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 coincident with the introduction of ultrasound-guided sclerotherapy.

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-guided sclerotherapy to treat saphenous-derived varicose veins, physicians from several continents have made the trip to Irvine to observe his treatment protocol. Dr. Kanter has been 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 throughout North America, Europe and Australia. In recognition of these academic and clinical contributions, Dr. Kanter was granted "Fellow" ACP membership status in 2004, "Fellow Emeritus" membership status in the Australasian College of Phlebology in 2005, and full membership in the American Venous Forum in 2007.

Dr. Kanter is board certified by the American Board of Phlebology, and is also certified as a Registered Vascular Tech by the American Registry for Diagnostic Medical Sonography. Acquisition of these formal qualifications acknowledges his personal achievement of highly recognized professional standards of excellence, validating the distinguished reputation he has earned during the past twenty years in Orange County.

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 who participated in the original FDA study leading to approval of endovenous laser ablation. 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, brochure, or more information about our services, call 949-551-8855, or visit our **www.vcoc.com** website.

As a member of the Orange County and American Medical Associations, Dr. Kanter strongly believes that his sole focus on treating venous disorders enables him to provide the highest quality service utilizing the latest technology. As the most experienced practitioner in Southern California using ultrasound-imaged guidance to selectively treat varicose veins and their sources, physician referrals are always welcome.

Venous Disorders Update
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Venous Disorders Update

An Educational Service from the Vein Center of Orange County **www.vcoc.com** **Summer 2011**

A Message From the Founder

Welcome to the Summer 2011 issue of *Veno-gram*, an educational newsletter for the practicing physician which focuses on new applications of current research in venous disease.

As promised in our last issue, this issue contains highlights from the American Venous Forum's 23rd Annual Meeting in San Diego held this past February at the Bayfront Hilton San Diego. I have chosen a "sound-byte" presentation which covers only the basic take-home messages to convey the main points quickly in order to save our readers precious time. As always, I am happy to provide more details to those interested in specific topics. Simply contact my office with your request and the appropriate references will be cited.

I am pleased to announce that VCOC is now a HealthNet PPO provider. This means you can confidently refer your HealthNet patients safe in the knowledge that both diagnostic and treatment costs will be covered subject to the patient's policy. While other insurers are under consideration, we are happy to provide your HealthNet PPO referrals with the same high quality care as your private "indemnity" referrals.

Another recent change: VCOC has upgraded from Veinwave to VeinGogh for small telangiectasia. The original Veinwave was limited to telangiectasia < 0.3 mm in diameter, with larger veins requiring multiple visits. VeinGogh is a more compact unit which effectively treats telangiectasia up to 1.0 mm in one visit (see below). It works extremely well for those patients who want a higher degree of resolution for their legs, as well as other areas. However, as pointed out in our Spring, 2010 issue, diligent sclerotherapy to nearby larger feeder veins must first be performed to lay the foundation before VeinGogh will be effective.

For telangiectasia on the face and trunk, VeinGogh represents a significant advance over topical lasers in that patients no longer have to worry about sun exposure or pigmentation issues. When used within the recommended treatment parameters, VeinGogh delivers excellent results with no worries about complications or aftercare. Treatable lesions include telangiectasia as well as cherry and spider angiomas located anywhere. After gaining experience with VeinGogh, we find that we provide very cost-effective treatment sessions. The factory rep told us we would eventually become proficient and achieve up to 300 pulses per 15-minute session; our average session provides > 600 pulses! More pulses mean more veins treated, and happier patients.

Are you being deluged with advertising for longer wavelength endovenous lasers > 1400 nm? We certainly have been, making it all the more gratifying we acquired Biolitec's 1470 nm laser back in 2009. As previously reported, it was a quantum leap forward, allowing treatment of saphenous veins with virtually no post-treatment pain or bruising. Ask your patients who have had saphenous vein treatment at VCOC about their experience.

Last year the ACP was directly accredited by the ACCME to provide physician CME. The next ACP annual meeting will be held in Los Angeles November 3-6, 2011 at the LA Live JW Marriott, followed by Hollywood, Florida in 2012. Because the 2013 17th Annual International UIP World Meeting will be in Boston the following year, this major meeting will be in place of the annual ACP meeting.

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. We are constantly updating the site to keep current and hope you find it informative, especially after this Spring's major update. Besides providing a link to the ACP web site and our own *Veno-gram* archives, it covers VCOC office policy, phlebology FAQs, professional background and qualifications, publications, before/after pictures, and a video of duplex ultrasound-guided injection.

You are encouraged to contact me with feedback and questions about the contents of our newsletter and website, suggestions for future issues, and reference requests.

Sincerely,

Alan Kanter, M.D., R.V.T., F.A.C.Ph.
Founder & Medical Director

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ADVANCES IN VARICOSE VEIN AND VENOUS INSUFFICIENCY

Note: Several European papers listed on the program regarding steam ablation of saphenous veins were all withdrawn and therefore not presented at this meeting. The below papers were chosen based on the potential for practical application.

Duplex Ultrasound. In a prospective multicenter study from the University of Hawaii, the biggest factor affecting duplex reproducibility of venous reflux was the **time of day performed,** afternoons being the most reproducible. For the record, *repeatability* is defined as the same result by the same operator using the same equipment at the same location; *reproducibility* is the same result by different operators at different locations.

Epidemiology: Risk Factor for Progression. Data from the (German) Bonn Vein Study I which followed > 3,000 participants over 6 years found age, obesity, and arterial hypertension were the main risk factors for progression of C-class venous insufficiency. **Age** and **obesity** were joined by **corona phlebectatica** as risk factors to develop varicose veins – NOT gender or family history. [I guess Mick Jagger was wrong; time (or pounds) is definitely not on our side, at least regarding veins.]

Insurance Policy Pre-requisities. As many of you are painfully aware, many insurance companies set up arbitrary "hoops" for patients to jump though before they will consider reimbursement for varicose vein treatment. Another highly relevant University of Hawaii prospective study showed those insurance companies have it all backwards. Instead of denying saphenous vein ablation on the basis of lack of response to conservative therapy (compression stockings), those patients who responded to wearing stockings also reported a much more dramatic response to subsequent ablation. **Thus, contrary to current insurance-think, failure to respond to conservative therapy should NOT be an indication for ablation.** In a separate study **no** correlation was found between GSV caliber and QoL (Quality of Life) score, **debunking insurance companies' minimum caliber requirement.**

On the Horizon. Cyanoacrylate **adhesive** segmental injections into swine epigastric veins induced an inflammatory response with early fibrosis on histology 60 days later.

Mixed leg ulcers. Inelastic compression **up to 30-40 mm Hg is safe** to use in patients with mixed arterial and venous leg ulcers despite a low ABI. The key is NOT to exceed systolic arterial pressure at the ankle.

Endovenous thermal ablation. A UK study showed laser and radiofrequency ablation of saphenous veins both yielded > **90% success rates at six months.** Another study found radiofrequency ablation yielded 100% successful vein closure whether using single or double thermal doses; however, GSV caliber shrunk faster using double doses.

Cerebrospinal venous insufficiency (CSVI). A small case-controlled study showed chronic **CSVI was present in ALL patients tested with multiple sclerosis** and in no controls. CSVI is defined as the development of venous collateral compensation from flow blockage of the IJV and/or azygous vein due to stenosis malformation or hyperplasia.

THROMBOEMBOLISM

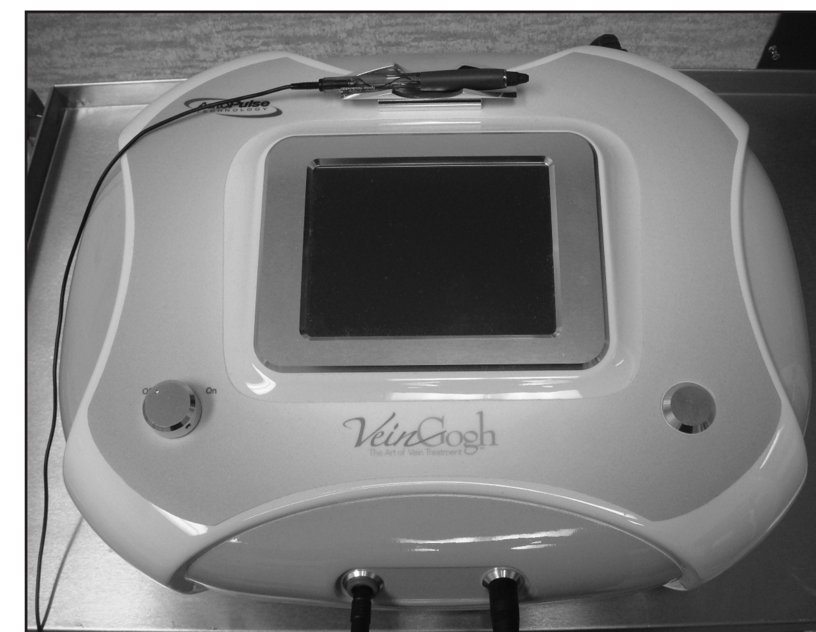
VTE Risk Factors.
- Prospective epidemiologic study of superficial and deep thrombosis revealed the following significant risk factors : **lack of varicose veins, prior malignancy, prior VTE.** VTE and SVT were concurrent in 25% of patients; SVT and DVT coexisted in 10%.
- **Recurrent VTE risk** was NOT increased in homozygous or double heterozygous carriers of Factor V Leiden or Prothrombin G20210A mutations. While both factors represent 90% of unprovoked VTE, there is **no need to do thrombophilia testing for patients with their first episode of DVT,** or to extend their treatment course.
- A **higher risk of VTE** was present in first degree relatives of unprovoked VTE index cases with Factor V Leiden or PT20210A mutation only **if the index case was young;** no increased risk otherwise.

Tailoring anticoagulation treatment duration for DVT based on ultrasound resolution of clot MAY be wise, but is not yet unequivocally proven effective or superior to current recommendations

IVC filter occlusive clots were all asymptomatic and dissolved after low molecular weight heparin treatment.

Fondaparinux decreased progression of SVT to DVT.

ATTRACT is a current pharmacomechanical **trial of proximal DVT lysis** using single session Trellis or Angiojet devices to decrease both tpA dose and the number of treatment sessions. It is a multicenter, prospective, double-blind, RCT of tpA vs. routine anticoagulation for acute proximal DVT.



The VeinGogh - effective for telangiectasia up to 1.0 mm.