

# Vein stripping may soon be history



by Janet (Picknally) Arzooman for Veins1.com

NEW YORK —Less-invasive procedures are outperforming vein stripping as a treatment for varicose veins, and may well eliminate stripping altogether, a vascular surgeon said recently.

Radio-frequency ablation and endovascular laser are safer procedures with shorter recovery time and less pain, said Jose I. Almeida, MD, voluntary assistant professor of surgery at the University of Miami-Jackson Memorial Hospital, and medical director of the Miami Vein Center.

Almeida, a speaker at the 30th annual Veith Symposium held here in November, said 94% of the varicose vein treatments he performs now use these techniques. The VEITH Symposium is an international congress on vascular surgery and treatments that was sponsored by Montefiore Medical Center, Bronx, NY.

"I think the traditional vein stripping will be a thing of the past," Almeida said. "Radiofrequency and laser are both covered by most insurance companies."

Both techniques use a catheter inserted into a vein just below the knee and deliver heat to the saphenous vein, a major secondary artery in the leg. The heat seals off the vein and causes it to collapse. "In my office we've done about 355 of these now," he said. "Complications have been minimal."

He said he still needs to perform phlebectomies, the removal of some of the smaller branches of the veins, along with the laser or radiofrequency treatment. But that procedure is also easier now than it used to be, because what used to require one-to-two inch incisions now can be done with "micro incisions," he said.

Radiofrequency ablation was the first technique to earn FDA approval, in 1999, followed about a year later by laser, Almeida said.

Other new techniques for varicose veins were discussed at the symposium.

John J. Bergen, MD, professor of surgery at UCSD Medical School and at Scripps Memorial Hospital, La Jolla, Calif., talked about using foam sclerotherapy to shrink bulging veins.

"Sclerofoam"—a foam form of a liquid used to close and shrink a saphenous vein—is injected and guided by ultrasound to replace the blood in the vein.

Bergen said he also has used foam to treat leg ulcers, arteriovenous malformation (complex, tangled arteries and veins) and ischemic ulcers, conditions frequently seen among the elderly. "Foam injection allowed the healing of the ulcer and relief of pain."

He said the treatment still needs further study but has had good results. "It's an easy way of obliterating complex veins."

Almeida said that foam therapy should remain secondary to standard care. "Foam is certainly a beautiful adjunct for what we do as long as it's kept as an adjunct."

Varicose veins develop when there is too much pressure on a large vein and blood is diverted down a variety of other pathways, which can swell and cause pain. But past techniques of stripping the larger veins could mean a very painful recovery and time off work for patients. But with laser and radiofrequency treatments, "symptom relief is excellent and it occurs early, as early as one week," Almeida said. "It has outperformed stripping as far as quality of life scores."