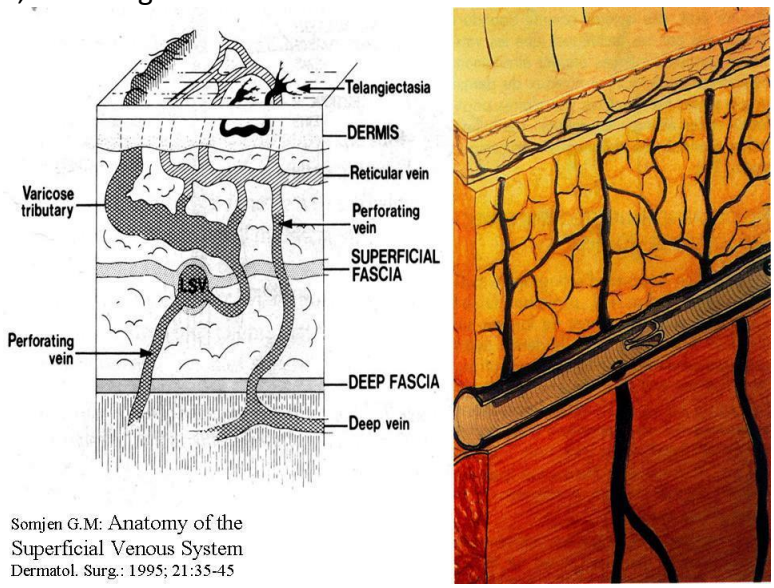
***Did you know… ,*** Written by Nick Morrison, M.D.

Many patients present to the Morrison Vein Institute with what they think are "spider veins" only. However, often there is an underlying source for these spider veins, called venous reflux disease, which needs to be identified and corrected in conjunction with spider vein treatment. Otherwise treatment will be inadequate, or even lead to worsening of the cosmetic appearance in some patients.

Years ago, people who were bothered by varicose veins were all treated in the same manner. A doctor would examine the legs, consider the related symptoms such as pain, soreness and cramping, and decide whether or not surgery was needed. And smaller visible veins were commonly treated with painful saline injections. Much progress has been made over the past several years that have opened up an array of appropriate treatment options.

More decisive methods are now available to determine if "venous insufficiency" is present, and to what extent. Now, doctors can be certain what types of insufficiencies are causing the problems and exactly where they are located within the veins, lessening the areas in need of treatment.

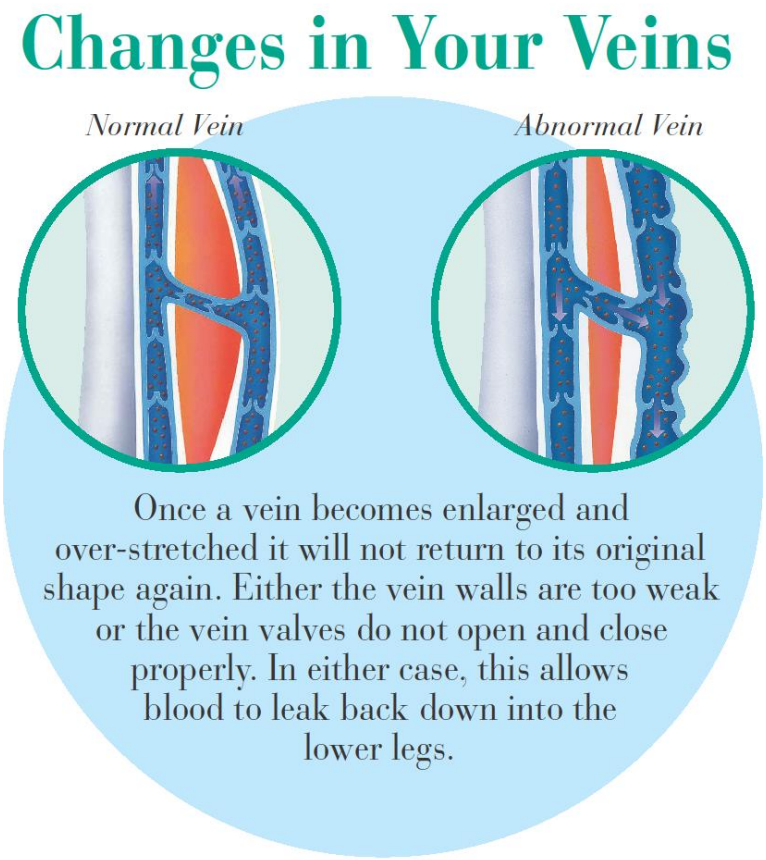



Complicated veins below the skin!

The Doppler Duplex Ultrasound Scan can either be done in the doctor's office or at one of the labs offering the technique. This technology, used in conjunction with the skill of an experienced surgeon, has saved many patients from having to undergo major surgery. The information is then provided to the patient to submit to his or her insurance company for pre-approval of coverage.

Venous reflux disease means blood flow in veins is going backwards and forwards, rather than just forwards like it is supposed to do. An ultrasound duplex

Scan is the best way to evaluate a patient for these underlying problems. Since Venous reflux disease is progressive, having a scan at some point in time, and then waiting several months or longer to be treated may also lead to inadequate treatment because the underlying problems become worse over time. So we do not speculate on what treatment would be adequate or appropriate for a patient based on a duplex scan that is several months old.




For example, if a patient was found to have underlying problems requiring only ultrasound guided and visual sclerotherapy one year ago, it is possible that they may need more extensive treatment now. Only a carefully conducted Duplex scan, and its interpretation, could determine that. It is also possible that the disease has not progressed, and that all a patient still requires is ultrasound guided sclerotherapy, followed by visual sclerotherapy.

But unless you correct the underlying source of excessive venous pressure, by closing the refluxing veins beneath the skin which lead to the spider veins, treatment of the spiders veins will be difficult, incomplete, and ultimately futile (although some of these spider veins may resolve, others will likely quickly appear). Fine red veins around the area of the spider veins, called matting, often appear following treatment of spider veins without identifying and correcting the underlying source.

Saline is the old line sclerosing drug, but the incidence of side effects is higher than with most other agents, including the two that are much more commonly used in most vein centers – Polidocanol and Sotradecol. **Neither** of the latter, burns on injection like saline does, and with Polidocanol, the incidence of side effects is the least of all three.

Even though Polidocanol is still not FDA approved, it is the most commonly used sclerosing agent in the world, has been used for over 60 years, and has been studied extensively for safety and efficacy around the world.

With proper diagnosis, treatment and follow-up visits, patients will have an easy time maintaining their healthy legs. Call us at 480-775-8460 to schedule your screening, treatment or follow-up visit at any of our locations. www.morrisonvein.com info@morrisonvein.com

We look forward to helping you care for your veins!