Health complaints in the lower extremities may often appear to be minor or age related. They may also seem purely cosmetic or merely the result of general exercise capacity. But they are frequently due to a more serious medical issue of the veins or vasculature. Patients may be experiencing a significant, progressive condition—and need the care of a comprehensive service that can address both the broader internal and the surface-visible issues of a variety of circulatory maladies that can occur in or affect these areas.

Lourdes has a newly reorganized resource for these very needs. The Vein & Vascular Experts coordinate cardiologists with vein and vascular expertise in a single program for addressing disease of the vessels and its manifestations, particularly in the lower extremities.

“Edema is typically what we see first, and it can have many causes,” said Adam Levine, DO, FACC, FSCAI, a Lourdes interventional cardiologist. “We start by giving the patient a comprehensive look, to make sure that we are not missing any cardiac problems that could be the basis for more obvious vein issues.”

**Endovenous Closure Procedures Improve Vein Treatments**

Swelling in the legs is a typical presentation, but even an ulcer may be inadequately attributed, for example, to diabetes. The vein team can use CT, MRI, ultrasound, angiography or venography to get to the cause, which is frequently great saphenous vein (GSV) reflux. In such cases, the Lourdes team emphasizes thermal ablation via laser or radiofrequency catheter inserted through a small puncture, as well as newer approaches like polidocanol injectable foam.

Collapsing the vein in this way eliminates the backward flow of blood from venous reflux disease that causes veins to expand, leading to fluid retention and discomfort. Of course, such symptoms may also come from peripheral arterial disease (PAD). When medications are inadequate for this condition, the experienced vein team can perform an angioplasty via the femoral artery with placement of a drug-coated stent.

With such same-day catheter-based interventions, patients may walk out of the procedures and almost immediately return to their daily activities. Recovery is rapid, with no scarring and minimal post-operative pain. Visual results can be immediate. The Lourdes team addresses deep vein thrombosis with anticoagulant medications and compression therapy when possible. In a small portion of cases, surgery may be necessary to place an inferior vena cava filter.

**First Things First in Cardiovascular Plan**

“Again, though, we aren’t just treating the legs here, but looking at the overall cardiovascular status of the patient,” said Lourdes interventional cardiologist Ibrahim Moussa, DO, FACC, FSCAI, RPVI. For example, the team might see a patient for varicose veins and discover that he or she suffers from heart failure that needs primary treatment. The specialists also collaborate with the Wound Healing Center at Lourdes Medical Center of Burlington County, conducting vascular screenings and interventions. With the relationship of PAD to coronary artery disease, a patient, for instance, with a nonhealing foot wound might be determined to need bypass surgery or, similarly, a stent in the pelvic circulation.

“If they are present, we seek to fix primary causes of CV problems as the first step in the treatment plan,” said Dr. Levine.

Unexplained edema can often mean venous disease.
Nonthermal Ablation Also Popular for Cosmetic Concerns

Whether their cosmetic vein concerns are connected to more serious vascular or cardiac conditions or not, patients are often willing to pursue solutions to the appearance or discomfort issues that cosmetic problems present. Providers in a variety of specialties may have experience with, and offer, phlebology, but cardiologists and vascular specialists are particularly qualified to deliver today’s catheter-based procedures for vein conditions.

Varicose veins are a common complaint, as are the related challenge of spider veins (less than 3 millimeters in size—the thin, red, purple or blue capillaries that sometimes surround varicose veins. The saphenous vein is often the target, but prominent, unsightly veins are not restricted to the lower extremities and may affect the face, hands, breasts and other areas.

Ablation, through endovenous closure, to shut off and shrink these veins is again the preferred approach. For cosmetic conditions, nonthermal ablation is particularly popular. These are likewise brief office procedures that spare patients much postoperative pain and recovery compared to previous vein stripping, and that enable them to go home and resume normal activities quickly. Ultrasound also guides evaluation and treatment for these procedures.

Non sclerosant closure using medical adhesive that seals down the vein lumen is another option for cosmetically abnormal veins.

• Improved methods of sclerotherapy serve to irritate the lining of the errant vessel, causing it to swell and stick together. Over several weeks or months, the vessel turns into scar tissue that retracts and fades from view. Foam sclerosants and new-and-refined catheters for delivering sclerosants are two advances in use today.

• Phlebectomy remains an option that has also improved. “In-office microphlebectomy is a great minimally invasive approach for residual veins that are too twisted or too close to surface for catheter treatment, or are too large to treat with sclerotherapy,” said Lourdes vascular specialist Adam Levine, DO, FACC, FScai. The veins are removed percutaneously and the wound is closed with surgical glue.

Because of the connection of cosmetic cases to medical issues, patients still need to receive complete cardiovascular evaluation and care, however, regardless of the initial complaint.