

Back On Her Feet *by Paula Rath*

Current procedures let varicose vein patients resume normal activities in a matter of days

Helen VanHorn, 45, is a serious athlete. She runs, swims, surfs or bikes every day, and fitness plays a critical role in her well being. So when the Downtown resident felt discomfort over her kneecap and "saw a vein popping up" she went to see her primary care physician right away. It was diagnosed as a varicose vein and she was referred to Dr. Robert Kistner of Honolulu's Kistner Vein Clinic (kistnerveinclinic.com), a board-certified vascular surgeon.

Varicose veins are large, bulging veins that look like ropes under the skin. They can cause considerable discomfort and can lead to chronic swelling, skin changes, bleeding, blood clots and infection. They can be treated by a variety of methods (see box). A few years ago, however, varicose vein problems like VanHorn's required an open surgery called vein stripping, done under general anaesthetic.

Current technology enables vascular surgeons to treat problem varicose veins on an outpatient basis, with only local anesthetic. The patient walks out of the operating room (with a protective elastic stocking) and is usually able to resume normal activities within a matter of days, or sometimes even hours.

LATEST TECHNOLOGY

To treat VanHorn, Kistner used the latest medical technology, using a catheter and radiofrequency energy to heat and close the diseased vein. He helped to develop the process, called the VNUS Closure procedure.

Kistner allowed me into his operating room to see how it works.

Using ultrasound, he positioned the VNUS Closure catheter into the diseased vein through a small opening in the skin. A tiny catheter powered by radio-frequency energy delivered heat to the vein wall. As the thermal energy was delivered, the vein wall warmed and collapsed. The catheter was then withdrawn, sealing the vein.

Once the vein was closed, VanHorn's blood was rerouted to other healthy veins.

Patients typically walk immediately after the procedure and resume normal activity within a day or so.

For VanHorn, "normal activity" is a little out of the norm for most people. She had her procedure on March 12. On March 15, she did a three-mile run and three-mile bike ride.

"I'm amazed," she said. "It was a little bruised and tender for a few days but it's fine. I never even took a painkiller. My leg doesn't ache any more, and there's no popping vein."

VARICOSE VEIN RISK FACTORS

- Heredity
- Gender: Women are at greater risk than men.
- Increasing age
- Multiple pregnancies
- Heavy lifting
- Prior superficial or deep vein clots
- Obesity: Excess pressure on the veins causes them to weaken.
- Prolonged standing

PREVENTION

- Exercises that work your legs, such as walking or running
- Weight control
- Do not cross your legs when sitting.
- Do not stand or sit for long periods of time. If you must stand for a long time, shift your weight from one leg to the other every few minutes. If you must sit for long periods of time, stand up and move around or take a short walk every 30 minutes.
- Eat a low-salt diet rich in high-fiber foods.

TREATMENT

- Sclerotherapy: A solution is injected into the vein that causes the vein to seal shut, turning into scar tissue.
- Endovenous techniques: A catheter is inserted into the vein, sending out radiofrequency or laser energy to shrink and seal the vein wall. This technique for treating deeper varicose veins can be done in a doctor's office, and has replaced surgery for most patients.
- Surgical ligation and stripping: Veins are tied shut and removed, under local or general anesthesia; the process is done in an operating room, on an outpatient basis

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