: 410-414-6080  
Fax: 410-414-7143

### Rockville:

11119 Rockville Pike, Ste 210  
Rockville, MD 20852  
Phone: 301-468-5781  
Fax: 301-468-5783

### Takoma Park:

7610 Carroll Ave, Ste 310  
Takoma Park, MD 20912  
Phone: 301-891-6040  
Fax: 301-891-0730

### Waldorf:

12107 Old Line Center  
Waldorf, MD 20602  
Phone: 301-374-2047  
Fax: 301-374-2049



## Our Physicians

- Luis A. Dibos, MD, FACS
- Rajiv Jhaveri, MD, MBA
- Jerrilyn M. Jutton, MD, FACS
- Sanjiv Lakhanpal, MD, FACS
- Jaime F. Marquez, MD, FACS, PA
- Thomas C. Militano, MD, FACS
- Arvind Narasimhan, MD
- Ken Nguyen, DO
- Frank Sbrocco, MD
- Shekeeb Sufian, MD, FACS
- Daniel Teklay, MD
- Michelle Thomas, MD



Phone: 888-855-VEIN (8346) or visit [www.loveyourlegsagain.org](http://www.loveyourlegsagain.org)