

Carolina Vein Center

*Treating Tired, Achy,
Heavy and Swollen Legs*

The Triangle Physician

THE MAGAZINE
FOR HEALTHCARE
PROFESSIONALS

Chronic Venous Disease



Carolina Vein Center

Improved Leg Treatments Renew Quality of Life

Leg symptoms that affect a person's quality of life can be caused by disease, varicose veins under the skin. Treatment is more effective and less invasive than ever, yet most don't realize it's a medical problem and covered by most insurance companies, which leaving thousands to suffer needlessly.

Phlebology is one of the newest fields of medicine recognized by the American Medication Association, North Carolina Medical Board, national Council for

Affordable Quality Healthcare and American Osteopathic Association. Phlebology is dedicated to the diagnosis, treatment and study of venous disease, which afflicts 80 million Americans or approximately 20 percent of the adult population. Since most venous disease occurs in leg veins, most phlebology practices primarily take care of legs. Phlebologists treat both the medical and cosmetic (spider veins) aspects of venous disease. What's important for physicians and patients to realize is – if chronic venous

disease (CVD) is a medical problem, most insurance companies, including Medicare, will cover the evaluation and treatments.

Phlebologist Lindy McHutchison, M.D., of Carolina Vein Center spends considerable time educating the public and medical community about CVD and advances in treatment. Her patients, like Toney Chavis, a 66-year-old retired electrician, become enthusiastic ambassadors.

PHOTO BY JIM SHAW PHOTOGRAPHY



Dr. McHutchison and Tatiana review ultrasound findings of a leg vein



Locating feeder veins under the skin with a vein light



Closed feeder vein with sclerotherapy injection

Mr. Chavis' case sets the record straight on a number of varicose vein myths.

Mr. Chavis struggled for two years with tired, achy legs that would swell at the end of the day. His primary care physician recommended running cold water on them and elevating them, but that didn't help, he says. Despite

taking over-the-counter pain medicine at bedtime, leg pain would wake him up.

He was reluctant to pursue treatment, worried that it would be similar to the experience his sister had, vein stripping the “old-fashioned” way. She had the big visible scars to prove it. “I didn't want to have it done like my sister had it done. I didn't want to get cut with a knife,” he says.

Then, he reached a point where he'd “do anything to get rid of this pain. They really were hurting.”

His physician suggested he go to a “vein doctor.” It was good fortune that Carolina Vein Center was near the top of the list, Mr. Chavis says.

From the start, Dr. McHutchison helps ease the patient's fears through education. During the initial consultation, patients watch a video learning the basics on the causes and treatments of medical varicose veins and cosmetic spider veins – and the remarkably quick improvement that results. “I found out treatment could be done without pain and large incisions,” says Mr. Chavis.

Pathophysiology of Chronic Venous Disease

Varicose veins are a progressive problem which develops when damaged or abnormal valves in the leg veins allow blood to flow retrograde (backwards) down the leg instead of toward the heart. This retrograde flow is called venous reflux. By the end of the day or with long-standing, blood pools in the leg veins, causing vein walls to distend, further valvular damage and the typical symptoms: legs that are tired, achy, heavy, tender, crampy, itchy, painful, restless, burning and tingling, and night cramps.

Genetics is the No. 1 factor causing varicose veins. The greater this genetic

Symptoms of Chronic Venous Disease

Tired, achy, heavy, tender, crampy, itchy, painful, restless, burning, tingling and night cramps.

Late Physical Signs of Chronic Venous Disease

Hyperpigmentation, venous stasis, bulging varicose veins, venous ulcers, swelling, inner ankle and spider veins.

tendency the sooner it will happen. Pregnancy and female hormones are large contributors (progesterone causes smooth-muscle relaxation, dilating vein walls), which explains why women are three times more likely than men to have them. Jobs that require prolonged standing and/or sitting have an increased risk, as well.

Fact: Varicose veins affect men, as well as women.

Venous reflux also cause venous hypertension. This increased pressure in the leg veins leads to tissue inflammation and

is responsible for the late phase physical findings in CVD

Superficial Saphenous Vein System

There are two venous systems in the leg. The deep vein system is critical. It is a paired system with veins and arteries together and drains the blood in the leg back to the pelvis. The superficial venous system is outside the muscle and lies under the skin. It is not a paired system and has no named arteries associated with it. It is essentially a reservoir, so if the veins in the superficial system are not functioning properly, these veins can be eliminated and won't affect critical blood flow in the leg.

The two main roots or trunks of the superficial venous system are the great and small saphenous veins. "If venous disease is present, you must treat the abnormal, diseased saphenous veins first," explains Dr. McHutchison, "Otherwise it's like cutting the grass without treating the roots."

Duplex Ultrasound Is Gold Standard in Leg Vein Reflux Evaluation

Duplex Ultrasound, the gold standard for diagnosis of venous disease, typically is performed in the office during initial consultation by a qualified venous ultrasound technician.

The duplex ultrasound performs two functions. First, it determines if there is healthy flow or reflux in the saphenous veins. Secondly, it "maps" the location and size of the saphenous veins, other contributing veins and/or associated abnormal branches.



The scan is vital in establishing an accurate diagnosis which is the only way to assure the most effective treatment of varicose veins. These veins, when abnormal and refluxing, are usually the root of most venous disease medical problems.

“Although Toney did have some visible bulging varicose veins, his main problem was caused by diseased saphenous veins that were under the surface of the skin, but not obviously visible,” says Dr. McHutchison.

Fact: Classic varicose veins typically manifest as bulging leg veins, but most problematic, diseased veins are under the surface of the skin undetectable to the naked eye.

Medical insurance carriers are increasingly recognizing the need for phlebologic treatments and most insurance policies offer benefits for vein procedures. Topics related to venous disease are appearing in record numbers in medical journals and medical textbooks. Greater awareness among physicians is enabling them to make knowledgeable phlebology referrals and to educate patients on the ranges of treatment available.

In the past (prior to 2002), only those with the most severe varicose veins underwent vein stripping by vascular surgeons. Stripping was painful, required hospitalization, general or regional anesthetic, had a prolonged recovery and usually resulted in permanent scarring.

A major leap came in 2002 with FDA approval of laser technology to treat the saphenous veins in an outpatient setting. It opened the door to treating less severe cases with simple, office procedure.

“Phlebology has evolved because of advanced technology and increased knowledge of venous disease,” says Dr. McHutchison “Now we use ultrasound to evaluate veins. Treatments are performed in the clinic setting and many patients return to

work directly after their treatment with little or no down time.”

Treatments Options

Treatments for CVD are individually tailored to the extent and severity of the specific





condition. Often, a combination of options is used. Usually treatment(s) begin with “conservative” therapy. If symptoms persist after three months of conservative therapy, definitive treatments are then considered

Conservative Therapy

Conservative treatments are usually simple treatments that a patient can do at home. This involves any activity that helps drain the blood from the veins and relieves the pressure from venous congestion and pooling.

Conservative therapy includes the use of

therapeutic compression stockings, exercise, leg elevation, nonsteroidal anti-inflammatory drugs and avoiding hot baths, which dilate leg veins. Most insurance companies require at least a three month trial of documented conservative therapy before approving any definitive treatments.

Definitive Treatments

Definitive treatments permanently close and/or eliminate the diseased veins by rerouting the blood to other healthier existing veins. These treatments include endovenous laser ablation, phlebectomy and sclerotherapy.

or close. Occasionally, ultrasound is used to help guide the needle into deeper veins. The solution used is safe, says Dr. McHutchison, and the procedure is relatively painless, so no anesthesia or sedation is needed

“To me it was the most simple thing I ever saw in my life,” says Mr. Chavis. “I felt no pain when she did it, just a little needle prick to numb the area. After she finished, she gave me ibuprofen, but I never took them.”

Contrary to the old-fashioned regimen of bed rest after vein treatment, patients today

Fact: Varicose veins can cause discomfort and greatly impact one’s quality of life.

Endovenous laser ablation is a minimally invasive, simple office treatment. Instead of removing the saphenous vein, it is sealed closed and left in place. A small laser fiber is inserted into the damaged vein. Heat energy via the laser is delivered inside the vein, essentially “melting” the vein walls closed. This procedure is done in-office under local anesthesia. Following the procedure a bandage or compression stocking is placed on the treated leg. Patients are able to walk immediately after the procedure, and most individuals are able to return to work and usual activities the same or following next day.

Ambulatory Phlebectomy is a method of removing bulging varicose veins in the skin. It is also usually performed in the office under local anesthesia. A small 2-3mm puncture is made next to the varicose vein and a tiny hook is used to hook the varicose vein and extract it. The punctures typically leave nearly imperceptible scars. After the vein has been removed by phlebectomy, a bandage and/or compression stocking is worn for a short period.

Sclerotherapy is a treatment to close a vein via injections. Sclerosants are liquids or foam injected into the diseased vein that irritate the vein wall and cause the vein to shrink



are instructed to walk as much as possible after treatment, and they usually return to their usual daily activities. A compression bandage or stockings are worn for short periods after all treatments to assist in healing and reduce any mild discomfort or swelling that may occur.

According to Dr. McHutchison, patients typically return for one or two post-procedure visits to assess the efficacy of treatment and evaluate the patient's healing response to the therapy. Often, additional sclerotherapy, with or without ultrasound guidance, is performed to ensure the best long-term results.

Fact: Modern treatment is minimally invasive and effective at eliminating diseased veins and associated symptoms.

Expressions of Gratitude

Patients are more than eager to share their stories of how Dr. McHutchison used her expertise and kind manner to end their suffering from the pain of varicose veins. They leave her Carolina Vein Clinic with a deep sense of gratitude, and they recommend her whenever possible.

Toney Chavez

Today, the pain that kept Mr. Chavis from the golf course and diminished the quality of his once-active life is a distant memory. "When I finish cutting the grass at my house, I don't have to put my feet up in the air. I don't have any pain. None! My legs feel great; they look great. I played 18 holes of golf yesterday."

"According to Toney, I messed up his golf game," adds Dr. McHutchison. "He told me because his legs don't hurt anymore, he now hits every golf ball 20 yards farther with each club and hits over the green."



Maria Vartanian and Dr. Lindy McHutchison

"Dr. McHutchison is the most beautiful doctor, personality-wise. She's real good. I was really shocked how well my treatment was done."

Maria Vartanian

"When Maria Vartanian came to my clinic," recalls Dr. McHutchison, "Maria was afraid she was going to lose her legs because of the way they looked and felt."

"My legs were awful," says Maria Vartanian, 82, a retired seamstress from Brazil. Her varicose veins surfaced 10 years ago.

After her treatment at Carolina Vein Center January through May 2011, she is thrilled.



Toney Chavez

"I feel very good. I sleep well. I'm walking. I introduce everybody I can to Lindy McHutchison. I enjoyed her service."

Peter Wintz

Peter presented with severe bilateral leg edema, hyperpigmentation and venous stasis. He had been treated numerous times for "cellulitis" and complained the "cellulitis episodes were getting worse and closer together," says Dr. McHutchison.

After treatment of his CVD, his swelling is significantly improved, his "cellulitis" episodes have resolved and the hyperpigmentation has faded considerably.



Peter Wintz

Carolyn Rushing

“Carolyn came to us in tears from her leg pain.” says Dr. McHutchison. “She had a large, painful, venous ulcer on her leg which was made worse from standing in one spot as a cashier.”

“It is only because of Dr. McHutchison that I am able to work today,” says Carolyn Rushing, 68. Prior to her treatments six months ago, she was about to quit her job as a full-time Walmart cashier because of the pain. “I was having terrific problems with my legs, with severe varicose veins. After (Dr. McHutchison) completed her procedures, I am able to stand eight hours a day.”

She considers herself fortunate to have

located Carolina Vein Center in the phone directory. “From the minute I walked in there, I was so glad. Lindy’s whole medical staff just makes you feel so good. They are very caring.” Treatment resulted in a “night-and-day improvement,” says Ms. Rushing.

She also found Dr. McHutchison’s father, Don Burt, M.D., a retired orthopedic surgeon, endearing. He now works at Carolina Vein Center, greeting patients and making them feel comfortable. “He is such a dear, dear person and really an asset to the practice.”

“Dr. McHutchison is a model doctor. I wish all doctors were like her,” says Ms. Rushing, adding, “I’d like to express my deepest heartfelt gratitude to her and her team.”



The staff at Carolina Vein Center

