

Get the Healthy Good-Looking Pain-Free Legs **YOU Deserve NOW**

**The Definitive Guide
to Overcoming
Leg Pain:
Modern Treatments
of Varicose and
Spider Veins**

**by
Eric Dohner MD**

New 2nd Edition



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Modern Treatments of Varicose and Spider Veins

Eric Dohner MD

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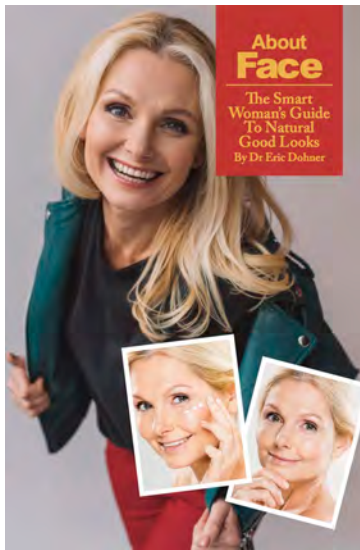
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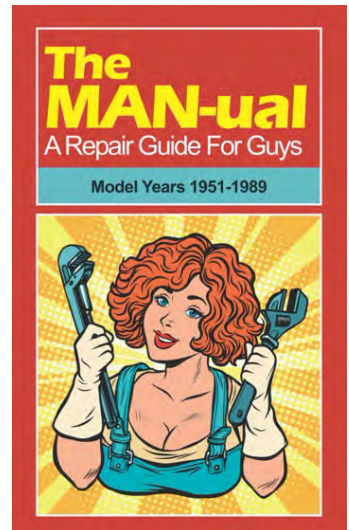
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The Man-ual: A Repair Guide for Guys

Dedication

*Dedicated to the thousands of women and men who have hoped for
healthy, pain-free legs and who have come to me for relief.
You helped me learn as I helped you heal.*

*And to my staff, whose diligence and care helped make my practice
the foremost vein care center in our area. Your caring attention to our
patients has allowed them regain their health and confidence.*

*But mostly this is dedicated to those who still struggle
with painful, unsightly legs.*

Help is at hand.

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Foreword

I know you hate this: going to the doctor to talk about your legs. And you hate the idea of having something done for those veins of yours. You've heard horror stories from your mother or your friends about the painful surgery and long recovery and long-lasting scars afterwards.

You may have had consultations with doctors and surgeons who have left you feeling the leg symptoms you have are “no big deal.” Maybe you have been told to just keep wearing your hot and heavy compression hose because your legs aren't worth treating.

But your legs are bothering you, and it's time to find out what's happening with them. After reading this book, you will be very pleasantly surprised to learn the modern ways to treat veins that allow you to get back to your busy life very quickly, with minimal pain, fast recovery in just a few days, and no scarring!

And I can tell you: the vast majority of people, after having their veins treated, say “I wish I had done that sooner!” and “Is that all there is to the treatment?”

As the band ZZ Top says,
“She's got legs, she knows how to use them”

I want you to be able to use those legs—and love them—to the max!

Eric Dohner, MD

Introduction

Who is Dr. Dohner?

Dr. Dohner is the area's only board-certified vein specialist by the American Board of Venous and Lymphatic Medicine (ABVLM). His extensive experience and outstanding expertise have enabled him to help thousands of men and women recover from leg pain and vein disease and return confidently to their active, healthy lives. Dr. D is the medical director for the New York Skin & Vein Center, the premier vein institute in Upstate New York. Established as Oneonta Laser Derm in 2001 by Dr. Eric Dohner, the New York Skin & Vein Center is the region's ONLY comprehensive leg-vein care center.

Dr. Dohner and his professional team use the most advanced treatments and technology so they can offer you a variety of options for overcoming leg-vein disease, and they can ensure you that if you choose to undergo a treatment you will receive the highest level of care in a relaxed, cheerful, and pain-free environment.

The Center has five in-office, state-of-the-art Ultrasounds machines, which are dedicated to the diagnosis and treatment of varicose veins. All procedures are performed in the office using local anesthesia, so you don't have to endure the post-anesthesia process of "waking up and throwing up," and you will be able to walk out of the office within minutes of the successful completion of your treatment.

Eric Dohner MD received his medical degree at Temple University School of Medicine, PA, in 1989. He completed a residency in family practice at Strong Memorial and Highland Hospital at the University of Rochester, NY. Prior to this he was a registered nurse from Lancaster (PA) General Nursing School. In 2004 he completed Comprehensive Phlebology Training in Jacksonville, FL, and formerly he was the Chief of Medicine at Delaware Valley Hospital in Walton, NY.

Elected a member of Alpha Omega Alpha Medical Honor Society in 1998 while in medical school, Dr. Dohner is board certified by the American Board of Venous and Lymphatic Medicine (ABVLM) and by the American Board of Family Practice (ABFP). He is certified as a Registered Phlebology Sonographer (RPhS). He is a member of the American Society of Lasers in Medicine and Surgery and the American College of Phlebology.

Following a career as both an attending physician and an emergency room physician, Dr. Dohner entered private practice with offices in Binghamton, Oneonta, Hamilton and Norwich, NY, where he continues to specialize in Phlebology and leg-vein disease.

Chapter 1: A Patient Tells Her Story: Janet Hurley-Quackenbush, Oneonta NY



Janet Hurley-Quackenbush, age 47, is an active member of the Oneonta community, serving as a member of the Town Board for 14 years, and, more recently, elected to the County Board of Representatives. A mother of two girls, she owns a catering business.

Here, in her own words, are her experiences with leg pain, Dr. Dohner, and his staff at the Skin & Vein Center:

“Before I visited Dr. Dohner, the ugly, protruding veins on my leg literally looked like a snake wrapped around my knee. My leg was hot, red, and achy.”

“I had had these symptoms for over five years. Although my doctors agreed that the situation was most probably hereditary (I have a family history of poor circulation and varicose veins and my grandmother had a blood clot in her leg following a simple surgery), every doctor I saw insisted that, although my veins were ugly, they were not a serious health threat.”

“I heard about the Center and went for a consultation with Dr. Dohner. He showed me via an ultrasound what the underlying vein problem was and how he could fix it. During my procedure, I was a nervous mess because of my grandmother’s history. I was afraid that I would develop a blood clot after the procedure even though Dr. Dohner assured me that the risk was very low. He had me come in twice after the procedure to recheck my leg and reassure me that there was no blood clot and ease my mind. Thank you, Dr. Dohner!”

“My procedure was over in about an hour, and I returned to my normal activities by the end of the week. My leg looked better and I

felt better right away. The mild post-op bruising that Dr. Dohner told me to expect faded within a couple of weeks.”

“Dr. Dohner’s staff was excellent. I loved the treatment from the nurse that Dr. Dohner had for me, one-on-one, during the procedure. She was there 100% just for me. My special nurse kept me calm and was very reassuring. She even rubbed my back to ease my anxieties. It was nice to have that kind of bedside care.”

“As luck will have it, I suffered a water skiing injury shortly after my legs were treated, and as a result of the trauma from total tear of my hamstring muscle a few veins returned to my nearly perfect leg. So, I ended up having the procedure twice”.

“My insurance covered just about everything, and my legs look great now!”

“I would suggest to anyone who thinks their varicose veins need to be repaired that they go right ahead and have the procedure – absolutely as soon as possible.”

Chapter 2: What Is Making My Legs Hurt AND Why Do They Look So Bad?

For Americans, abnormal leg veins or varicose veins are the **most common cause** of aching, throbbing, tiredness, heaviness, and tenderness in the legs. They cause leg cramps, restless leg syndrome and often, but not always, ugly bulging veins under the surface of the skin. Varicose leg veins can also cause itching, swelling, leg rashes, thickening and scarring of the skin, brownish discoloration, and leg ulcers. And no one wants that!



33% of all women and 15% of all men have abnormal leg veins. Unfortunately, most doctors and their patients assume—quite wrongly—that varicose veins are ‘no big deal’ and they just have to live with them. Or they think the veins are merely a cosmetic nuisance (but more about that later).

The symptoms of abnormal leg veins are worse when standing or sitting. Vein disease is usually relieved when you walk or elevate your legs. Compression or support hose help with symptoms only half of the time; the other half they either don’t help, or they make the symptoms worse.

Chapter 3: What Are Varicose Veins and Spider Veins AND How Do I Know if I Have Them?

Varicose veins are enlarged and swollen veins that can be visible, just under your skin, where they become dilated and stretched out as a result of high pressure inside the veins. They are dark purple or blue in color and can appear twisted and bulging, often like cords. They are considered a true medical problem because they cause pain, throbbing, aching, tiredness, heaviness, swelling, itching, leg fatigue, cramps, restless legs syndrome, and skin discoloration. All of this can lead to skin rashes, scarring of the skin, leg ulcers, and blood clots. Nearly 80 million Americans suffer from this disease.



Many people who have leg vein problems have **NO visible veins** on the surface. This fact is why so many people with vein problems don't know it: it's not apparent to them or their doctor! In fact some of the unfortunate people who have the most severe underlying vein problems have the worst complications: swelling, ulcers, and blood clots. This book will help you decide if seeing a vein specialist is a good choice for you.

Spider veins are also abnormal veins, but they are smaller, can be red and or blue, and are visible just under the surface of your skin. Spider veins are considered only a cosmetic problem even though they can sometimes cause burning or itching. In the past health insurance would pay to treat spider veins but that is no longer the case.



Chapter 4: How Did I Get These Veins?

Your vein problems didn't just happen – there are usually more than one reason that you have them. Your parents and your grandparents are major culprits. If any of them had varicose veins or spider veins, chances are you will get them too. In fact, if one parent has varicose veins, your risk is one in two. If both parents have varicose veins, then your chance of developing varicose veins is 90% or more!

Age is also a factor: the older you get, the higher the risk. Just because you don't have any veins problems at 40 years of age doesn't mean you won't later in life. In fact, your risk goes up dramatically after the age of 60.

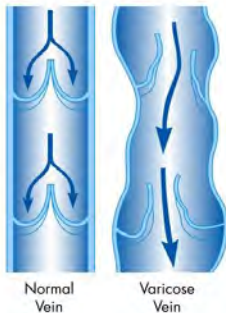
Women are more likely than men to get varicose veins probably due to hormones. Women who get pregnant stand an even greater risk. This is due to the pressure of the baby on your pelvic veins, which causes the veins to fail.

Other causes are lack of exercise, a sedentary lifestyle, injury or trauma to your legs, or poor ankle movement, which prevents the calf muscle from pumping blood up to your heart. (And yes, wearing high-heel shoes will reduce good ankle motion.) Obesity, though not yet proven to be a cause, will worsen vein disease.

Chapter 5: What Are Healthy Veins and Arteries AND Why Are They Important?

Arteries carry oxygenated blood to your legs, and veins carry that blood back to your heart to be recirculated. Your venous system has two components: the deep and the superficial. The **deep venous system** is inside the muscles and transports 90% of the blood away from your legs; for the most part these veins have nothing to do with your varicose and spider veins.

Your **superficial venous system** (found between the skin and the muscles) transports 10% of the blood upwards to your lungs and heart. It is from this system and its main vessels, the **Great and Small Saphenous Veins**, that varicose and spider veins come from.



Veins have one-way valves that direct the blood upward, pumped by your calf muscle. If those valves fail to close properly an abnormal flow of blood back down your legs, called **reflux**, develops, giving you **Chronic Venous Insufficiency (CVI)**. The reflux puts excessive pressure on the vein's walls, which causes them to expand and bulge, and fluid leaks into the surrounding tissues.

When you take a step your calf muscle squeezes, forcing the blood inside the veins up the leg towards the heart—in the correct direction. (The calf muscles are the “heart pump” for the leg veins.) When gravity takes over and the blood starts to fall back down towards the toes, the valves inside the veins should snap shut and prevent the blood from going back down the leg.

When you have abnormal veins, those valves do not work correctly, and the blood rushes back down the leg, causing high pressure inside the leg veins. This high pressure causes inflammation and the painful symptoms of vein disease as well as the skin rashes and ulcers and blood clots.

Chapter 6: The Hidden Dangers of Varicose Veins: What Most Doctors Don't Know

Which of the following pictures shows abnormal underlying veins?



Turn the page for the answers!

The Answer Is—ALL of them!

Corona Phlebectatica means in Latin, ‘Blue Mound’. With this you will see abnormally dilated red and blue small blood vessels at the inner ankle. The presence of this is strongly related to the clinical severity of chronic venous disease.

Spider veins: Tiny reddish or purplish veins, related to varicose veins that are normally visible on the surface of the skin. Symptoms of spider vein problems can include burning, itching, and stinging.

Lipodermatosclerosis, also known as LDS, means “scarring of the skin and fat.” It is characterized by inflammation of the layer of fat under the skin. Its symptoms include pain, hardening of the skin, change in skin color, swelling, and a tapering of the legs above the ankle.

Stasis dermatitis is a chronic skin rash of the legs that is caused by pooling blood in the leg veins. The pooling leads to leakage of inflammatory fluid into the surrounding skin. This manifestation of vein disease can cause considerable discomfort and itching and is most likely to occur in people over the age of 50. Women are more likely to have it than men. Symptoms include skin darkening, itching, and scaling, which lead to ulcers.

Coke-bottle legs: This is a form of lipodermatosclerosis, which consists of a scarring and tapering of the legs above the ankles. This forms a constricted band that resembles an upside down Coke bottle.

Edema: Swelling of the legs has many causes, but vein disease is a major one. The abnormal leg veins, which are under high pressure due to the non-functioning (insufficient) valves allow fluid to leak out into the surrounding tissues. This fluid is reabsorbed overnight, but then re-accumulates during the day. Compression hose can help somewhat.

Hyperpigmentation: This brown/black discoloration of the skin is caused by the leakage of red blood cells out of veins. The iron in the

hemoglobin in the cells stains the skin permanently. It also leads to thickening of the skin. It is usually found on the lower legs.

Atrophie Blanche is the term for a white scarring discoloration, which frequently occurs within a region of hyperpigmentation. It is an ominous sign that a venous leg ulcer is soon to develop.

Venous stasis ulcer: When reflux is left untreated, the constant pressure backup of blood may cause it to leak into the surrounding tissues, causing venous stasis, or brown stains, on the skin. A severe breakdown of the surrounding tissues may result in a venous stasis ulcer, which is painful and very difficult to treat.

Varicose veins: Enlarged, swollen, and often painful leg veins that can be visible just under the skin when they become dilated as a result of vein disease.

If you have abnormally dilated small blue spider veins around your inner ankle, called *corona phlebectatica*, you probably have underlying vein disease.

Chapter 7: Leg Cramps and Restless Legs: Little Known Symptoms of Varicose Veins



Although the appearance of blue, bulging, cord-like veins is obviously varicose veins, other symptoms of their existence may be:

- Leg pain and discomfort
- Rashes or dry skin
- An achy or heavy feeling in your legs
- Tired legs, especially at the end of the day
- Burning, throbbing, and swelling in your legs
- Worsened pain after sitting or standing
- Itching around your veins or lower legs
- Leg cramps during the day or night
- Restless Leg Syndrome (RLS), at night or at rest
- Skin ulcers near your ankle (This signifies a serious form of vein disease that requires medical attention soon.)
- Neuropathy (A numbness, tingling, and burning sensation, especially in the feet, which worsens at bedtime.)

The majority of people who suffer from vein disease complain about itching, aching, heaviness, and cramps in their legs. It is important to know that these symptoms often will appear gradually, so you might not necessarily think you have vein disease. Further, such symptoms are often mistakenly attributed to aging, arthritis, joint pain, or muscle disease.

Chapter 8: What Do I Gain by Having My Veins ‘Fixed’?

Some people choose to live with their unsightly veins; others prefer to fix the constant pain, fatigue, and unattractive appearance of their legs. Many are concerned about the risks of leaving their vein disease untreated, which include ulcers and blood clots.

In the past the treatments for varicose veins were at best, painful and time-consuming and at worst, not always successful. The modern techniques, however, have revolutionized the treatment of vein disease and varicose veins. These procedures are safe, effective, less expensive, and much less painful than the now-outdated surgical approach, and they provide better cosmetic results as well.

Most doctors, busy with their patients’ general health, are not able to stay well informed about vein disease. They may not be aware of the much-improved modern treatments for varicose veins, nor might they be aware of the success of those treatments for the disease, improving the looks of the legs, and providing a less painful experience along with a less time-consuming recovery. Furthermore, due to their other medical priorities, doctors may likely misdiagnose your vein disease.

A vein procedure performed by Dr. Dohner will return your legs to their normal, healthy, more attractive state and furthermore:

- You will sleep better
- You will walk better
- You will look and feel better
- You will no longer have tired heavy legs at end of day
- Superficial blood clots will be prevented
- Ulcers and leg scars will be prevented
- Your feet will no longer be cold

Chapter 9: What Will Happen at Your Consultation?

At your initial consultation, Dr. Dohner will give you a complete physical exam, followed by a simple, painless ultrasound of your legs that will be performed with you standing up. Why? That is the position in which the problem veins can best be seen. The ultrasound combined with talking to you about your leg problems allows Dr. Dohner to diagnose your vein disease. He will then help you understand both your problem and its remedies.

Dr. Dohner will then recommend a course of treatment to address your specific problems, and together you will make a plan that benefits you and your legs. These solutions will eliminate your symptoms, eliminate the abnormal veins, and decrease your risk of developing the more serious consequences of vein disease.

Some insurance companies require that you attempt so-called ‘conservative therapy’ before they will ultimately pay to fix your legs. This includes wearing tight support hose, taking anti inflammatory pain pills and elevating your legs as much as possible. The point of the hose is to compress the veins and force the blood back into circulation. The hose can help your symptoms sometimes especially if you wear them during your normal work hours. All of these measures are, of course, only temporary and one of the ways that insurance companies attempt to not pay for your treatment.

Dr. Dohner’s office will take care of the preauthorization of your treatment with your insurance company and supply them with the necessary documentation to pre-certify you for treatment.

If your ultrasound and examination show you do not have a true medical problem but only spider veins, then these are a cosmetic concern. Insurance companies do not consider spider veins a health problem and no longer pay for their treatment. Dr. Dohner can tell you about improving spider veins with **Injection Sclerotherapy**.

Chapter 10: Varicose Vein Treatments

In the past decade there have been some extraordinary technological breakthroughs in the treatment of varicose veins. These new, pain-free office procedures have dramatically improved patients' lives, providing physical, emotional and cosmetic health.

The procedures—**Endovenous Laser Treatment (EVLT), Ambulatory Phlebectomy, and Ultrasound Guided Sclerotherapy**—are effective and fast. Each takes less than 30 minutes to perform. In a matter of days your legs will be free of harmful varicose veins, and you will be free of the more serious threats of clots and chronic vein disease. You will feel better, and your confidence will soar.

The procedures are so minimally invasive, quick, and complication-free that most insurance companies are now encouraging patients to have their legs treated.

Sealing Shut the Problem Veins: Endovenous Laser Ablation (EVLA)

The **Great or Small Saphenous Vein (GSV or SSV)**, located in the inner thigh and leg, or at the back of the calf, respectively, are sealed shut by laser energy, resulting in closure of the vein so it cannot carry blood and cause reflux. What happens to the blood that these veins carried? Your body sends the blood to normal veins. This procedure, in fact, actually normalizes the venous circulation in the leg!

On the day of your treatment, your leg will be rescanned and the veins measured. Your leg will then be cleaned with an antibacterial solution. After the area is numbed with lidocaine (a local numbing medication), a tiny intravenous (IV)

The New York Skin & Vein Center offers a comfortable lounge where your friends and family can relax while your treatment is complete. We also have coffee, tea, snacks, and fresh-baked cookies, too!

catheter will be inserted into the vein, usually at the level of the knee. Via the IV a laser fiber will be fed through the vein to the upper thigh. This part is painless as the vein does not have any nerve fibers inside of it. After that the vein around the laser fiber is numbed with more dilute medication. The laser is then fired to seal shut the vein which you didn't need in the first place. Your body will then immediately redirect the blood to healthy veins. (Your body has 50,000 miles of veins and doesn't need this one.) The vein will then convert to scar tissue and your body will absorb it. In fact, when you return for follow-up visits we won't even see it with the ultrasound.

After the laser is withdrawn, we will cover the insertion site with a Band-Aid and apply a **compression hose** over the leg. You will wear the hose around the clock for the first 24 hours, and then during the day for the following week, removing it only to shower and to sleep. We will see you back in the office in one week. Post-operatively you should expect to have some mild soreness and a pulling sensation in the thigh where the vein is shrinking. Most people take a Tylenol for a day or so but don't need anything stronger than that for any soreness.

The majority of patients only need an Ablation to normalize the vein circulation and make their legs feel good again and prevent most of the problems associated with vein problems.

Removing the Surface Veins: Ambulatory Phlebectomy

If you have the typical big blue bulging veins on the surface and you want them gone, we can treat them at the same time as the Ablation, if needed. This is called **Ambulatory Phlebectomy** and is also performed in the office.

How do we do it? After the EVLA procedure, the bulging veins are marked with a special pen. Next, we will inject numbing medication around the bulging veins. This part of the procedure may be slightly uncomfortable but following this you will be completely numb and not feel a thing. Then we will remove the bulging vein through a small poke mark in the skin. We grab onto them with a crochet-like instrument and actually pull them out. This will be done through tiny

incisions the size of a small freckle that do not need any stitches or staples.

After the phlebectomy is over, the poke marks are cleaned and the leg is wrapped with a soft dressing. A compression hose will cover the entire bandage and will stay in place for two days. After two days, you will remove the dressing at home and take a shower. You will continue to wear the compression hose during the day for the next week. At one week post-operatively there will be residual bruising, but you will begin to see a vast change in the appearance of your leg. You will find yourself asking, “Why did I wait so long to have something done?”

After a couple of weeks, the bruising will have cleared. The small incision wounds will have healed, and they will continue to lighten and become less visible with time.

Remember, though, varicose veins can be an ongoing problem. The body is always trying to repair itself by creating new veins. It is very important for us to follow you yearly with an ultrasound exam. This will help us locate any new veins that might be developing so we can treat them with injections otherwise called **Ultrasound Guided Sclerotherapy** before they become worse.

Treating the Rest: Ultrasound Guided Foam Sclerotherapy

Occasionally some veins cannot be treated with EVLA or phlebectomy due to their location. In these cases, **Ultrasound Guided Foam Sclerotherapy** is useful. Using ultrasound to guide him, Dr. Dohner inserts a tiny needle directly into the troublesome vein, and an FDA-approved medication mixed with a small amount of air (**Foam sclerotherapy**) is injected into the incompetent vein. This causes the vein to seal shut and be absorbed by your body.

Why Foam? The foam pushes the blood out of the vein and allows a much more effective treatment. The number of sclerotherapy treatments needed is usually one or two and is covered by your insurance.

Chapter 11: New Varicose Vein Treatments

Since I first wrote this book, new treatments have been developed that I want you to know about:

The best new treatment in my opinion is Varithena.

This is a microfoam medication to treat the underlying cause of leg veins as well as surface varicose veins in certain situations. Treatment involves injecting the abnormal vein with Varithena. The Varithena microfoam fills the desired section of the vein and injures the vein wall, causing the diseased vein to collapse. Blood flow is redirected to healthier nearby veins. The microfoam naturally disperses as it comes into contact with blood in healthy veins.

Varithena is the best current treatment for the varicose veins that cause venous stasis ulcers. I've seen ulcers of two years duration healed in only two weeks after a Varithena treatment.

Varithena is minimally invasive, and most patients say that it feels like a painless pinch. Because there's no need for incisions or numbing medication, healing time is quicker than traditional varicose vein treatments. The procedure usually takes about 15 minutes and most people need only one treatment to see results!

After your treatment, a compression stocking will be applied to your leg. You'll need to wear the stockings for two weeks, but you can go back to normal activities the same day.

Unfortunately, our biggest problem with Varithena is insurance coverage. Currently it is covered by Medicare and some other insurances. We handle the whole insurance authorization process for this treatment just like we do for all of them.

Clarivein

ClariVein uses liquid sclerotherapy medication along with a catheter inside the vein to painlessly scrape the inner lining of the vein to seal it shut. Because Clarivein doesn't require the use of energy (laser or

radiofrequency), no anesthesia is needed making the procedure more comfortable and quicker than previous treatments for large veins. ClariVein is effective for smaller veins and minimally invasive. It is not as fast or technically easy as Varithena so I reserve it for the patient who I think it is the best treatment whose insurance will approve it.

Venaseal

VenaSeal uses medical grade superglue just like we currently use to close small wounds and incisions. During treatment a small catheter is inserted into the diseased vein and tiny drops of glue are applied down the length of the vein. After each drop of Venaseal is placed, pressure is applied to glue the vein closed. Once the vein is completely closed, the catheter is removed, and a bandage is placed over the access site. Unlike other varicose vein treatments, you will not be required to wear compression stockings post procedure and you will be able to resume most activities almost immediately - including exercising.

I have not adopted this procedure yet due to an increase in allergic and phlebitis reactions. The glue will stay in your body for the rest of your life (as far as we know) and I am waiting at this time to be sure it has long term safety data before I offer it to you.

Chapter 12: A Case Study: Pete Bussman, Cooperstown NY



Pete Bussman is a 73-year-old realtor who was plagued for many years by varicose veins. In 2012 he visited Dr. Dohner for a consultation, and here is what happened, in Pete's own words:

“For the last 15 years my right leg had been swollen and hot. Whenever I stood I had to put most of my weight on my other leg. Then I had an accident, and when I went to the hospital with an open wound on that right leg I was told to wear compression hose. No doctor ever addressed my veins, and no one told me why my leg was swollen. I was only advised to wear the hose”.

“In 2012 I saw an advertisement in the local newspapers for a free vein check-up at Dr. Dohner's office. I decided to give it a try. At my consultation with Dr. Dohner it was explained to me, in layman's terms, what was wrong with my leg and the procedure that could alleviate the pain and swelling. I needed to have saphenous vein treated with endovenous laser ablation (EVLA) to seal the swollen veins that were causing my discomfort.”

“I checked the procedure Dr. Dohner had advised on the Internet and decided that this would be the safest treatment for my leg, and I then decided to have it done as soon as possible.”

“In his office Dr. Dohner explained very carefully what would happen during this treatment. Because I now understood what would be happening during the procedure I had no fear at all. I was well taken care of from start to finish. The hour-long experience was painless, and there was no post-op pain either. I could feel the difference in my leg right away; it was easier for me to walk, and I returned to my

normal activities within seven days. Even better, my Medicare and my Medicare Supplement Plan took care of the entire procedure.”

“Recently I had a one-year check-up with Dr. Dohner. The varicose veins have not returned and Dr. Dohner does not have to see me again (although he did advise me to return to him if the veins do reappear)”.

“Today my right leg is as normal as my left, and when I stand I can put equal weight on both of them. Over the last eight months I have lost 20 pounds because of my daily walking, an exercise that has also helped my mental state”.

“I would tell anyone who is afraid of having this leg-vein procedure that they should most assuredly not let that fear interfere with the best treatment for their legs. And I would add that they should have the procedure done sooner rather than later”.

“Thank you, Dr. Dohner. Without this procedure and the good care given me by you and your staff I would not feel this healthy. Without your care I would still be suffering from a painful leg, and I wouldn’t be physically able to do what I can do now.”

“I have recommended Dr. Dohner to many of my friends and colleagues.”

“THANK YOU!”

Chapter 13: Making Your Legs Look Good Again: Getting Rid of the Spider Veins

Any veins that do not cause the symptoms of varicose veins and/or are smaller than 3 millimeters are usually considered spider veins. Although spider veins are unattractive, they are not dangerous. They can be tiny red thread-like veins called **Telangiectasias**, or darker blue flat veins called **Blue Reticular Veins**. It is these darker blue veins that feed into the smaller spider veins and when treating spider veins it is important to also treat the Reticular Veins, which feed into them (**feeder veins**).

Spider veins are never covered by health insurance. In the past a physician could document that the patient reported pain from her spider veins and it would be paid for by insurance, but those days are long gone.

So, how to treat the spider veins? There are two different methods: **Sclerotherapy** and **1064 NdYag Laser Treatment**. Most of the time sclerotherapy is used because it is faster, less uncomfortable and more economical.

What is sclerotherapy? This is the injection of a medication (called a **sclerosant**) into the vein with very tiny needles. The medication causes irritation of the vein wall so that it seals shut, can't carry blood and therefore can't be seen anymore. The body then absorbs the vein over time.

Sclerotherapy is a treatment for spider veins; it is not a cure. Once you have achieved the expected results from the procedure, new spider veins can develop over time. Most women need a touch-up session every 2 to 3 years.

Sclerotherapy has been around for a long time, but what has changed are the medications that are used and the methods used for injection. The current medications are **Asclera® (polidocanol)**, **Sotradecol (Sodium Tetradecyl)**, and **glycerin**. The first two are approved by

the FDA and have been used for many years. They have replaced the use of concentrated salt-water injections (saline), and they can be used for varicose vein injections as well as for spider veins. Glycerin is not FDA-approved, but it is used very safely and effectively for the tiniest of spider veins.

The newest method of treatment for the darker blue spider veins is to mix the sclerosant with a small amount of medical grade gas, which turns it into foam. This makes the injection much more effective and reduces the number of treatments needed. There are also new light systems that allow the feeder veins to be seen more clearly so treat them more effectively.

Following sclerotherapy, your veins will look inflamed, like cat scratches, which subside over a few days. The veins will then turn darkish and fade over time. Your legs may be slightly tender and itchy to the touch, and there may be some bruising at first also. This is temporary. Two weeks after a sclerotherapy session, you will return to the office so we can look for so-called “trapped blood.” This is old dead blood that got trapped in a sealed vein. It may appear as a dark tender lump. This is NOT a blood clot. If we find it, then the nurses release the trapped blood, allowing your legs to look better faster. Sclerotherapy sessions are repeated every six weeks until we reach your goal.

The number of treatments needed to improve your veins depends on the severity of your spider veins and the degree of improvement you want. It will take more sessions to allow you to wear thong bikinis than it will take for you to wear skirts or dresses again. We can't make your legs look 21 years old again, but they can be improved by



75% to 85%. I tell women that if they can't commit to at least two treatment sessions, then they shouldn't do it. It takes at least that many for a significant improvement.

Like any maintenance process you will most likely need touch-ups of the spider veins in the future. I tell my patients to think of me as their dentist. You don't stop going to the dentist because you've developed plaque or a cavity. You see your dentist periodically to keep your teeth healthy and beautiful. I do the same. Most women return in a few years for a session or two to take care of any new spider veins that have appeared.

The 1064 Nd Yag Laser is the laser used for spider veins. The laser light is focused directly on the vein through the skin, sealing it shut so it can't carry blood and you don't see it. The laser is used mostly for the tiniest of veins, veins that don't respond to sclerotherapy, on patients who are highly allergic to any medications, or on those who are needle-phobic. The reason it is not used more is that it is slower than sclerotherapy (and therefore more expensive), and more uncomfortable. It is also very difficult to use on tanned or darker skin.

Chapter 14: Do the Procedures Hurt?

There is very little discomfort involved with these new state-of-the-art treatments for varicose veins and spider veins. They are quick office procedures that are performed with the use of a local anesthetic. The most uncomfortable moments that patients report is when the anesthesia is injected—a brief prick from a sharp needle and a burning from the Novocain.

Occasionally an anxious patient asks about being put to sleep for the procedure. Most vein specialists do not consider this necessary. We can give you a sedative in pill form, like valium or Ativan, to calm you. After the procedure you will walk away from the office feeling great, without the problems caused by general anesthesia.

For the most anxious and sensitive of patients, we offer nitrous oxide, otherwise called “laughing gas.” This desensitizes and relieves your anxiety so you feel “high” during the procedure. Fortunately, it wears off very quickly and even allows you to drive shortly afterwards.

Because the procedures are performed in the office under local anesthesia, they are very safe and do not expose you to the potential infections and complications seen in the hospital setting.

Chapter 15: Are There Other Causes of Leg Pain?

Varicose veins cause most, but not all leg pain. Other common causes of pain include:

Blocked Arteries or Peripheral Arterial Disease (PAD): This disease, found more often in smokers and diabetics, usually causes calf pain when walking and is relieved with rest. PAD can be diagnosed by an ABI test (ankle brachial index), which is a simple test that can be done in your doctor's office. It compares the blood pressure readings between your arms and your legs. If this test is abnormal, ultrasound testing of your legs can be performed to further determine the extent of the problem.

Sciatica and Herniated (Ruptured) Discs: This usually causes numbness, tingling, and shooting pains down the leg, sometimes to the toes. It is especially obvious when sitting or driving. Generally associated with back pain, sciatica is often improved with standing or lying down. The diagnosis can be confirmed with an MRI of the lumbar spine.

Spinal Stenosis: This is caused by arthritis of the spine or scarring as a result of back surgery. Spinal stenosis causes pain down the legs when standing or walking and is relieved with sitting. It often, but not necessarily, occurs in conjunction with back pain. Testing to confirm that this is the problem includes an MRI of the spine and nerve testing of the legs.

Peripheral Neuropathy: A numbness, tingling, and burning sensation, especially in the feet, which worsens at bedtime. This pain is frequently associated with diabetes and cancer chemotherapy. Interestingly, if you have both vein disease and peripheral neuropathy, treating the abnormal veins will usually greatly improve your neuropathy pain. Nerve testing of the legs helps with the diagnosis.

Osteoarthritis: Irritation of the hip, knee, and ankle joints, which causes pain, burning, aching, and stiffness localized in the joint. X-Rays of the joints will confirm the diagnosis.

Muscle pain (Myalgia): This pain is frequently a result of cholesterol-lowering medications, known as statins. Fibromyalgia is another major cause of muscle pain. This is a diagnosis of exclusion, meaning that there really isn't any test that can point towards the problem. Everything else should be excluded before the diagnosis can be made. Stopping the statin will usually improve the pain, if it is the cause.

Chapter 16: Lymphedema and Lipedema

There are two causes of swelling in the legs that I want to specifically address: Lymphedema and Lipedema. Although these two diseases have very different causes, they are often confused with each other.

Lymphedema is caused by a build-up of lymph fluid (edema) in the fatty tissue just under your skin causing swelling and discomfort. The lymphatic system is the third type of vessel in your body. The first are the arteries that take blood with oxygen from your heart to the tissues. The second are the veins that move blood back from the tissues to your heart. The third are the lymph vessels which are microscopic tubes that take excess fluid (not blood) back to your heart to recirculate it.

There are two types of Lymphedema:

Primary Lymphedema is a rare, inherited condition in which the lymphatic system doesn't develop properly. Primary Lymphedema is known as Meige's disease if it occurs before age 35 and Lymphedema tarda when it occurs after age 35 (this type usually affects the legs causing swelling and discomfort).

Secondary Lymphedema is the most common form of lymphedema and is caused by damage to the drainage of the lymphatic system. This type of lymphedema often develops due to the trauma caused infection, injury, skin problems, and by cancer treatments (especially when lymph nodes are removed or damaged by radiation therapy). One of the most common forms of lymphedema is **phlebolympedema**. This is caused by abnormal veins which leads to buildup of fluid in your legs which leads to damage to the lymph vessels!

Lymphedema most often occurs in the legs, but can also affect your arms, face, neck, stomach or genital area.

Signs and Symptoms of Lymphedema can include:

- Redness or brown discoloration of the skin
- Legs appear to be slightly different sizes
- Joints feeling tight and inflexible
- Puffiness or swelling in your legs
- Heaviness or feeling of “fullness” in the legs
- Skin tightness and/or burning or itching of the legs
- Thickness and tenderness of the skin

Lymphedema is almost always diagnosed by the symptoms and examination of your legs. An Ultrasound that looks at blood flow helps to find obstructions and to rule out other possible causes of swelling, such as blood clots.

Treatments include: the wearing of compression garments, manual lymphatic drainage (massage), and exercise. The latest treatment for lymphedema is called **FlexiTouch® Plus**. This system is clinically proven to stimulate the lymphatic system and allows you to self-manage lymphedema and nonhealing venous leg ulcers.

Unfortunately, lymphedema can become quite severe (and very serious) which is why early treatment is necessary to help reduce symptoms and keep the condition from becoming worse.

Lipedema is a disease caused by abnormal deposits of fat cells and primarily affects women. It can begin at any age but usually starts at the onset of puberty, during pregnancy or at menopause. Patients suffering from Lipedema complain of pain and swelling of the tissues of the legs, hips, and buttocks, a tendency to bruise easily and often that their skin feels as if there is “gravel” or “tiny, hard lumps” beneath the surface. Although we don’t know the exact cause of this disease, we do know that it often runs in families and is probably related to hormonal changes.

Symptoms of lipedema can include:

- Swollen legs (from the hips to the ankles)
- Legs that feel 'spongy' and cool to the touch
- Bruising easily in the affected areas is common

- Feeling as if there's something grainy or lumpy beneath the skin surface
- Although not always a symptom, pain when it occurs can become severe

Currently there are **no diagnostic tests** available for Lipedema and as a result it can often be misdiagnosed as obesity, lymphedema, or chronic venous insufficiency which makes getting effective treatment difficult. This is why is it important to have any leg pain or swelling evaluated by a doctor who is certified as a vein specialist by the American Board of Venous and Lymphatic Medicine (ABVLM).

Unfortunately, the fat deposits caused by lipedema won't be shrunk by simply dieting and exercising. **Regular exercise** in combination with an **anti-inflammatory diet** can help your symptoms. However, for some patients, **liposuction** is recommended for fat reduction, which can help to relieve pain and improve mobility.

Chapter 17: Veins in Other Places

Since you have over 50,000 miles of veins in your body, it makes sense that you can have problems with your veins in other places than just your legs. Here are a few other locations that we can treat.

Rosacea and Facial Veins

Do you experience adult acne, large pores, **blushing, flushing, or look red** when you've only spent a short period of time in the sun? Then you probably have **rosacea**, a skin condition that affects millions of Americans. Rosacea is considered to be a malfunction of the oil and sebaceous glands of the face. Triggers include stress, sun, alcohol, caffeine, extreme temperatures and spicy foods. Rosacea is very common as we reach adulthood so if you still get acne, even without redness, you could very well have rosacea. It can be worsened with moisturizers and people with rosacea also typically have "sensitive skin." Sensitive skin also tends to only occur in women.

The flushing and blushing associated with rosacea is more than just embarrassing. Every time you blush with rosacea, the blood vessels dilate more. change the texture of and thicken the skin while making bigger pores. Have you seen pictures of the 1930's actor and comedian, **W.C. Fields**? He had an extreme form of rosacea, a condition known as **Rhinophyma** which results in swelling of the blood vessels and sebaceous glands leading to the red bulbous nose.



Here are some rosacea treatments to consider:

- For all cases you must use a cleanser for oily skin, an exfoliant, DNA repair creams and avoid moisturizers.
- In the earlier stages: low dose antibiotics, sulfa topical creams and other creams which reduce redness and pimples. A mild retinol can improve the condition over time .

- In more severe forms, your best option is a **vascular laser like the**



Excel V designed to treat the blood vessels, sealing them shut so your redness is improved. This will also help reduce the flushing too. This is not a permanent solution, and you will develop more broken capillaries in the future.

Even if you don't have rosacea, you can have **broken capillaries on your face**. The Excel V vascular laser is an excellent treatment to seal



shut the vessels and even out your complexion. This same laser also works on blue veins on the lips too called **venous lakes**.



Blue Facial Veins near Eyes and on Forehead

Blue veins around your eyes or the raised frontal veins on your forehead (especially after a forehead lift) are a special case that usually cannot be treated with a laser due to their closeness to the eyes or depth of the vein. This is where sclerotherapy is used to seal those veins shut. Using a special technique to inject the veins, we can usually make them disappear in a single session. Unfortunately bruising is a common side effect of the treatment so you may have to use makeup to cover up during the healing process.



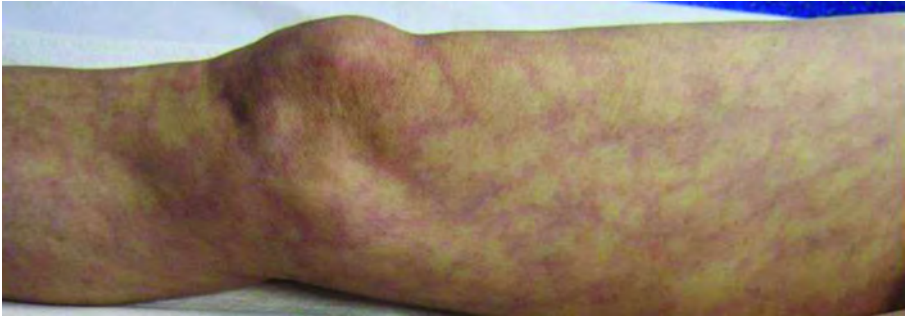
Body Veins

If your body has red dots that won't go away or bleed if you scratch them, then you probably have **cherry angiomas**. These are blood



vessels on end that look like a small blood blister. **Spider Angiomas** are blood vessels on end can branch out and look like a starburst. The Excel V vascular laser is the best treatment to seal shut the vessels and get rid of these spots. They will turn brown or black after the laser treatment and fall off in a week. The spots we get rid of do not grow back but unfortunately you'll probably grow more in the future.

If you have a chronic lacey pattern of fine red veins on your legs or body, it is usually a condition called **Livedo Reticularis**. This is usually due to genetics or the chronic application of heat or cold to an area. The skin develops these fine veins as a response to the “trauma” of the temperature. Unfortunately, it is permanent. In more acute cases there are many different causes including various diseases and medications.

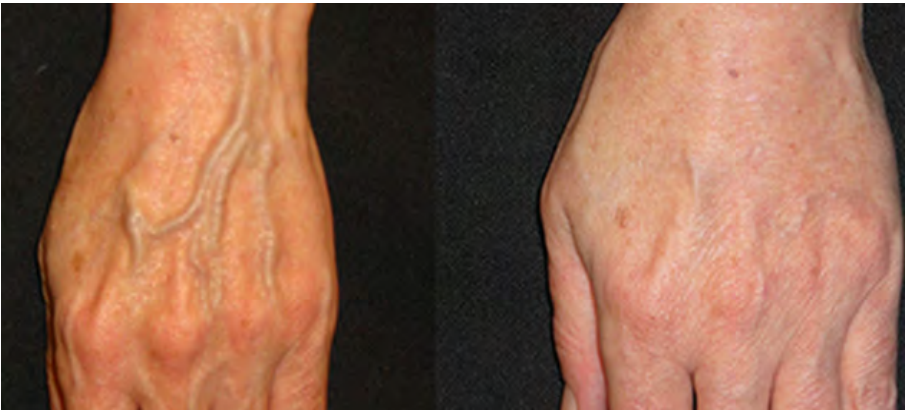


Vulvar Veins

Vulvar varicose veins occur in 10% of pregnant women, generally during the fifth month of pregnancy. They can be found on the labia majora and minora. Sometimes they extend downwards to the inner thigh. Most often they don't cause symptoms but pain, itching, pain with intercourse and discomfort during walking are possible. Clotting and bleeding are rare. Most women don't mention them since they are embarrassed and fortunately most vulvar veins disappear a month after delivery. However, some of these veins can remain after having the baby. During pregnancy, the treatment is supportive with compression garments. If the veins do not disappear after delivery, then sclerotherapy is the preferred treatment because it is very effective on these twisty veins. Usually a single treatment will make them shrink up to your satisfaction. The treatment is very well tolerated and feels like a single pinch in the area.

Hand Veins.

Many women tell me that they hide their hands or stop wearing their rings because of how “veiny” their hands look. Prominent hand veins are very common and show up because of aging, loss of fat, thinning skin, sun damage, and genetics. A simple in-office procedure to remove the veins combined with sclerotherapy (the gold standard for treating spider veins) is the easiest, most effective treatment for bulging hand veins. There’s very little downtime to this procedure though you might experience mild bruising and swelling for several days. Most patients see the difference immediately with continued



noticeable improvements in the weeks following, giving you smoother, lovelier hands. You may also want to add a filler to smooth out the hollows between the tendons on the back of your hands to give you back the most youthful hands possible.

Breast and Chest Veins

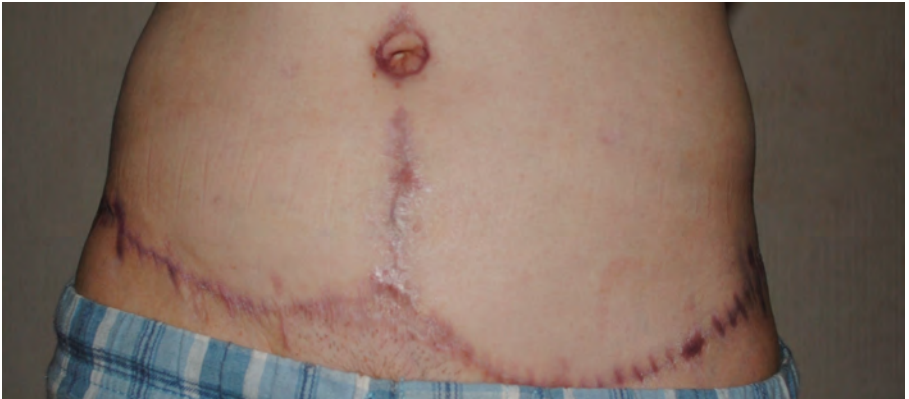
Blue veins on the breasts are very common in pregnancy and after



breast surgery. Sclerotherapy is the best option to seal the veins shut that won't go away after the baby is born or after breast surgery. A single treatment will usually make them disappear permanently.

Red or Purple Scars

Any surgery or trauma can induce your body to grow veins. **“Tummy tuck” scars** are the most common site for a red to purple vascular appearance to the surgical scars. The Excel V Laser helps to reduce this red appearance, bringing the color of the skin back to normal.



Chapter 18: Venous Leg Ulcers

Leg vein problems are responsible for at least 70% of leg ulcers. About 1% of Americans have venous leg ulcers and they're more common in older people especially women. If you are obese and or have had a previous blood clot then your risk is much higher. Most venous ulcers occur on the leg around or above the ankle.

What causes venous leg ulcers? The same problem with your veins that results in aching, throbbing, cramps and restlessness also leads to



swelling and the inflammation in the skin of the legs. This leads to rashes (**stasis dermatitis**). Also scarring of the underlying tissues can occur (**lipodermatosclerosis**). You may also see a brownish discoloration of the skin called **hyperpigmentation and hemosiderin staining** due to the leakage of red blood cells into the skin. A minor injury like scratching your leg can lead to the tear in the skin which can result in a nonhealing wound called a venous ulcer.

Venous ulcers hurt and have a burning pain and itching. Their appearance usually looks like a shallow sore with a red base, sometimes covered by yellow tissue with uneven borders. The surrounding skin may be shiny, tight and discolored. They ooze fluid, sometimes a lot such that the bandages need to be changed frequently.

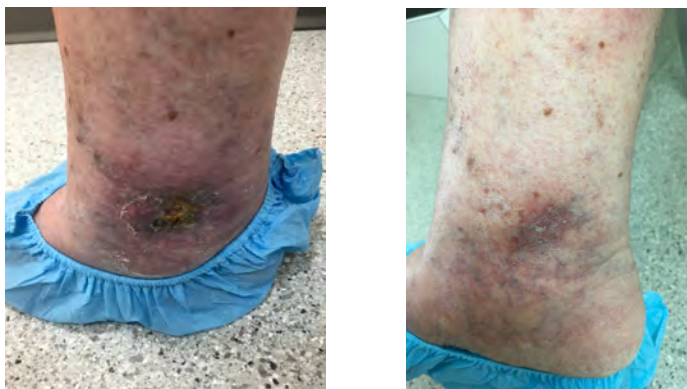
Diagnosis: The only way to see the underlying cause of a venous ulcer is an ultrasound of your veins in the standing position to check the veins leading to and under the ulcer. This tells your doctor what the correct treatment of the underlying veins should be.

Other causes of leg ulcers include blocked arteries (peripheral artery disease or PAD), diabetes, vasculitis, trauma, and cancer. Most ulcers caused by PAD or diabetes are located on the foot rather than the leg.

The initial treatment of venous ulcers is compression dressings. These are tight wraps of various bandages that squeeze out the excess fluid and prevent the abnormal blood flow in the underlying veins from leaking down into the ulcer area. The pressure should improve the blood circulation in your leg, boosting your body’s ability to heal the ulcer. Most ulcers heal after 4 months of compression treatment. However, some can take longer, and some may never clear up especially if the underlying veins are not treated.

In the past compression dressings were the only real treatment for venous ulcers. **However, we now know that treating the underlying veins allows venous ulcers to heal much faster** and greatly reduces the risk of recurrence. In fact I have healed venous ulcers in only 2 weeks for patients who have been going to a wound care center for over 2 years previously!

The treatment of the underlying varicose veins for ulcers is the same as for other varicose vein problems. **However patients with ulcers usually need a combination of Varithena and ultrasound guided foam sclerotherapy to completely heal their ulcers** in addition to endovenous laser ablation and phlebectomy.



Venous Stasis Ulcer – Before and After Treatment

Chapter 19: Wait! Will My Insurance Pay for This?

Upon your initial consultation with Dr. Dohner, he will focus on determining if you have a medical vein problem. If so he will then recommend a course of therapy to address your specific problems. After that we will contact your insurance company and supply them with the necessary information to preauthorize your treatment. This will make sure that your procedure will be covered and paid for by your insurance company. We work with all major insurance companies and know what their criteria is so that we can get your authorization done quickly and efficiently.

If your ultrasound and examination show you do not have venous reflux or insufficiency, then your spider veins are considered a cosmetic concern. There is no insurance company that pays for cosmetic spider vein treatments. If you are interested in having your legs look better, then we will discuss the very affordable cost of these treatments.

Chapter 20: FAQs

What are the non-surgical treatments for varicose veins?

If you choose not to undergo vein ablation and phlebectomy, you should consider wearing support or compression hose when you are on your feet, and elevating your legs above your heart whenever possible. These two techniques will lessen the severity of the symptoms for some people. However, the veins will continue to deteriorate as you age. There is a new FDA approved oral medication on the market to help varicose veins but the jury is still out on its effectiveness.

When can I go back to work after a treatment?

The time varies, depending on which procedure is necessary for you. If you have an office job then you should be able to return to work the next day. Even if you have physical work, you will not miss more than a few days. You can return to normal walking activities immediately after spider vein treatments. It is important that you remain active and walking immediately and in the days following your treatment.

What can I expect my leg to look and feel like after surgery?

For the first 8-12 hours following your procedure you will have no pain, due to the anesthetic. After that, some patients have experienced soreness in the area of the ablation or vein removal. Advil, Aleve or Tylenol will relieve the discomfort. Some patients experience a pulling sensation, due to vein shrinkage where it has been sealed shut. This will usually disappear within a week. Sometimes a numbing sensation occurs in the vicinity of the ablated vein. This is due to the surface veins having been stunned, and it, too, will be gone in a week or so. If you had a phlebectomy, sometimes little pieces of veins remain behind and feel like little lumps. You may massage them with a special cream developed specifically after vein surgery or spider veins call **Dermaka**. The lumps will smooth out and disappear in just a few months. If you had a vein removal you will be bruised in that region for a week or two.

Will I develop new veins?

There is a saying in Phlebology: “Vein disease is incurable, but it can be controlled”. You don’t stop going to the dentist after he fills your cavities and cleans your teeth; you visit him regularly to control any problems that may arise. Following your specialized treatments for varicose and spider veins, you should expect to be mostly free of the vein problem. Your legs should feel lighter, less fatigued, and free of swelling and pain. It is important to remember, however, that due to gravity, the aging process, and your genetic predisposition to vein disease, you may experience some minor reappearances of varicose or spider veins. The risk of recurrence is about 9% to develop new veins in the future.

Follow-Up Visits

Knowing that varicose veins tend to recur, it is advisable that you return to the New York Skin & Vein Center annually for an ultrasound examination that will help Dr. Dohner locate any new veins that are developing. This will minimize your chances of developing recurrent vein disease and its associated problems. Of course, if you spy a new vein popping up, you should make an appointment with Dr. Dohner as soon as possible.

Am I too old, or too young, to have my veins treated?

If you can walk for 20 minutes you can have the procedure. Age is no barrier. At the Center we have treated people of all ages -- from those in their 90’s to teenagers who were already experiencing vein problems.

What about any medications, including blood thinners, I take?

There are no medications including blood thinners that would prevent you from undergoing these procedures.

Are there any pre-existing medical conditions that will prevent me from having any of these procedures?

We have treated patients with diabetes, heart disease, high blood pressure, congestive heart failure, and strokes. Very few patients

probably should not have their veins treated: these include people with severe blockages in the arteries of the legs (PAD), and those who cannot walk for at least 20 minutes.

What about nighttime leg cramps, RLS, and neuropathy?

Vein disease can cause a tingling sensation in the legs, which will probably disappear after treatment. Nighttime cramps can also be a result of varicose veins. Restless Leg Syndrome (RLS) can be caused by varicose veins and we have seen many patients have their RLS cured after treating their veins. Neuropathy -- numbness, burning, and tingling, especially in the feet—can frequently be improved with vein treatment.

When can I go back to the gym?

The time away from the gym varies, depending on which procedure is necessary for your leg-vein disease, but it should not be longer than a week or two. You may use the treadmill and walk immediately after your procedures—this is important to do to avoid complications.

Where can I hear of someone's experience with the treatments?

Dr. Dohner's office can supply you with a variety of testimonials from patients who have successfully undergone the modern, state-of-the-art, vein-disease treatments that are now available.

What are the potential complications of the treatment of varicose and spider veins?

For **varicose veins**, a potential risk is an **Endothermal Heat-Induced Thrombosis (EHIT)**, which sounds scary but is very uncommon and can be treated with a short course of oral blood thinners. If this problem occurs, it is usually noted when you return to the office for a brief follow-up appointment one week after your treatment. At that visit an ultrasound is performed to be sure that this kind of clot has not formed. In fact because it is so rare, there are some medical authorities who believe screening for it after treatment is unnecessary. For patients who are at a greater risk of a blood clot, we will start a preventative blood thinner right after your vein procedure to reduce that risk.

If some of the surface nerves are tugged on when removing the surface veins you could feel a **numbness** in that area for a few months. If the ablated veins are close to deep nerves you could experience a numbing sensation in the inner ankle, leg, or back of the calf for several months. Sometimes this can be permanent.

In rare cases you could develop an **infection** of the skin after surgery. In very uncommon cases, removing the surface veins or lasering shut the feeder veins can actually stimulate some surface **spider veins** called **matting**. These can be treated with cosmetic sclerotherapy.

Ultrasound guided sclerotherapy risks include **migraine headaches**, sometimes caused by the foam. This does not occur if you have never had a migraine before. **Deep vein thrombosis** can be caused by the medication that is used to seal shut the surface veins. This is prevented by wearing your compression hose after the procedure and walking as per our instructions. **Visual disturbances, cough, chest pain, and transient ischemic attacks** have all been reported after foam sclerotherapy, but these are extremely rare.

Some of the potential complications for **spider vein treatment** include **Deep Vein Thrombosis**, but the chances of this are 1/50,000—about the same risk as getting hit by lightning. **Skin ulcer:** If the medication is injected mistakenly into the skin instead of the vein, an ulcer of the skin can appear. This only seems to have occurred in the past with the outdated and obsolete high-concentration saltwater sclerosants. **Matting:** Sometimes when a vein is injected it can stimulate small veins that look like a blush or a bruise. This usually happens if we miss injecting a feeder vein. The treatment of matting is finding and treating the feeder vein. **Hyperpigmentation:** The most common risk, this is a brownish discoloration of the larger spider veins that have been treated. This can occur up to 50% of the time, but it will usually disappear in a few months (although some hyperpigmentation can last up to a year). This risk can be reduced by wearing compression hose, avoiding sun exposure, and keeping your follow-up appointments with Dr. Dohner. At the follow-up appointments he will locate the trapped blood (old dead blood that remains behind in a vein that has been treated) and release it so that it won't cause the pigmentation.

Chapter 21: Choosing the Right Vein Specialist and the Questions You Should Ask

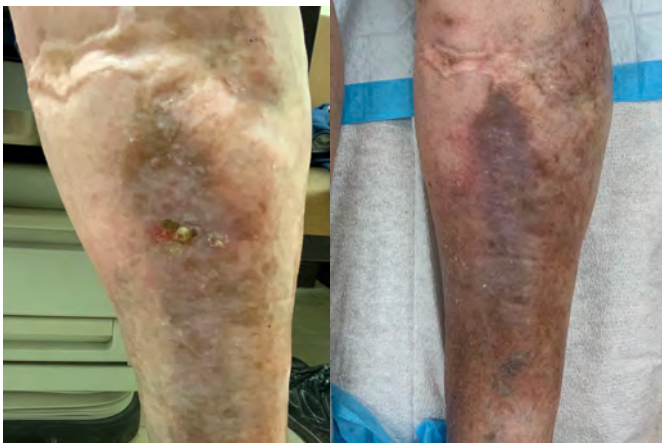
If you do have vein disease it is extremely important that you find a doctor who is an experienced expert in vein medicine (**phlebology**), and who has performed a substantial number of vein procedures. His office should be dedicated to the diagnosis and treatment of leg-vein disease—which includes ultrasound equipment and the ability to operate with local anesthetics—and equipped with state-of-the-art leg-vein technology. Your doctor must be well trained in the current modern breakthrough vein disease treatments. It is also recommended that you read the reviews, testimonials, and comments of patients who have already been treated by the vein doctor whom you are considering, and you might also ask him some questions about his certifications, knowledge, and experience.

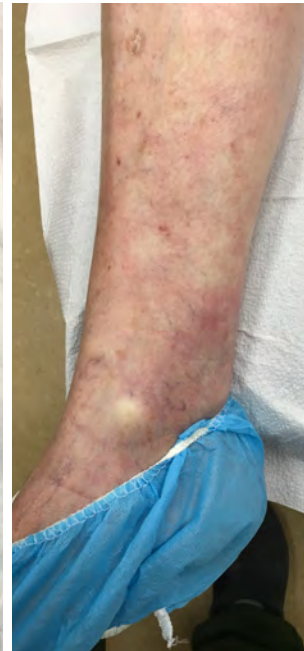
When you have found a vein specialist who is ready to treat your vein problems, you should ask some questions about his experience, education, and practice. Here are some examples:

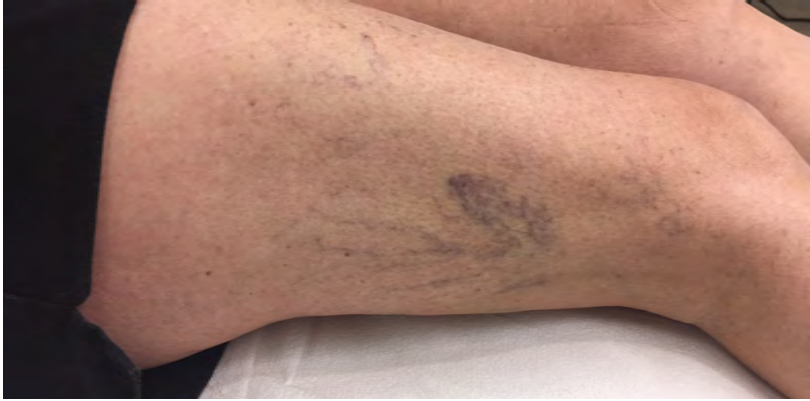
- What training do you have in phlebology?
- What percent of your practice do you devote to phlebology?
- Are you a Diplomat of the American Board of Phlebology?
- Are you board certified by the American Board of Venous and Lymphatic medicine?
- Is your vein center certified by a national organization?
- Are you a member of a professional phlebology and ultrasound society?
- Are you certified to use ultrasound?
- What procedures do you perform, how many have you done, and who actually performs the treatments?
- Will I need more than one procedure? Why, or why not?
- What complications have you seen with these procedures?
- What kind of follow-up will I need, and what should I do after the treatment to decrease recurrence of my varicose and spider veins?
- What is the cost of the procedures?

Chapter 22: A Picture is Worth a Thousand Words









Chapter 23: What Other People Are Saying

Dr. Dohner has treated many patients with leg-vein disease successfully. In fact, their experiences with varicose vein surgery have been so positive that they want to share them. Here are some of their comments:

“The friendliness of the staff has made me feel very secure about having the treatment done. I truly appreciate how fast my appointments were made and how quickly the staff got the surgery insurance approved. And I am so glad that now my legs don’t hurt at the end of the day. Dr. Dohner treats his patients with the utmost respect, and he is very thorough about making sure the treatments suit the patient. I will recommend him and the procedure to anyone I know.”

Barbara

“When the procedures were done, everyone made sure I was ‘warm and comfortable.’ If I experienced the least amount of pain, Dr. Dohner gave me more medication before proceeding. I value most the caring, attentive attitude of the staff and of Dr. Dohner, and I would certainly recommend his practice to others.”

Celia

“It’s always a pleasure to come to this office and find personnel who are smiling and friendly and have a sense of humor. I can now stand and visit with friends in a social situation without leg pain. Before the treatments I would have been looking for a place to sit down.”

Wanda

“The pain in my legs is gone. The procedure was not painful and I had no problems keeping up with the daily chores. The office people are very friendly and all the nurses and the doctor are great. My leg veins are no longer bothering me.”

Betty

“I am very happy with the results. I had been putting off having anything done to my leg because I was afraid of clots, etc. When it got

to the point that I had to do something, my Primary Care Physician suggested I see Dr. Dohner. My leg was in bad shape and now it is about 90% better, it doesn't hurt and it looks great. Everyone at the office has been very pleasant. The nurses were great and I was given great information before the procedure. Dr. Dohner was very professional, yet cordial and down-to-earth and I appreciate that in a physician. I am so happy that I decided to have the surgery and that I decided to have it done there. The results are incredible."

Pamela

"Dr. Dohner performed a vein procedure on both of my legs. I had been suffering with terrible leg cramps. Since the procedure, I haven't had one cramp. I am able to walk for an extended period of time. Because of the procedure, I feel like I've gotten my life back. There is no more pain."

Lawrence

"Dr. Dohner and his staff are very friendly. They make you feel at ease with surgery. My legs look and feel much better. There was a good explanation of the upcoming procedure and Dr. Dohner and his staff are willing to answer all of your questions. My legs look much better—and thinner. I have no more bulging veins and I feel comfortable wearing shorts again. My legs feel better. I have no pain or restlessness at night, and I sleep better. Great results!"

Sherri

"I was very happy to have the ugly green, ropey vein in my right leg removed after 30 years of sharp pain and aching in that leg. It's nice to put on shorts and not feel terribly self-conscious that my legs are unsightly."

Janette

"I'm 49 years old and live a busy life on a dairy farm, and I also work full-time as a nurse in a busy hospital. I was having a lot of leg swelling and pain and cramping in my legs. My legs had many visible varicosities, and despite medicine to reduce swelling, it wasn't working. My Primary Care Physician suggested I see Dr. Dohner. Since my treatments, the pain is gone and now I have only minimal

swelling. My legs look better without all the visible veins. Life goes by too fast, it's nice to do what I have to or what I want to and not hurt on a daily basis. Thanks for your help."

Beverly

"I want to thank Dr. Dohner and his staff for making the constant leg pain from the vein go away. It felt like a charlie horse all the time, and sometimes it felt like I wanted to cut that leg off. The courteous staff and professionalism used before, during, and after the surgery was very heartfelt."

Clay

"I immediately felt kindness, care, and concern for my wellbeing from all the professionals and staff members at Dr. Dohner's office. They put me at ease, and it was a very comfortable atmosphere. I no longer have terrible pain and cramps in my legs and ankles. I probably had restless leg syndrome. These problems had been going on for years and kept me up many nights. Now, I am finally out of that horrible pain and my ankles are not swelling up, making it easier for me to stay on my feet much longer. I cannot say "thank you" enough to Dr. Dohner and his staff for helping me with what I thought was a completely hopeless situation."

Marjorie

"Everyone is very warm and friendly. Dr. Dohner seems to care for his patients and his great sense of humor helped relax me. My legs look and feel so much better. They aren't as tired as they used to be at the end of the day, and my husband says they look fantastic!"

Deborah

"Even while I am still healing, my legs feel so much better. I had pains in my legs that I would not have connected with a varicose vein problem. My pains were gone immediately after the vein treatment."

Laura

"I had previously had a venous closure performed and I had to be put under anesthesia, which caused some complication. Within a year the vein had re-opened and was causing a great deal of pain. My

experience with Dr. Dohner allowed me to be awake during the procedure and to fully understand what was happening. Right away I noticed that my leg pain is less and I can actually see a difference in the veins. I had courteous attention at each visit. The doctor and the staff gave me full and detailed explanations of the procedures so I knew what to expect during and after them.”

Marie

“The whole experience was comfortable. Everyone is happy and very pleasant, and even during the surgery I was comfortable and very relaxed. I wasn’t as scared as I had anticipated, and my legs look great.”

Patricia

“Everything there made me so happy. Everyone is friendly, helpful, knowledgeable, and upbeat! The surgical experience is so unlike anything I’ve had in the past. People can’t believe I was awake for the procedure, and then I got up and walked away. I would prefer to do what I can to prevent future procedures, no matter how “easy” they are, and the staff was very forthcoming with their suggestions.”

Sherry

“Dr. Dohner made me feel very relaxed, and I felt no pain. My husband even felt I was being taken good care of because he heard me laughing during my surgery. I learned how important the veins in your legs are, and what problems they can cause if not taken care of. My circulation and swelling are much better now.”

Melissa

“Dr. Dohner did a wonderful job on my leg. He explained everything he was going to do, and I was in and out in 1½ hours. I went for a ½-hour walk after dinner, and then, a week later I left for a two-month trip. I am watching my other leg to see what happens, and next time I won’t wait so long to have the procedure. Dr. Dohner and his nursing staff go out of their way to help you. I can’t believe it’s so easy!”

Dolores

“Dr. Dohner and his staff made me feel very comfortable from the very beginning. They answered all of my questions. Everyone is very professional. My bulging veins are gone. My legs look and feel great. The office environment is pleasant and respectful.”

Donna

“Dr. Dohner’s office is a very pleasant atmosphere, and I had no pain during the surgery. I think the most important thing was that I should not have waited so long to have it done. The way my leg feels today is so much better than before the surgery.”

Tammy

“All of the staff are professional, caring & answer any questions you have. I am in process of having varicose vein laser surgery & I am very happy with Dr. Dohner & his staff. The office is very nice & pleasantly comfortable. I would recommend this office for vein surgery. I was back to my regular schedule the next day.”

Pat

“Appreciate the great service that Eric Dohner brings to the Binghamton area. He's a really great doctor with a lot of empathy. Lovey the front house staff assistant is great. She remembers all the little details about people and is very caring and a perfect fit for the healthcare industry. This is a very upscale office. It is not your typical Dr office environment. It is enhanced with gorgeous decor and you feel very comfortable upon entering.”

Bridget

Chapter 24: Final Thoughts: Go for It!

Imagine what an extra hour of energy each day would do for you from a physical, emotional, and financial point of view. This extra hour each day that you are not drowsy, tired, worn out, exhausted, and unfocused adds up to 365 hours a year — that's equivalent to an additional two weeks each and every year of well-energized and focused time.

Here at the New York Skin & Vein Center we will not only educate you on the dangers and complexities of varicose veins and spider veins—all part of leg-vein disease—but we can also help you in your battle with annoying leg pain, physical exhaustion and unsightly legs. Dr. Dohner and his valuable staff understand, through their experience, the importance of your good health, comfort, and confidence.

Together, the New York Skin & Vein Center team will help you achieve this exciting, reachable goal. And, you will regain those lost and painful hours in your day. In fact, you'll look and feel better, with a new, confident, and healthy life to look forward to.

Glossary of Terms

(A list of definitions of the words and procedures that you will find when you read this book. The terms are highlighted in **bold** type when they first appear in the main text.)

1064 NdYag Laser Treatment: The laser used for spider veins. This procedure, slower than sclerotherapy, is mostly used for the tiniest of veins, veins that don't respond to sclerotherapy, on patients who are highly allergic to any medications, or on those who are needle-phobic.

Ambulatory Phlebectomy: A surgical procedure that teases the bulging varicosities out of the leg by hooking them with a crochet-like instrument. This is done with a local anesthetic, and the tiny incisions or poke marks in the skin do not require stitches.

Chronic Venous Insufficiency (CVI): The abnormal backward flow of blood through the veins caused by leaky valves. This vein disease results in health-threatening problems when it occurs in the deep venous system, and varicose and spider veins in the superficial venous system.

ClariVein: System to treat varicose veins using liquid sclerotherapy medication along with a catheter inside the vein to painlessly scrape the inner lining of the vein to seal it shut. Because Clarivein doesn't require the use of energy (laser or radiofrequency), no anesthesia is needed

Corona Phlebectatica: The presence of abnormally visible blood vessels at the ankle with four components: "venous cups," blue and red telangiectasias (spider veins), and capillary "stasis spots." The presence of this is strongly related to the clinical severity of chronic venous disorders and the presence of incompetent perforator veins.

Deep Venous System: This large vein system in the center of your leg carries 90% of the blood back to your lungs and heart. The system is not touched in treatments of spider and varicose veins.

Deep Vein Thrombosis (DVT): A serious life-threatening clot that occurs in the deep venous system. It can move to the heart and block arteries to the lungs, causing a pulmonary embolism.

Endothermal Heat-Induced Thrombosis (EHIT): A clot that appears at the intersection of the treated vein and the deep vein. This risk is between 1/100 and 1/1,000. If an ultrasound reveals such a clot you will usually be given an oral blood thinner, which you will take for a week or two.

Endovenous Laser Ablation (EVLA):

A procedure in which the vein specialist uses a laser fiber to apply heat to the incompetent vein, usually either the great or small saphenous vein, that seals shut the vein, causing it to be absorbed by the body. This directs the blood to the normal veins.

Feeder Veins: Also known as reticular veins, these blue veins lie just under the skin and feed blood at high pressure into clusters of spider veins. When these veins become incompetent due to faulty valves, they significantly increase the presence of spider veins.

Compression Hose: Medically developed stockings that compress the veins in your legs. The highest pressure is at the ankle, and it decreases gradually as the hose moves up your leg. This makes it easier for your body to pump blood upward to your heart. The hose, which should be replaced after six months, is available in a variety of colors, fabrics, styles, and lengths.

Greater Saphenous Vein (GSV): A superficial leg vein, the longest vein in your body, which runs along the inside of your leg from your foot to your upper thigh. This vein carries blood back to your lungs and heart. Seventy percent of major varicose vein problems originate in the GSV, which is not, in fact, needed for proper blood circulation. When this vein's valves develop leaks, become incompetent, and cause reflux, the result may be painful varicose veins.

Incompetent Vein, Insufficient Vein: A vein that has developed leaky valves, causing blood to reflux and pool. This is a major cause of varicose veins and spider veins.

Laser Treatment: Intense electromagnetic radiation (light energy) which, when applied directly onto the spider vein, heats up and then seals the vein shut.

Lipedema: A disease caused by abnormal deposits of fat cells and primarily affects women.

Lymphedema: A type of edema or swelling caused by a build-up of lymph fluid (edema) in the fatty tissue just under your skin causing swelling and discomfort.

Matting: A small vein that resembles a blush or a bruise. This sometimes occurs when the sclerotherapy agent (sclerosant) is not properly injected into the feeder vein. Matting can be taken care of by locating and treating the feeder vein.

Musculovenous Pump: The calf-muscle pump, an ingenious feature that utilizes the tone and contractions in the leg's calf muscle to send deoxygenated blood up the legs to the lungs and heart.

Neuropathy: A numbness, tingling, and burning sensation, especially in the feet, which worsens at bedtime. This pain is frequently associated with diabetes and cancer chemotherapy. Interestingly, if you have both vein disease and peripheral neuropathy, treating the abnormal veins will usually greatly improve your neuropathy pain. Nerve testing of the legs helps with the diagnosis.

Perforator Vein: A bridge vein that connects the superficial veins to the deep veins. When the valves of perforator veins leak, the vein becomes incompetent, causing swollen and painful surface varicose and spider veins. Perforator veins are usually treated if they cause leg ulcers.

Phlebitis or Superficial Venous Thrombophlebitis: Inflammation, visible redness, and swelling of the walls of a superficial vein, caused

by a blood clot. Frequently the result of an injury or a prolonged car ride, this does not usually require anticoagulants.

Phlebology: The practice of vein medicine and surgery.

Reflux: The abnormal, sluggish, backward flow of deoxygenated blood *down* the legs, away from the lungs and heart, that causes pooling, bulging, and abnormal pressure. This is caused by chronic venous insufficiency (CVI), or vein disease, wherein the valves in the veins weaken and cannot close.

Reticular Vein: Flat blue-colored leg veins, also known as feeder veins, which lie just under the surface of the skin. If their valves become incompetent, these veins feed blood at excessive pressure back to tiny spider veins, causing pain and discomfort.

Sclerotherapy: A state-of-the-art treatment for spider and reticular veins. An injection into the abnormal vein irritates it, causing it to collapse, seal shut, convert to scar tissue, disintegrate and be absorbed by the body, thereby no longer able to create other abnormal veins.

Sclerosant: A chemical foam that is injected into the abnormal vein during sclerotherapy to irritate its lining, causing it to harden and disappear.

Skin Ulcer: In rare cases after sclerotherapy a blister may form, open, and become ulcerated. Healing occurs slowly over a few months, and some scarring may be visible.

Small Saphenous Vein (SSV): A superficial leg vein that runs along the back of the calf. The SSV is responsible for 10% of superficial vein problems.

Spider Vein (Telangiectasia): Tiny reddish or purplish veins, closely related to varicose veins, which are normally visible on the surface of the skin. Symptoms of spider vein problems are pain, burning, heaviness, itching, stinging, swelling, restlessness, and fatigue in the

legs. For the most part these veins are unrelated to reflux in the greater saphenous vein.

Superficial Venous System: The veins that are in the outer layer of the legs that carry 10% of the deoxygenated blood back to the heart and lungs. When these veins become incompetent they can cause varicose and spider veins, which must then be ablated by a vein specialist.

Telangiectasia: A spider vein.

Transient Hyperpigmentation: Discoloration, which occurs when the blood is trapped inside the vein after treatment has closed it down. This appears after sclerotherapy; it will fade on its own after four to 12 months, or it can be treated in an office visit.

Varicose Veins, or Varicosities: Enlarged, swollen, and often painful leg veins that can be visible just under the skin when they become dilated as a result of vein disease.

Varithena: Microfoam medication to treat the underlying cause of leg veins as well as surface varicose veins in certain situations. Treatment involves injecting the abnormal vein with Varithena using ultrasound to guide the injection. No anesthesia or downtime is required.

Vein Disease: Chronic Vein Insufficiency, caused by leaky valves in the superficial or deep venous system. It is successfully treated with ablation, phlebectomy, and sclerotherapy procedures.

VenaSeal: System to treat varicose veins, using medical grade superglue. During treatment a small catheter is inserted into the diseased vein and tiny drops of glue are applied down the length of the vein.

Venous Stasis Ulcer: A breakdown in the skin as a result of vein problems—usually painful and surrounded by a brown stain on the skin. These are chronic in nature and very difficult to treat unless you treat the underlying vein problem.

The Healthy Legs Complimentary Consult

Are You Ready to Get the Healthy, Good Looking, Pain Free Legs You Deserve Now?

I am offering a complimentary consultation to the readers of my book to guide you in your journey to get back the legs of your youth. Learn how together we can treat your leg veins and spider veins. Based on my decades of experience, I'll give you the insider lowdown on what works and what doesn't! I'll be honest with the results you can expect and tell you if you don't need any treatment.

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Get the Healthy, Good-Looking, Pain-Free Legs You Deserve NOW



Dr. Eric Dohner

The Definitive Guide to Overcoming Leg Pain: Modern treatments of varicose and spider veins

Dr. Eric Dohner is widely recognized as the expert in Upstate New York State for helping people with leg and vein problems. In his new book, *“Get the Healthy Good Looking Pain Free Legs You Deserve Now”*, Dr. D lays out the problems that veins cause and how to get them fixed for life.

Just a few of the things you’ll learn in this easy to read, easy to understand book include:

- What is making my legs **hurt and look so bad**?
- What are the **differences** between **varicose veins** and **spider veins**? **AND** how do I know if I have them?
- **Why** did I get these veins?
- The **hidden dangers** of varicose veins: What most doctors don’t know.
- I didn’t know my **Leg Cramps and Restless Legs** were caused by abnormal veins: The **little-known** symptoms of varicose veins.
- What do I **gain** by having my veins fixed?
- Getting **rid** of the spider veins.
- Are there other causes of **leg pain**?
- Wait! **Does my insurance pay for this**?
- **Five tips** for keeping your legs healthy.
- **Twelve Questions** you should ask your vein specialist.

This New Edition answers your questions about the New Treatments for Varicose Veins including Varithena, ClariVein, and VenaSeal. Also included are new chapters about leg ulcers and abnormal veins in other places on the body.

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