

IQ_2012_06_venus - Report

Worldview

Dr. Sanjoy Kundu, Medical Director of the Vein Institute of Toronto and Active Staff at the Scarborough Hospital, Toronto/Canada

"Image-guided treatments for varicose veins, including endothermal ablation and ultrasound-guided sclerotherapy, have revolutionised the treatment of superficial venous insufficiency. These treatments are characterised by markedly improved outcomes, decreased complications and reduced recovery time. "The unique skill set of IRs means that they are optimally positioned to advance treatments in this arena. The future is very bright: since our practice began in 2003 it has continued to grow by 10% each year."

In the Clinic

Mr. Sheldon Strong, a patient of Dr. Kundu who underwent endovenous laser ablation, shares his story:

"For most of my adult life I have been seriously compromised by a large varicosity in my right leg. While only mildly uncomfortable most mornings, within two hours of being on my feet, my right leg, and particularly my right foot would begin to pound with a pain that elevation and Tylenol would only begin to ease.

"Elevation was rarely an option during the day; hence the pain was often close to unbearable by the evening. In addition to my concerns with the resulting reduction in activity, as a diabetic, I feared the formation of leg ulcers.

"I had considered surgery, but had not pursued it as a treatment option. Although desperate for a 'cure', the length of the recovery period, the unpredictable outcome and the risk of infection and other complications made surgery a risk I was not prepared to take.

"The procedure I underwent, laser ablation therapy, was painless; and amazingly, I walked out of the office after one hour, with no restriction in activity, wearing a full leg support hose for six weeks afterwards. Today, I can tell you that my life has changed. I can be on my feet all day long without pain of any kind."

Excellent Clinical Care

"From the first consultation I knew I was in the hands of a capable professional. Dr. Kundu listened patiently, answered my questions, educated me, and inspired great confidence. The Vein Institute sets an amazing example of efficiency, thoroughness, sincere caring and support."

Dr. Michael Darcy, IR, Chief of Interventional Radiology, Mallinckrodt Institute of Radiology, Washington University in St. Louis/USA

"Barnes-Jewish Hospital is the primary hospital for the Washington University in St. Louis Medical School. Our IR section has provided the advantages of minimally invasive varicose vein treatments since 2004.

"With our imaging background, we IRs are more comfortable with ultrasound guidance of needles, ablation devices, and tumescent anaesthesia delivery than some other specialties. Our ability to expertly use steerable wires and catheters allow us to easily overcome problems like severe spasm, vessel tortuosity, or to get past very large varicosities that the wire might preferentially go into.

"New techniques for ablating major truncal veins are on the horizon and these have potential to make ablation procedures quicker, easier, and safer."

In the Clinic

"A 72-year-old woman had leg swelling, pain, and cellulitis (soft tissue infection) resulting from venous stasis (poor drainage of blood from the leg). Ultrasound showed a very large great saphenous vein with abnormal backward blood flow (reflux). Laser ablation of this vein was done as an outpatient procedure with only local anaesthesia. When seen one month later, the swelling in the patient's leg had significantly improved, her cellulitis had resolved and she was very happy that her leg pain was gone."

Dr. Sanjay Nadkarni, IR, Director of Endovascular WA, Claremont/Australia

“Our private clinic is dedicated to the minimally invasive treatment of varicose veins and peripheral artery disease. All vein cases are treated as outpatients as a walk in/walk out procedure.

“Since 2005 we have performed over 2,000 procedures for varicose veins. The procedures offered are endovenous laser ablation and radiofrequency ablation; ambulatory microphlebectomy; ultrasound-guided foam sclero therapy and microsclerotherapy.

“These treatments have several strengths:

- Less invasive than surgery (vein stripping)
- No need for hospital admission or general anaesthetic
- Walk in/out with return to work immediately or the following day
- Lower chances of major complications, especially nerve injury and infection
- Potential for lower recurrences
- No radiation as the procedures can all be done under ultrasound guidance

“The advantages mean there is no doubt that these procedures will replace traditional stripping surgery. Awareness of this procedure is growing and IRs continue to inform other doctors and specialists, as well as patients, about the benefits of the procedure.”

In the Clinic

Ms. K. Rowland, a patient who underwent treatment in August 2011 shares her experience:

“The procedure itself, in the sense of it being quite noninvasive, was very convenient. It is not like going into hospital, having hospital costs and being put under a general anaesthetic then having your veins stripped.

“The varicose veins treatment was very successful, the veins have completely gone. I had my veins done many years ago, which left many surrounding spider veins. This treatment, however, was complete. The spider veins treatment was amazing because my legs were covered, particularly with dark veins behind my knees and they have now completely gone, which is fantastic. I would recommend it to others, especially people that have quite noticeable veins.”

Dr. Luc Stockx, IR, Ziekenhuis Oost Limburg, Genk/Belgium

“The IR treatment of DVT at our large community hospital is the result of a close relationship between the department of vascular surgery and interventional radiology.

Treatment can only be successful if such close co-operation is in place and if all patients presenting with DVT follow the same pathway.

“There are many advantages of catheter-directed thrombolysis:

- Early relief of symptoms by restoring patency and flow
- Preservation of venous valves and their function: plays a major role in the prevention of post-thrombotic syndrome
- Detection of underlying lesions and the possibility of treatment within the same session

“New mechanical thrombectomy devices and new drugs which are more active and selective will shorten the treatment time while making it safer.”

In the Clinic

“A 36-year-old woman came to the emergency department with an extremely swollen and painful left leg. Using ultrasound, we found a deep venous thrombosis of the left femoral vein, extending into the iliac vein. A catheter was introduced via the popliteal vein behind the knee and the thrombolytic drug urokinase was infused.

“When blood flow through the vein was restored, we found that the DVT had come about due to Cockett’s syndrome. Here, the common iliac artery compresses the underlying common iliac vein, causing it to narrow. This narrowing was successfully treated with the introduction of a stent. Three days later, the patient could leave the hospital with - out any complaints and with an almost normal sized leg.”

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