

VENOUS Review

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Superficial Venous Thrombophlebitis (SVT): To Refer or Not to Refer? Update on New Practice Guidelines

by Arun Chowla, MD, FACS

Clinical Presentation

LM, a 78 year old female was seen in the emergency room with leg pain and localized swelling in the calf. Patient had no significant past medical history except for varicose veins. No history of prior leg clots or family history of clotting disorders. Physical exam showed a tender, reddened, indurated area over the lower thigh and medial calf. Patient was sent home with NSAIDs and supportive measures. Ultrasound of the left leg showed superficial thrombophlebitis involving the superficial calf veins and the great saphenous vein.

Ultrasound

Patient presented for further evaluation and



her pain and redness had improved with mild residual induration. Ultrasound in the office showed extension of great saphenous venous thrombus into the common femoral vein.

Treatment with Lovenox was started and continued on Coumadin for 3 months. Follow up ultrasound in 3 months showed reflux in the great saphenous vein and resolution of the deep venous thrombosis. Patient underwent Radiofrequency Closure of the great saphenous vein as an outpatient procedure without complications. Coumadin was stopped after the follow up.

Superficial Thrombophlebitis: Clinical Guidelines

Superficial Thrombophlebitis (SVT) refers to



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VENOUS Review

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WELLNESS Today

“Sitting is the New Smoking”: A Risk Factor for Many Americans

You don't have to look very far to see that we've become a society of sitters. We sit in our cars to commute to work. We sit in an office all day. We sit to drive home to sit and have dinner with the kids. Then we sit on the couch and watch TV until bedtime.

What most people don't realize however is that all that sitting is doing them real harm. Owing to much research in recent years, what's rapidly emerging is a detailed picture of just how dangerous sitting can be to overall health – with implications for increased risk of multiple cancers, heart disease, depression and diabetes, not to mention our specialty of vein disease.



“Today we are dying a slow death – body, mind and soul – glued to our chairs,” Dr. Levine says.

Sitting is equated with smoking for ill health effects because the effects of sitting are not considered reversible through exercise or other good habits. Whether someone is completely sedentary or a marathoner who happens to have an office job, sitting for long periods still causes harm.



Long Lasting Damage

Why is sitting so damaging? Multiple things occur in the body during prolonged sitting: electrical activity in the muscles drops, leading to harmful metabolic effects. Calorie burn rates drop, insulin effectiveness decreases and enzymes responsible for breaking down lipids and triglycerides fall – causing a subsequent drop in HDL levels. Additionally, bad posture while sitting contributes to low back problems.

As for weight gain, sitting is an obvious culprit; by comparison, going for a stroll burns 200 calories an hour and folding laundry burns 100 calories per hour, while sitting watching TV burns a mere 5 calories per hour, writes Dr. Levine.

When it comes to vein health, lack of leg movement deprives your circulatory system of the help it requires to assist in proper blood flow. Long periods of sitting is not necessarily the primary cause of varicose veins, but can precipitate the disease. Weakened or failed valves in the leg veins cause blood that should be traveling back up the body to the heart to pool backwards instead. Long periods of immobility often exacerbate an existing problem. Patients who sit a lot are at significantly higher risk for vein problems: achy, tired, heavy legs.

The Need To Get Out Of The Chair

Numerous studies point to the dangers of sitting, including:

- One study, published in the American Journal of Epidemiology, found that men and women who sat more than six hours per day died earlier than their counterparts who sat for 3 hours or less per day. Time sitting in itself was considered injurious regardless of the subjects' activity level.
- Another study by the American Cancer Society showed that men who spent six hours or more per day of their leisure time sitting had an overall death rate that was about 20 percent higher than the men who sat for three hours or less. The death rate for women who sat for more than six hours a day was about 40 percent higher.
- Yet another study, published in the journal Circulation, looked at nearly 9,000 Australians and found that for each additional hour of television a person sat and watched per day, the risk of dying rose by 11 percent.
- A study by Brigham and Women's Hospital showed that older women (70+), despite moving often in short bursts, are physically inactive for about two-thirds of their waking hours.

James A. Levine, M.D., Ph.D. is the Director of the Mayo Clinic/Arizona State University Solutions Initiative and author of the book “Get Up!” Why Your Chair is Killing You and What You Can Do about It” -- and who coined the term “Sitting is the new smoking,” -- says bluntly, “We are sitting ourselves to death.” Dr. Levine was so passionate in his belief that he invented a treadmill desk so office workers reduce their sitting time on the job.



As clinicians we should all do what we can to encourage our patients to find ways to limit sitting time, from taking frequent breaks to standing while working.

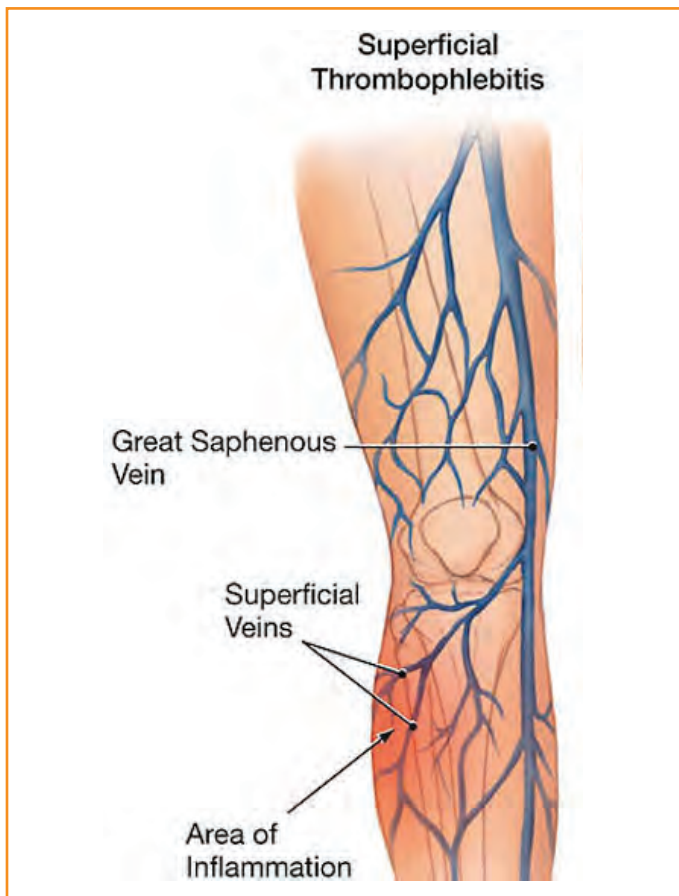
Superficial Venous Thrombophlebitis (SVT): To Refer or Not To Refer?

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a clot in a superficial vein associated with surrounding inflammation. The usual clinical presentation is pain, tenderness, induration or erythema along a superficial vein. It is usually treated with NSAIDs (Ibuprofen, etc), compression stockings and warm compresses.

SVT is associated with varicose veins, malignancy, pregnancy, estrogen therapy, travel and history of prior leg clots.

Although SVT is less studied than deep venous thrombosis (DVT), it is seen more commonly in the general population. Incidence of SVT is about 3-11%, compared to DVT which is about 1%. It may involve the great saphenous vein in 2/3 of the patients.



It is generally considered a benign, self limited disorders; but it may be complicated by extension of thrombus in the deep venous system. A recent prospective study of 844 patients with SVT > 5cm, 4% had symptomatic PE and ultrasound found proximal DVT in 10% and distal DVT in an exam was recommended in these patients with SVT above the knee.

The aim of treatment is not only to relieve local symptoms but also to prevent thromboembolic complications.

But the role of anticoagulation is controversial. Most studies have been small and have shown benefit over placebo, but the evidence was of low quality. The CALISTO Study (Comparison of Arixtra in Lower Limb Superficial Thrombophlebitis with Placebo) was recently published which showed benefit of Fondaparinux (Arixtra 2.5mg/d for 45 days) over placebo in 3,000 patients with lower limb SVT > 5cm, with lowered incidence of venous thromboembolism, recurrent SVT, and extension of SVT.

Based on these studies, the American College of Chest Physicians also have issued new guidelines in February 2012 and have recommended anticoagulation for patients with SVT who are at increased risk for venous thromboembolism (SVT>5cm, proximity to deep veins <5cm, positive medical risk factors). Positive medical risk factors include prior clots, cancer, surgery, thrombophilia, estrogen therapy and prolonged travel. Fondaparinux 2.5mg daily or enoxaparin 40 mg daily for a period of 4 weeks is recommended. If DVT is present, patient should be fully anticoagulated.



Ligation of great or small saphenous vein may be considered in patients in whom anticoagulation is contraindicated. Otherwise surgery for SVT was found to be associated with a higher risk for thromboembolism.

Patient with isolated SVT and no associated risk factors may be diagnosed by physical exam and treated with NSAIDs, compression stockings and ambulation. Repeat physical exam should be done in 7-10 days to evaluate for extension or resolution.

Duplex Ultrasound should be done in patients with SVT >5cm, involvement of GSV or SSV, presence of phlebitis above the knee, or extension of phlebitis on serial exam.

In summary, new data from recent studies and guidelines from ACCP have clarified the role of anticoagulation in SVT. SVT should not be regarded as a benign disorder and further evaluation and anticoagulation should be considered in patients at high risk for thromboembolism. SVT may also be a marker for thrombophilia or other conditions like malignancy and therefore recurrent SVT should prompt further detailed assessment and evaluation.

STRONGER Together

Opportunities for Physicians Presented at ACP 2014 Congress

Center for Vein Restoration enjoyed overflow visitors as an exhibitor at the 28th Annual Congress of the American College of Phlebology, held November 6-9, 2014 in Phoenix, Arizona. Located on 316 acres in the Sonoran Desert, the award-winning, 4-Diamond JW Marriott Phoenix Desert Ridge Resort & Spa hosted the ACP meeting, workshops, presentations, poster abstracts and a variety of networking receptions and social activities.

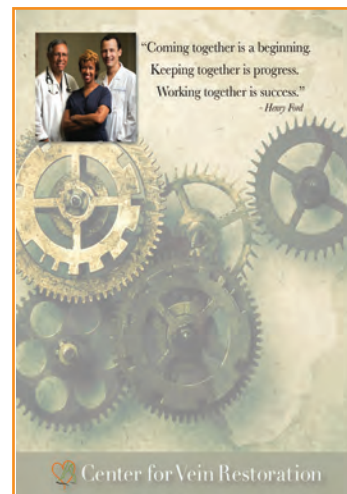
According to ACP Program Chair, Sandra S. Spruiell, DO, FACPh, RPVI: "The Program Committee created a special blend of topics incorporating expertise from the multiple disciplines that treat venous & lymphatic disorders. The result is a composite curriculum for "the consummate phlebologist." Expert faculty from the U.S. and abroad will stimulate both foundational topics and new ideas to create a well-rounded experience for practitioners of diverse backgrounds and skill levels."

The JW Marriott provided a major exhibit venue for companies to display their products and services to the 1,000 ACP attendees - one of the largest annual gatherings of health care professionals dedicated to the diagnosis and treatment of venous disorders. This proved to be the perfect opportunity for CVR to connect

with some of the best in the field, and launch our new "Stronger Together" campaign. Our Executive Team was on hand at the booth to talk with physicians eager to learn about CVR's business model.

"Our message to these physicians is simple," explains Sanjiv Lakhanpal, MD, FACS, President and CEO. "Center for Vein Restoration is not only growing at a tremendous rate, but we also represent the model of medical practice that appeals to so many physicians nowadays: physician-led, physician-focused, and collaborative. And we offer world-class support services that manage billing, staffing and all the tasks that often take a physician's focus away from treating patients. So, for a practice looking to partner with a larger organization, or a physician looking to join one of the most dynamic practices in the country, now is the time to talk about how we can be stronger together".

To learn more about the "Stronger Together" campaign, see the "Physician's Corner" on our website (www.centerforvein.com). Feel free to contact us at (240) 965-3900 or e-mail us at: strongertogether@centerforvein.com.



QUESTIONS & Answers

In each issue of the Venous Review, members of our medical team answer questions we've received from referring physicians.



This issue's guest Q & A Editors are **Khanh Nguyen, DO** and **Sean K. Stewart, MD**

Q: *Our practice sees many patients recently who work in retail – they've been complaining of leg pain, tiredness, etc., especially over the busy winter holidays (long hours, lots of overtime, etc.). Why do they seem to be more susceptible to vein issues, and what can I tell them to make it through the busiest time of year?*

A: Several studies have confirmed that prolonged standing at work constitutes an excess risk of developing venous insufficiency and subsequently varicose veins. When one-way valves in the venous system are already damaged, standing for



long periods can cause blood to pool in the leg veins, increasing the pressure within the veins. In people who are prone to varicose veins, the veins can stretch as a result of increased pressure. This stretching of the veins may weaken the walls of the veins and damage the valves further, thus causing a continuous cycle of worsening disease.

Steps to prevent varicose veins include maintaining a healthy weight, exercising regularly, and elevating the feet while sitting. Avoid clothing that constricts your waist, groin, or legs; shoes with high heels; and crossing the legs while sitting. While

these measures may help prevent varicose veins in some people, they may only slow the onset of the condition in individuals who are susceptible.

Q: *I have a male patient, 40, who's quite athletic. He runs and rides a bike a lot, but has presented with vein issues. For someone so active, what might be contributing his vein problems? I thought only sedentary people presented with such severe symptoms.*



A: The majority of factors that contribute to developing chronic venous disease are out of our control. Although smoking, a sedentary lifestyle and obesity is associated with an increase risk of developing vein disease, the main factors include genetics, gender and an occupational history of standing or sitting for long periods of time. We cannot pick our parents, change our gender or turn back time so no matter how active we are vein disease can develop independently of our activity levels. Nevertheless, physicians all agree an active lifestyle is beneficial to lowering our risk of heart disease and diabetes.

Q: *I know varicose veins are common in pregnancy, but I have one patient in particular who's about to have her*

third child and is really suffering. It seems to be getting worse with each pregnancy. Is this normal? How should I advise her?

A: Many women first develop varicose veins during pregnancy. As your uterus grows to support the growing fetus, it puts pressure on the large vein in the pelvis (inferior vena cava) which in turn increases pressure in the leg veins.

The function of veins is to return blood from your extremities to your heart, so the blood in your leg veins is always working against gravity. When you're pregnant, the amount of blood in your body increases, adding to the burden on your veins. In addition, hormonal changes (mainly a rise in Progesterone) relax the walls of the blood vessels, further adding to this problem.

If you have them, varicose veins tend to get worse with each successive pregnancy and as you get older. Being overweight, carrying twins or higher multiples, and standing for long periods can also make you more susceptible. The good news is that varicose veins tend to improve after you give birth, particularly if you didn't have any before you got pregnant. And if they don't get better, there are a variety of ways to treat them.



COMMUNITY Outreach

Celebrating the First Ladies of our Community's Churches

Center for Vein Restoration takes great pride in our efforts to reach out to the local communities surrounding all of our clinics to meet and educate the public on venous insufficiency, how it affects their lives, and what they can do to find relief from their pain and suffering.



Our Community Outreach team builds relationships with local schools, senior centers and health fair organizers that allow us to schedule presentations and free screenings for the public. This year, CVR focused its efforts on connecting with the leaders of large church groups in the Washington DC area. Knowing that churches could have a profound affect in influencing their congregations by emphasizing good health habits made them a good fit. "The whole point is to share resources," said Bob Howell, Director of Community Outreach for CVR. "Churches organize different events for the community throughout the year. CVR sees a need in the community for providing healthcare education and information – together CVR and the churches can work to meet that need."



Center for Vein Restoration recently partnered with radio station Praise 104.1, and was honored to be the primary sponsor for the third annual "First Ladies Tea." This major event is organized to honor, recognize and celebrate the accomplishments of twenty First Ladies (pastors' wives) in the Washington DC Metropolitan area. Said Praise 104.1 FM event organizers, "This event celebrates the women who are often overlooked, sometimes standing in the shadows of their partners who are celebrated as great

leaders of their churches. These women are often the "wind beneath the wings" on which their partners sail."



The event, held on November 8 at Martin's Crosswinds in Greenbelt, Maryland, was attended by 800, and featured a program that included keynote speakers, musical performances, presentations and a fashion show.



Praise 104.1 is part of the Radio One, Inc. family (www.radio-one.com) - one of the nation's largest radio broadcasting companies and the largest radio broadcasting company that primarily serves African-American and urban listeners.





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“FIND OUT HOW YOU AND
CVR CAN BE
STRONGER TOGETHER”

(SEE PAGE 4 FOR DETAILS)

Visit our website: www.centerforvein.com

From The Editor



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As we enter a new year – already approaching the midpoint of the decade – it’s a brilliant time both to look back at where we’ve come and to look ahead to future opportunities. It’s also a good time to pause and express gratitude to you, our referring doctors and your teams, for your trust as you continue referring your patients to our care. We respect and value that and we continue to strive for excellence in our collaboration with you over the coming months and years.

In this issue of Venous Review, we address a question we’ve gotten from some of our referring doctors, on when to refer patients with superficial venous thrombophlebitis (SVT). While a common and often benign condition, it also can be recurrent and cause significant incapacitation, and also may require specialized screening to rule out DVT.

We also take a look at the growing consensus that prolonged sitting – commuting, working, and relaxing -- can cause real damage to patients, with implications for increased risk of multiple cancers, heart disease, depression and diabetes, not to mention our own specialty of vein disease.

Also in this issue, we look at the recent 28th Annual Congress of the American College of Phlebology, held November 6-9, 2014 in Phoenix, Arizona. CVR was an exhibitor at the conference and we were excited to discuss our practice model: physician-led, physician-focused, and collaborative.

We also are proud to report on our continuing Community Outreach efforts, such as our partnership with Praise 104.1 FM to support the 3rd Annual “First Ladies Tea.” This major event is organized to honor, recognize and celebrate the accomplishments of twenty First Ladies (pastors’ wives) in the Washington DC Metropolitan area.

We hope this information is useful to you and your practice. We wish you and your patients a happy and healthy 2015.

Yours in good health,

Sanjiv Lakhanpal, MD, FACS
Editor-in-Chief

