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Keeping In Circulation

the official newsletter of the Vascular Disease Foundation

our mission

The Vascular Disease Foundation's mission is "To reduce the widespread prevalence and effects of vascular diseases by increasing public awareness of the benefits of prevention, prompt diagnosis, comprehensive management and rehabilitation."

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Vain About Veins?

If you're over 40, you probably see them — those little purple veins that suddenly seem to appear on your legs. They make us realize we are getting older. Are we just being vain about our appearance, or are they a serious problem? Let's look first at what veins are.

Veins are soft, thin-walled tubes which enable the return of blood from the legs and arms to the heart, against the forces of gravity. This is possible by the presence of valves inside that allow forward flow but not backward flow. Your legs and arms have two major types of veins: superficial and deep. The superficial veins are near the surface of the skin and often you can see them. The deep veins are near the bones and are surrounded by muscle. Connecting the deep and superficial veins are the perforator veins. Contraction (squeezing down) of the muscles in the arms and legs through exercise helps with blood flow in the veins.

Varicose veins are large, bulging surface veins, felt under the skin, generally larger than one-eighth inch in width, and usually located at the inside part of the calf or thigh. They develop due to weakness of the vein wall and because the valves no longer work. Under the pressure of gravity they continue to expand and, in the course of time, they may become longer, twisty, pouched, and thickened.

Spider veins or *teleangiectesiae* are tiny, dilated veins that you cannot feel, and are usually located at the surface skin layers. Veins that are larger than spider veins but smaller than varicose veins are called reticular veins.

Varicose Veins Are Very Common

Vein problems are among the most common chronic conditions in North America and Western Europe. They are less common in the Mediterranean Basin, South America, India, and even less so in the Far East and Africa. In one study from southern California, vein problems were present in 33 percent of women and 17 percent of men, without racial or ethnic differences. Varicose veins were almost as frequent in women as in men; however, spider veins were more frequent in women. A large U.S. survey, the Framingham study, reported that 27 percent of the American adult population has some type of vein disease in the legs. It is estimated that at least 20 to 25 million Americans have varicose veins.

Symptoms of Varicose Veins

Varicose veins may be entirely symptom-free and cause no health problems. Treatment in such cases is cosmetic. When symptomatic, varicose veins may cause ankle and leg swelling, heaviness or fullness, aching, restlessness, cramps, and itching. Varicose veins are more often symptomatic in women than in men. Signs of chronic venous disease include skin discoloration (usually rusty brown) and loss of

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Vain about Veins? (cont. from pg. 1)

the softness of the skin and tissue in the ankle area (induration). Itching is perhaps the most consistent symptom of varicose veins in men. Women most often complain of leg heaviness, fullness, and aching.

Risk Factors for the Development of Varicose Veins

The most important factors leading to the development of varicose veins include:

- Heredity
- Prolonged standing
- Increasing age
- Heavy lifting
- Prior superficial or deep vein clots
- Female gender
- Multiple pregnancies

Less physical activity, higher blood pressure, and obesity have also been linked with the presence of varicose veins in females.

Causes of Varicose Veins

The causes of varicose veins may be primary, secondary, or congenital (from birth). Varicose veins of primary cause develop as a result of a weakness in the wall of the vein. Varicose veins can have a hereditary factor and often occur in several members of the same family. Varicose veins that develop after a trauma or a deep vein clot are of secondary cause. Congenital varicose veins are due to flaws in the natural development of the venous system, and usually are part of a vascular malformation in the limb with which the child was born. (See *Keeping in Circulation*, Fall 2004, Volume 4, Number 3.) In addition to varicose veins, these individuals may also have an enlarged and longer limb and often have birthmarks (port-wine stains), as in Klippel Trenaunay Syndrome (KT Syndrome). Regardless of cause, defective valves may cause venous blood to stagnate in the leg, leading to high blood pressure in the vein. This may result in further enlargement of the varicose veins, increasing the likelihood of symptoms as well as complications such as skin changes and ulcers at the ankles. Blockage of the veins in the pelvis may severely aggravate the effects of varicose veins, thus requiring a separate treatment.

Diagnosis of Varicose Veins

The diagnosis of varicose veins is made primarily by physical examination. The accuracy of physical examina-

tion is improved with the aid of hand-held Doppler ultrasound. The most accurate and detailed test is duplex ultrasonography. This test enables an ultrasound image of the vein to detect any venous blockage caused by blood clots, and to determine whether the blood is flowing well and whether the vein valves are working properly. Measurement of the venous function of the leg may be obtained with other tests such as plethysmography.

Complications of Varicose Veins

Without treatment, varicose veins may cause pain or aching, leg swelling, skin color changes, hardened skin and subcutaneous tissue (lipodermatosclerosis), and eczema. In advanced cases, breakdown of the skin may cause bleeding from varicose veins and large varicosities may develop blood clots, a condition called superficial phlebitis or thrombophlebitis. Patients with varicose veins may also develop chronic skin ulceration around the ankle.

Treatment of Varicose Veins

The treatment of primary varicose veins may be conservative, minimally invasive, or invasive, depending on the extent of the varicosity. Prescription elastic compression stockings may reduce the symptoms of varicose veins, prevent leg swelling, and decrease the risk of blood clots. However, in hot environments the use of elastic stockings may be impractical. Sclerotherapy (injections of the veins), entailing injection of a sclerosing solution into spider veins, reticular, or small varicose veins, is a minimally invasive outpatient procedure. This blocks the veins that are not working. The best results are in legs with localized areas where the valves do not work.

Ambulatory phlebectomy is also a minimally invasive outpatient procedure that can be performed under local, epidural, or general anesthesia. Varicose veins



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You CAN Heal Venous Ulcers!

Ulcers. The word brings to mind an ugly image for most of us. It is a breakdown of tissue in the stomach lining or on the leg. For venous leg ulcers, the most common cause is venous stasis disease. The good news is that most venous ulcers can be healed with compression and good wound care.

What Causes Ulcers?

Your feet and legs need good blood circulation to stay healthy. This circulation is a system of vessels within your body that carries blood to your legs and feet and then carries it back up to the heart, which pumps it back out again. Arteries are the blood vessels that carry the blood to, and veins carry it away from, your feet and legs. Blood must flow from the feet and legs uphill against gravity by two primary means. The calf muscle in your leg contracts and squeezes blood out of the foot and lower leg. Additionally, veins have one-way valves to prevent the blood from flowing backwards. Sometimes these one-way valves no longer work properly or the vein becomes narrowed causing the blood to collect or pool in the lower legs. When the valves fail to work properly, pressure builds up from the pooled blood, small vessels stretch and leak fluid, causing swelling. After a while, the skin may break down and an ulcer may form. The ulcer often occurs on the inside surface of your leg just above the ankle. The shape is usually irregular and it can have a red or yellow color to it. There is usually swelling in the lower leg area and often brown stains, which occur when the blood leaks into the tissue. If you have a leg ulcer, lie down and position your feet so they are elevated six inches above the level of your heart. Use pillows or the arm of the couch to elevate your feet. If the pain stops, it is probably a venous ulcer.

Venous disease usually occurs as a person gets older. Women have been found to get the disease more often than men. Venous ulcers may cause a lot of pain. Your life may change because of decreased mobility and sometimes you may not be able to work. Ulcers can be difficult to treat and this is not a time for home remedies. It is very important to see a vascular specialist or wound care specialist if you have pain or swelling in your legs and feet and if you have an ulcer. Do not wait and see if the problem goes away on its own. The earlier treatment is started, the earlier it can be healed, which keeps the ulcer smaller and lessens the pain.

How Are Ulcers treated?

A venous leg ulcer is a symptom of underlying venous dis-

ease, so treatment must be directed at improving venous blood flow. If you understand what is going on and become active in prevention or treatment, you may heal the ulcer(s) and have some control over your condition.

Compression to the legs is the standard treatment. It is used to increase healing of venous stasis ulcers by improving the blood supply and reducing swelling. There are numerous types of compression wraps available. Some are elastic, others are not. Some are applied in a single layer; others are applied in multiple layers. The manner of application depends on the type of wrap used. Different amounts of compression are provided by different compression wraps. Once healed, you must continue to use compression to keep the ulcer from returning.

Non-elastic compression bandages. Unna's boot has been around for over 100 years. It is applied moist and usually contains a zinc oxide base (sometimes with calamine) to moisturize and reduce itching to the leg. It is covered with another bandage for pressure, usually an Ace wrap or Coban. The Unna's boot forms a rigid tube that causes enough pressure to push blood up the leg as the leg muscles pump when you walk. The pressure also helps reduce swelling. It is usually applied once or twice a week. Non-elastic compression also comes in a device with straps that wrap around the leg and fasten with Velcro.

Elastic bandages are stretched when applied and cause constant pressure, whether walking or at rest. The bandages come in moderate and high compression. Some provide compression with one layer; others have multiple layers to wrap around your foot and lower leg. To help you know how much to stretch the bandage, some of them come with easy-to-follow markings. High-compression elastic bandages have heavier elasticity. They may be applied by themselves or over another bandage used for padding. You may be instructed to wear the bandage for a whole week or you may be permitted to take it off at bedtime and reapply it first thing in the morning.

Moderate-compression elastic bandages aren't as strong when stretched, but they apply compression even after the swelling has gone down. They are usually part of a compression system with other layers. There are a number of different moderate-compression bandages on the market. If you aren't able to apply and remove your own bandage every day and you need 24-hour compression, this might be the best bandage for you.

The compression bandage should be applied from toes to knee. The greatest amount of pressure is at the foot and

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Have Fun and Support VDF!

With spring at our doorsteps, now is the time to plan a fun summer event that could help the Vascular Disease Foundation. We hope to have an event in every state this summer and we're betting that you're willing to help. Organize your club or friends to do something fun while raising money for the Foundation. For example, host a bingo, bunco, or bridge tournament and ask everyone to pay an entry fee. Part of the fee can pay for prizes and you can donate the rest to the Vascular Disease Foundation. A brochure with more ideas is available. Please contact us for a copy. Here are more ways you can help:

- ✓ Bingo or bridge tournaments
- ✓ Mulligans for VDF
- ✓ Bake sale
- ✓ Golf games or tournaments
- ✓ Walkathon
- ✓ Potluck dinner

Don't forget that we'll help, too. We can supply newsletters and brochures, and we will post your event on our Web site. Contact us to find out how to obtain VDF logo pins and shirts to use as door prizes. We also have thank-you gifts for those who organize these fundraisers. And, we will include information about your event in a future newsletter (don't forget your camera and then send us pictures from your event). So, have fun in your own way and help the Vascular Disease Foundation at the same time. We're counting on you!

We've Moved!

The Vascular Disease Foundation has moved to a new and larger office space.

Make note of our new address and phone numbers:

**1075 South Yukon St.
Suite 320
Lakewood, CO 80226**

**T: 303-989-0500
F: 303-989-0200**

Our Web site, e-mail address, and toll free numbers remain the same:

**www.vdf.org
info@vdf.org
866-PAD-INFO
888-VDF-4INFO**

MORE ABOUT PHYSICAL THERAPY, PAD, AND MEDICARE/INSURANCE REIMBURSEMENT

The winter 2005 issue of *Keeping in Circulation* included an article entitled "Peripheral Arterial Disease: Benefits of Physical Therapy," written by Janis Stradley, DPT. After publication of the article, we received questions about Medicare and other insurance coverage for physical therapy for PAD.

We corresponded with Dr. Stradley, who wants to offer hope and encouragement for people to seek physical therapy for PAD. According to Dr. Stradley, "Physical therapy IS reimbursable by Medicare and the other PPOs that we normally see in our clinic (Blue Shield, Blue Cross, Health Net, etc.). These patients have many functional impairments, not just walking. Also, safety and balance are issues for these patients, as PAD patients have double the rate of falling as compared to age-matched controls (research from Andrew Gardner, PhD). I have not had any difficulty getting reimbursed from either Medicare or private payers." Dr. Stradley also noted that the diagnosis on the prescription for physical therapy should be claudication.

Since insurance policies vary, check with your health insurance provider to verify coverage of this beneficial treatment.

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For a FREE subscription to *Keeping in Circulation*, call **888-VDF-4INFO** toll free or write to the:
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If your company would be interested in sponsoring an upcoming issue of *Keeping in Circulation*, contact info@vdf.org.

Excellence in Care

Congratulations to our new honoree!

ADNAN I. QURESHI, MD

Dr. Qureshi was nominated for the Excellence in Care Award by Yousef Mohammad, MD, MSc, Assistant Professor, Department of Neurology at Ohio State University, University Medical Center. In his nomination letter, Dr. Mohammad wrote, "Dr. Qureshi has made important contributions to management of patients with stroke, one of the most prevalent vascular diseases in our society. Dr. Qureshi has established a state-of-the-art stroke center at the University of Medicine and Dentistry in Newark, New Jersey (UMDNJ)." Dr. Mohammad included in his nomination letter a story about one of Dr. Qureshi's patients, who was so impressed with her care that she sent a letter to the editor of the *Star Ledger* as well as to New Jersey Governor McGreevey.

The patient wrote, "On June 8, 2004, I was visiting your state and suffered a stroke. I was very fortunate to be in New Jersey and in Essex County that day. I was rushed to University Hospital in Newark where the Stroke Team set up by Dr. Adnan Qureshi was immediately available to promptly assess and treat me. Today I am back at work carrying out my normal daily routines with no loss of function, due to the rapid, appropriate, professional, and compassionate care."



Dr. Qureshi is a Professor of Neurology and Director of the Stroke Center at UMDNJ. He is widely recognized for his numerous studies and publications on the diagnosis and treatment of cerebrovascular diseases and disorders.

To nominate a health care professional, simply send us a note or e-mail with your tax-deductible donation stating whom you are honoring and why they deserve the recognition. Checks or credit card charges of any amount are accepted. Be sure to identify the honoree's name, address, and phone number so we can let them know of this honor. Also, send us your name and address so we can thank you as well! Find out more by contacting the Vascular Disease Foundation toll-free at 1-888-VDF-4INFO.

ANNOUNCING NOMINATIONS FOR THE 2005 AWARD

Julius H. Jacobson II, MD, Award for Physician Excellence

In 2004, through a donation by Dr. Julius H. Jacobson II, the Vascular Disease Foundation initiated the Julius H. Jacobson II, MD, Award for Physician Excellence. The 2004 award was presented to Dr. Frank Veith. Thanks to the continued support of Dr. Jacobson, VDF is now accepting nominations for the 2005 award through August 31, 2005. For information on criteria, please contact the Vascular Disease Foundation.

Dr. Jacobson is considered to be the pre-eminent pioneer in microsurgery. After earning a master's degree in cell physiology at the University of Pennsylvania, he graduated from the Johns Hopkins School of Medicine and served his residency in general and thoracic surgery at New York's Columbia-Presbyterian Hospital. He then became director of surgical research at the University of Vermont, where his earlier experience with microscopes led him to become the first surgeon to bring a microscope into the operating room for the entire range of surgery beyond the eye and the ear. Dr. Jacobson's work led to such advances as coronary artery surgery and limb re-implantation. It is estimated that today one-half of all neurosurgical operations utilize microsurgical techniques. Dr. Jacobson also developed the first microscope that allowed the surgeon and first assistant to view the operative field simultaneously. This "dipliscope" is now in the collection of the Smithsonian Institution.

Contact the Vascular Disease Foundation at 1-888-VDF-4INFO or www.vdf.org

Help the SAAAVE Act

VDF supports the SAAAVE Act, which is now before Congress. This law provides for a one-time screening for abdominal aortic aneurysm (AAA) for individuals who are at risk for AAA and who are beneficiaries of Medicare. SAAAVE stands for Screening Abdominal Aortic Aneurysms Very Efficiently. The Act directs Medicare to cover AAA screening. AAA is one of our nation's most preventable but often neglected conditions, taking approximately 15,000 American lives every year. VDF is a member of the National Aneurysm Alliance, which worked to get this bill before Congress. Congressional support is now needed for successful passage of this Act. You can help! **Send a letter or postcard to your U.S. Representative and Senators, asking them to support the SAAAVE Act (HR 827).** It takes only a few minutes and three stamps! See the attached box for a sample letter. Contact us if you have any questions.

AAA is an abnormal expansion of the abdominal portion of the aorta, the largest artery in the body. This expansion can lead to an arterial rupture and cause severe internal bleeding. If the artery ruptures, the survival rate is less than 15 percent. AAA is one of the most preventable common causes of death because it is highly treatable and curable in 95 percent of men and women when detected before rupture occurs. Like other preventive measures, aneurysm screening will ultimately result in a cost savings to the Medicare program because the cost of routine screening pales in comparison to the cost of rehabilitating victims who may survive a ruptured aneurysm.

Sample Letter

[Today's Date]

The Honorable [First Name, Last Name]
Address
Washington, D.C. [Zip]

Dear Representative/Senator [Last Name],

As a constituent, I am writing today to urge you to join as a co-sponsor and support the SAAAVE Act (HR827). Passage of the SAAAVE Act will save lives and money by providing Medicare funding for important screening for abdominal aortic aneurysm (AAA). Every year nearly 15,000 Americans die from AAA. This is a preventable condition.

The SAAAVE Act is important to me and I strongly encourage you to support this life-saving Act. We need to act quickly, before others die needlessly of ruptured AAAs that could — and should — have been prevented.

Sincerely,

[Your Name]
[Your Address]
[Your City, State, ZIP]

MAILING LIST MAINTENANCE

Are you receiving two copies of *Keeping in Circulation*? Do we have your name misspelled or is part of your address incorrect? If so, please let us know so that we can update our mailing list. Help us to reach more people by keeping our subscription list accurate and up-to-date. To notify us of address corrections or to be added to our mailing list, please drop us a postcard, call 1-866-723-4636, or send an e-mail to info@vdf.org.

MAY IS NATIONAL STROKE AWARENESS MONTH

Every year, more than 750,000 Americans experience a stroke, and one-third of them are under the age of 65. Stroke is the third leading cause of death in the United States, yet up to 80 percent of all strokes may be preventable with proper attention to medical and lifestyle risk factors. It is never too late to start taking action to lower your stroke risk. Be sure to ask your doctor, “Am I at risk for stroke?”

Do you know the symptoms of stroke? Here are the five most common stroke symptoms:

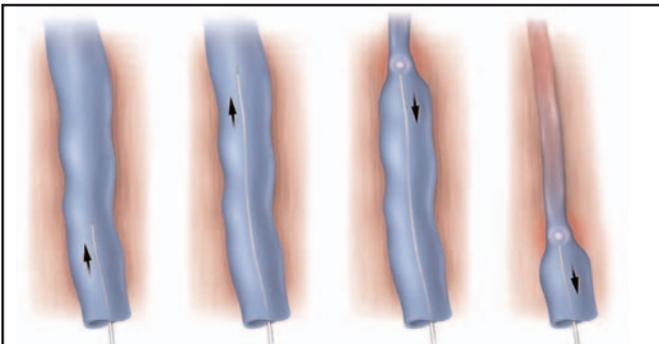
- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Call 911 if you see or have any of these symptoms. Treatment can be more effective if given quickly. Every minute counts! For information, visit www.stroke.org or call **1-800-STROKES (800-787-6537)**.

Vain about Veins? (cont. from pg. 2)

are removed with small hooks, by tiny skin incisions. Stitches are not used, and the tiny incisions are pulled together with fine paper-tape. Recovery is brief and uneventful.

Venous stripping is the standard treatment for bad valves in the great saphenous vein, the largest surface vein, which goes down the inner side of the leg. Usually the thigh part of the great saphenous vein is stripped (removed). After stripping, multiple fine, skin incisions are made to allow removal of the varicose veins. The entire surgery is safely performed under general, epidural, or local anesthesia.



A new procedure using a laser or radiofrequency technique involves placing a catheter into the saphenous vein through a tiny incision in the knee. The tip of the laser fiber or radiofrequency probe is advanced in the vein through the groin and the vein is sealed by heat with the device. The blood then flows through the

remaining open veins properly returning back to the heart. This technique avoids the surgery of the saphenous vein stripping. Varicose veins still need to be treated with ambulatory phlebectomy or sclerotherapy.

What You Can Do:

You can't do anything about your heredity, age, or gender. However, you can help delay the development of varicose veins or keep them from increasing.

- Be active. Moving leg muscles keeps the blood flowing.
- Keep your blood pressure under control. Work with your doctor.
- Give your legs a break! Lie down and raise your legs at least six inches above the level of your heart. Do this for ten minutes a few times each day.
- Strive for a normal weight.

About the Authors: *Konstantinos Delis, PhD, FRCSI, is the Marco Polo Fellow of the European Society for Vascular Surgery currently at the Mayo Clinic in Rochester, Minnesota.*

Peter Gloviczki, MD, FACS, is Professor of Surgery, and Chair, Division of Vascular Surgery, and Director, Gonda Vascular Center, Mayo Clinic, Rochester, Minnesota. Dr. Gloviczki is also president of the Vascular Disease Foundation.

Photos in this article courtesy of Diomed, Inc.

Carotid Artery Disease Can Lead to Stroke

Carotid artery disease, a common vascular disease, is also one of the most common causes of stroke. In fact, more than half of the strokes in the United States occur because of carotid artery disease.¹ It is the narrowing or blockage of the arteries that are located on each side of the neck and carry oxygen-rich blood away from the heart to the head and brain. The process that blocks these arteries (atherosclerosis) is basically the same as that which causes both coronary artery disease and peripheral arterial disease (PAD). The slow build-up of plaque (which is a deposit of cholesterol, calcium, and other cells in the artery wall) is caused by high blood pressure, diabetes, tobacco use, high blood cholesterol, and other modifiable risk factors. Over time, this narrowing may eventually become so severe that a blockage decreases blood flow to the brain and may tragically cause a stroke. A stroke can also occur if a piece of plaque or a blood clot breaks off from the wall of the carotid artery and travels to the smaller arteries of the brain.

The brain survives on a continuous supply of oxygen and glucose carried to it by blood. Cells deprived of

fresh blood for more than a few minutes will be damaged, a condition known as “ischemia,” or the brain cells may die, a condition known as “infarction.” When blood flow to the brain is blocked, the result is sometimes called “an ischemic event.” This could be a stroke, which is a permanent loss of brain function, or a “transient ischemic attack” (TIA), which implies a temporary alteration of brain function. Brain damage can be permanent if this lack of blood flow lasts more than three to six hours.

Because of this potential for permanent damage in only a few hours, it is crucial to seek immediate medical care if you ever have symptoms of stroke. Minutes are critical. If you have risk factors for carotid artery disease, you should talk with your health care professional about ways to prevent carotid artery disease and stroke. As you’ve heard before, and it is certainly true for stroke, prevention is the best medicine.

*For more information about carotid artery disease, see **Keeping in Circulation**, Vol. 3, No. 3, or visit our Web site at www.vdf.org.*

¹ National Stroke Council

IN THE NEWS

Web Site News

While you read this issue of *Keeping in Circulation*, we’re busy updating the VDF Web site (www.vdf.org). We think you’ll like the site’s fresh new look as well as its easier navigation and increased information. Check the site regularly and let us know what you think of our new appearance.

Update! PAD Coalition National Awareness Campaign

The 15 organizations that make up the PAD Coalition continue their work in creating a national organization that will effectively and dramatically increase awareness, with the public and the medical community, about symptoms, diagnosis, treatments, and prevention of peripheral arterial disease. Stay connected to VDF to learn about future PAD Coalition announcements and events.

American Vascular Association Offers Free Screenings

In May, the American Vascular Association will conduct its fourth annual free public screening for vascular disease including PAD, AAA, and carotid artery disease. To find the location of a screening site near you, call 1-877-AVA-2010 or check on the Internet at http://www.vascularweb.org/_CONTRIBUTION_PAGES/AVA_Screening/index.html

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Information About
Vascular Disease
at www.vdf.org**

You CAN Heal Venous Ulcers! (cont. from page 3)

ankle. The best time to apply the compression bandage is when there is little or no swelling present in your foot and leg. That may be when you wake up in the morning or after a nap when you haven't been up and about on your feet.

It is important that you see a medical professional for proper examination and testing. There are differences in blood flow to and from the lower legs. Sometimes you may have an arterial flow problem, in addition to poor venous flow, which may prevent you from wearing compression. Since wraps come in many different degrees of compression, your vascular physician or nurse will know which will be better for you.

The pressure to your legs from these bandages may reduce your pain and provide comfort. It has been found that individuals with venous stasis disease take fewer pain pills when they wear good compression bandages. The compression from the bandages helps the blood flow, which assists in healing the venous leg ulcer, but you also need to take care of the wound.

Wound Care. When changing the compression wrap, good wound care is a must. To cleanse the wound, use a product recommended by your vascular doctor or nurse. There are a number of wound cleansers on the market, as well as normal saline. Cleansing will remove bacteria, extra moisture, dirt, or pieces of the bandage that may have been left behind when it was removed. A healing ulcer should become red and shiny. Your doctor or nurse may remove yellow or brown tissue from the wound to help it heal faster. This is called debridement. Sometimes a medication can be applied to the wound to debride it. You may be told to use hydrotherapy, which works like a whirlpool to rinse and clean the wound with rushing water. Visible signs that the wound is infected include redness around the ulcer, warmth to the touch over the ulcer, and more swelling and pain to the skin around the wound. An antibiotic taken by mouth may be prescribed if the wound is infected.

The wound should NOT be left open to air or dry out, but should be slightly moist at all times. If your wound drains a lot, you need to use a dressing that will absorb the excess drainage. Too much drainage is a good breeding ground for bacteria. You may be told to use a foam, an alginate (made from seaweed), or some other dressing that will absorb all the extra fluids. This is important so that the skin in and around the ulcer does not get too wet and cause more problems. You may also be instructed to use a medicated dressing to help decrease the bacteria and infection in wounds and, in turn, encourage faster healing. Some companies that make wound dressings also use an "antibacterial" silver dressing. The silver ions in the dressings are released

over a period of several days and will keep the wound moist. Sometimes the wound may not have a lot of drainage. A hydrogel or thin hydrocolloid may be used to provide moisture.

Your vascular specialist will be familiar with dressings and wraps commercially available and will assist you in selecting the products that will work best for you. You may need to change the dressings and wraps twice a week in the beginning, but you can usually go to a weekly change once therapy begins. If your wound changes, the type of dressings being used on your ulcer may need to change.

Prevention.

After the ulcer heals, compression stockings should be worn to prevent swelling and to keep another ulcer from occurring. It is important for you to see your health care provider regularly during treatment to provide you with necessary changes in your therapy. The key to healing and preventing venous leg ulcers is to reduce swelling in the legs and keep generally healthy.

Good nutrition and drinking fluids, especially water, are helpful in staying healthy. Your activity level will also be discussed and recommendations made to properly exercise and rest your legs. You should avoid standing for long periods and when sitting, don't cross your legs. When resting, keep legs up when possible (six inches above your heart). Don't scratch your legs. If you are overweight, try to lose some of those pounds. If you smoke, quit. This is the most positive thing you can do for your health.

The most important part of compression wraps, dressings, nutrition, fluids, proper exercise, and rest is that you listen to all medical instructions and follow them. Lots of research has been done proving this is what will heal your venous ulcers. It only works if you take charge in following your treatment regimen.

About the Author: Sheila A. Kramer, RN, BSN, CWCN, COCN, is a Nurse Clinician with Wound/Ostomy Specialties at St. John's Mercy Medical Center in St. Louis. She has treated many patients with venous ulcers and other wounds over the many years she has been in practice.



Photo courtesy of BSNJobst



Frequently Asked Questions

- Q.** My 47-year-old girlfriend has been diagnosed with venous insufficiency. The valves in the veins around the ankles are not functioning as they should and aren't able to push the blood back to the heart. This results in excess blood pooling in her ankles that is painful and causes swelling as well as discoloration around the ankles. The doctors have told her to exercise on a stationary bike and learn to live with the pain because there is no remedy. Do you know of anything that might help lessen the condition?
- A.** There are no drugs currently approved by the FDA for relief of venous disease pain. Compression stockings may help with the pain by preventing some of the swelling. Also, lying down several times a day for 10 or 15 minutes with the legs elevated will help gravity drain the blood back toward the heart. The legs should be placed on the back or arm of the couch or on pillows so they are higher than the level of the heart.
- Q.** What can you tell me about varicose vein removal?
- A.** Surgery for varicose veins is generally safe and effective. Most procedures are done on an outpatient basis and people can go back to relatively normal activities within a few days, depending on the type of procedure used. There are a number of less invasive treatments for some varicose veins that range from injections (sclerotherapy) to catheter-based “endovenous” treatments. The selection of the best and most effective therapy is often based upon findings seen on an ultrasound scan of the veins of the leg.

Varicose Veins – Jackie’s Story

Jackie* first noticed those ugly purple streaks soon after the birth of her third child. “The varicose veins were never welcome, but I figured it was part of growing older. Almost all of my sisters and friends have them as well,” said Jackie. She noted that in the past the veins may have been unsightly, but they really were not bothersome. Until now. Recently, she took a job as a checkout clerk at a local retail store. Since standing on her feet for eight hours a day Jackie has noticed that her legs ache and burn by the end of the day. She tried over-the-counter vein cream with no success.

Jackie went to her family health care provider to see if there was something more that could ease the pain she had every night. She was sent to a vascular specialist for a consultation. The first step was to wear prescription support hose, which helped. The hose came up to her knees and relieved some of the aching. Since she had large ropey veins that were very visible, the specialist recommended endovenous laser treatment as a procedure to help ease the pain of varicose veins. The laser closes the main faulty vein that is the source of visible varicose veins. Blood then circulates through other veins to return to the heart.



Photo courtesy of BSNJobst

Her treatment was scheduled and she was told she would have a few small incisions that should not be too obvious. She went in two hours before her treatment, which lasted about an hour. She was able to go home a short time later. She was told to wear her stockings for several weeks whenever she was on her feet. Jackie returned to work in two days and felt much better. The pain went away quickly and she is glad she got relief from the nightly aching and burning. “My veins not only stopped hurting but they have shrunk in size and look much better.”

** Jackie is a composite of individuals*



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What is PAD?

What are the Risk Factors and Symptoms

Peripheral Arterial Disease (PAD) is a common disorder that occurs in the circulatory system and is often referred to as atherosclerosis. Arteries carry oxygen rich blood from the heart to all areas of the body. For those with PAD, the arteries to the legs slowly become narrowed and then blocked by the build up of cholesterol containing plaque. As a result, blood flow to the muscles and skin of the legs decreases. Less blood to the muscles may cause them to hurt and cramp during exercise. Most people with PAD do not have symptoms.

You may be at risk for PAD if you:

- ★ smoke, or used to smoke
- ★ have diabetes
- ★ have high cholesterol
- ★ have high blood pressure
- ★ are over 50 years old
- ★ have a family history of heart or vascular disease
- ★ have pain in your legs when you walk that goes away quickly when you rest.

**Contact the Vascular Disease Foundation
at 1-866-PADINFO or www.vdf.org**

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