

ABOUT DR. KANTER

A native of Boston, Alan Kanter received his M.D. degree from the University of Vermont in 1975. After his residency at Memorial Hospital in Long Beach, he practiced internal medicine in Torrance until 1990. At that time, he decided to devote his full-time to the emerging specialty of phlebology (the field of venous disorders), and took a fellowship based on European techniques recognized worldwide.

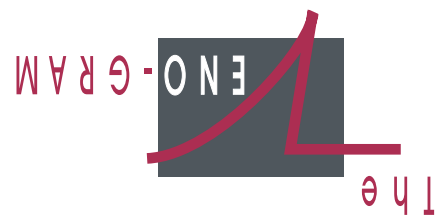
Since opening the Vein Center of Orange County, his expertise and clinical research have earned him several grants in collaboration with UCI, and a reputation as the local vein expert other doctors turn to. As a result of his published studies on the use of duplex ultrasound for real-time guidance of sclerotherapy to treat varicose veins, physicians from several continents have made the trip to Irvine to observe his treatment protocol. Dr. Kanter is a frequent speaker at the American College of Phlebology's (ACP) Annual Congress, and has served on their Program Committee as well as committees of Public Education and Ethics & Professional Standards of Care. He has also been a guest speaker at numerous hospital and university CME courses, as well as phlebology meetings in Canada, England, Italy, and Australia. In recognition of these academic and clinical contributions, Dr. Kanter was granted "Fellow" ACP membership status in 2004.

Dr. Kanter is a member of the Orange County Medical Association, and strongly believes that his sole focus on treating venous disorders enables him to provide the highest quality service utilizing the latest technology.

ABOUT OUR OFFICE

The Vein Center of Orange County (VCOC) is conveniently located in Irvine between the 5 & 405 Freeways. Dr. Kanter performs all consultations and treatments at VCOC, including a duplex examination at the time of consultation when indicated. Included on his team is a highly specialized vascular ultrasound technician, using the latest on-site dedicated color-flow duplex ultrasound. All referring doctors are sent timely consultation summaries and follow-up notes on their patients. Specializing primarily in the medical treatment of varicose and spider leg veins, advanced out-patient treatment for venous leg ulcers is also available. Treatment of cosmetically undesirable face, chest, and hand veins is also offered. When medical necessity exists, our friendly staff will assist patients in obtaining insurance reimbursement; however, we have opted out of Medicare, which means Medicare patients can be treated at VCOC only if they agree to forego Medicare reimbursement. VCOC is a private fee-for-service practice, with self-supported clinical research activities since 1993. For a list of publications, brochures, or more information about our services, call 949-551-8855, or visit our www.vcoc.com web site.

Venous Disorders Update
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Venous Disorders Update

INDEX ISSUE

An Educational Service from the Vein Center of Orange County

www.vcoc.com

Fall/Winter 2005



Welcome to the Fall/Winter issue of *Veno-gram*, an educational newsletter for the practicing physician which focuses on clinical applications of current research in venous disease.

This combined issue contains our usual year-end cumulative index, and reviews the favorable data from recent publications on foam ultrasound-guided sclerotherapy (UGS). More importantly, the "Advances" column goes on to provide a much-needed perspective with regard to the place UGS has in treating saphenous vein disease - a rightful place often overlooked recently due to the high tech allure of endovenous laser.

Although I remain a very enthusiastic proponent of endovenous laser, especially for large caliber veins with aneurysmal dilatations, we must remember UGS is a safe and effective alternative for those who prefer a simpler, less cumbersome, less expensive method of saphenous vein ablation.

While I did not attend the October UIP World Congress in Rio, I hope to see some of you at the upcoming November annual ACP Congress in nearby San Francisco. For those of you unable to attend, rest assured I will provide my usual summary of significant reports and trends after the holidays. In addition, the ACP provides

on-line information at their www.phlebology.org web site. Expect a plethora of endovenous and topical lasers as well as more compact duplex systems with improved resolution competing for your attention and dollars.

For non-members (and you know who you are!), the newly expanded ACP web site contains much useful information including an excellent newsletter entitled *Vein Line*. In this Fall's issue President Steve Zimmet announced the formal AMA application by the ACP requesting recognition of phlebology as a self-designated specialty. This application along with news on insurance reimbursement and society meetings can be easily accessed. In addition, clinical mini-articles appear regularly; they are annotated, written by experts about practical matters, and extremely well done in my opinion, sometimes providing information not yet available in the journals.

As most of you know, our www.vcoc.com web site helps educate patients on vein disorders and prepares your referrals prior to consultation at VCOC. Besides providing a link to the ACP web site, it covers VCOC office policy, phlebology FAQs, professional background and qualifications, publications, before/after pictures, and a video of duplex ultrasound-guided injection.

The goal of this quarterly update is to disseminate the latest advances in the diagnosis and treatment of varicose

veins and related disorders to primary care physicians and interested specialists. As a practicing internist since 1976, I appreciate the increasing time constraints that require us to maximize our CME time investment. I therefore pledge to provide you with concise summaries containing usable information that can make a difference in how you will treat your patients today.

You are encouraged to contact me with feedback and questions about the contents of our newsletter and website, suggestions for future issues, or reference requests. With your continued input, I hope to achieve the above-stated goal and look forward to hearing from you.

Sincerely,

Alan Kanter, M.D., F.A.C.P.
Founder & Medical Director

INSIDE

Foam Sclerotherapy Update

Annual Cumulative Index

About Dr. Kanter

About Our Office

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ADVANCES IN TREATING VARICOSE VEINS MORE ON FOAM SCLEROTHERAPY

In the past five years the field of phlebology has witnessed major advances in treating saphenous vein disease. But with all the attention endovenous laser ablation (EVLA) has been getting lately, it is easy to forget ultrasound-guided sclerotherapy (UGS) - the first saphenous vein treatment method to seriously challenge surgical stripping as the treatment of choice. While EVLA efficacy (95%) is superior to both stripping and UGS (both 80%), there are many cases where EVLA is not logistically suitable due to vein caliber, tortuosity, and other factors. Despite the inappropriate disparaging position taken by the insurance "Blues" regarding UGS this year, UGS remains a low-risk, highly effective alternative to vein stripping when performed by experts with a fifteen year track record.

Concurrent with the development of EVLA, a resurgence of foamed sclerosing agents has further enhanced the efficacy and accelerated the widespread acceptance of UGS during the past five years. Our Summer 2004 issue reviewed a French multi-center study comparing foam with liquid sclerotherapy in treating 88 greater saphenous veins 4-8 mm in diameter.¹ Although very low volumes (2.5 ml) of polidocanol were used without the benefit of post-treatment compression, the authors observed superior immediate vasospasm with foam which predicted subsequent elimination of reflux; 84% success with foam vs 40% with solution at one year.

Since then, a collaborative retrospective study by two respected phlebologists from New Zealand and California was published.² They treated 112 saphenous veins by UGS using an average of 8.7 ml (1:3 Tessari method) "microfoam" sodium tetradecyl sulfate/polidocanol combinations and post-treatment Class 2 compression. Typical saphenous vein treatment consisted of four 2-ml injections 3% foam STS in one session, with re-treatment if necessary one week later.

At an average follow-up of two years, 85% had resolution of symptoms, 92% varicosities were gone, and 100% patients reported satisfaction. Duplex confirmed persistent reflux in 3%, partial closure in 20%, and complete sclerosis in 77%.

The data showed some additional interesting findings. Contrary to our own experience,³ efficacy was no different for larger veins > 10 mm in diameter than for smaller veins < 10 mm. Similar to other recent published reports and my own experience, no serious adverse

reactions occurred in either the study subjects or the authors' collective wider experience treating 2500 legs with the same protocol.

In a smaller less detailed study, 20 patients were treated with either foam or solution of varying strengths STS and polidocanol.⁴ Solutions were used for veins up to 3 mm in diameter and (1:4 Tessari method) foam for veins > 3 mm. The authors found no differences in outcome, efficacy, sequelae, or patient satisfaction/tolerability, and concluded both sclerosing agents were equally good choices. Despite the small number of subjects, Dr. David Duffy agreed with the authors in his accompanying commentary.

Thus, while it is easy for both physicians and patients to be seduced by the high-tech appeal and media hype of lasers, let us not forget we have a safe, less expensive, less cumbersome, reasonable alternative for treating saphenous veins preferred by many patients when given the option. Hopefully, insurance companies will have their heads extricated from the sand dunes before the end of this millennium and recognize the facts.

1. Hamel-Desnos C et al Evaluation of the efficacy of polidocanol in the foam of foam compared with liquid foam in sclerotherapy of the greater saphenous vein: initial results. *Dermatol Surg* 2003;29:1170-1175.
2. Barrett JM, Allen B, Ockelford A, Goldman MP. Microfoam ultrasound-guided sclerotherapy of varicose veins in 100 legs. *Dermatol Surg* 2004;30:6-12.
3. Kanter A. Clinical determinants of ultrasound-guided sclerotherapy outcome, Part 1: The effects of age, gender, and vein size. *Dermatol Surg* 1998;24:131-135.
4. Rao J, Wildemore JK, Goldman JP. Double-blind prospective comparative trial between foamed and liquid polidocanol and sodium tetradecyl sulfate in the treatment of varicose and telangiectatic veins. *Dermatol Surg* 2005;31:631-635.

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