

No.2/May 2010

**MEDIA  
PLANET**

# VEIN CARE



**SHOW SOME LEG.**

**Kick up your heels** for healthy legs!

**3**

TIPS

TO STAYING  
HEALTHY FROM  
THE BOTTOM UP

Treatments  
Your simple  
guide to therapy



Living smart  
Solutions for  
healthy legs



## CHALLENGES

Approximately **60 percent** of patients that go to a medical office for vein problems believe they only have a cosmetic issue.

## How to get summer ready

In fact, if they are seen by a vein specialist, known as a phlebologist, only 20 percent will actually have purely cosmetic veins. The rest have a “medical” venous problem meaning that the visible veins are caused by a more serious disorder in the veins of the underlying tissue. As summer approaches and our legs are exposed, patients are acutely aware of their vein problems.

**How it works**

Arteries in the legs bring the blood down from the heart and veins take the blood back up to the heart. This means in any leg vein, the only direction blood is supposed to travel is upward, never backward (downward). Backward flow is called “reflux” and is the main cause of venous problems. Reflux can be measured with a painless, non-invasive ultrasound examination.

In the legs there are two systems of veins, the deep and the superficial systems. The deep system is contained within muscle and is therefore very efficient and rarely involved with medical problems. One of the most dangerous deep vein medical problems is thrombosis (blood clot), commonly known as “DVT.” On the other

hand, problems in the superficial venous system, which includes all of the veins above the muscle, are quite common, affecting as much as one-half of all people over age 50.

Medical venous problems are identified with the ultrasound examination mentioned above, which must be properly performed by a phlebologist or sonographer specifically trained to evaluate venous problems, most importantly superficial venous problems, in order to obtain the most accurate information possible so the correct diagnosis and treatment plan is obtained.

**Signs and symptoms**

Physical signs such as bulging veins, foot or ankle discoloration, and particularly small veins around the ankle are characteristic of underlying vein problems. Symptoms such as leg aching or pain, foot or ankle swelling with prolonged sitting, toe, foot, or calf cramps (“charley-horses”) or restless leg, itching (especially after exercise), and burning are often associated with not just visible veins but more serious medical venous problems.

If not corrected, the disorder

can worsen over time and lead to serious medical conditions. Attempts to simply treat the skin surface veins without first diagnosing and treating the medical venous problems will usually be ineffective or even worsen the appearance of the visible veins. These venous disorders can be treated with



**Nick Morrison, MD, FACP**  
ACP President

**BEST TIPS****Spider veins**

**1** Spider veins are shaped like spider legs and appear in clusters of fine red lines. They commonly occur on the feet, ankles, or thighs, and the face.

**Cosmetic problem**

**2** Some experts consider spider veins a type of varicose veins. They are principally a cosmetic problem, but occasionally may cause symptoms.

minimally invasive techniques.

The American College of Phlebology ([www.phlebology.org](http://www.phlebology.org)) is an organization of vein specialists (phlebologists), and resources for patients to help identify medical providers specially trained in the diagnosis and treatment of all venous problems. A phlebologist can help determine if your veins are purely cosmetic and will respond to surface therapy, or whether an underlying problem exists and should be addressed so that the cosmetic therapy will then be effective.

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DISCLAIMER: The ACP neither endorses nor recommends the use of any specific pharmaceutical or device for the treatment of varicose veins or any vein disease. The ACP neither endorses nor recommends any physician or practitioner.

**WE RECOMMEND**

**Advanced treatments**  
Learn the ABC's of your options.

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A story of help and relief for a young man.

**DVT** p. 5  
Staying alert of the silent killer.

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NEWS

# Advanced treatments



**Question:** Do you have to live with the discomfort of varicose veins?

**Answer:** No, there are new outpatient procedures to choose from.

Varicose veins, the bulging purple or bluish veins that usually appear in the body's lower extremities, can cause varying degrees of leg pain and tenderness, or a "heavy" feeling in their legs.

If left untreated, varicose veins can lead to tissue damage, nerve damage, discoloration, itchiness and can increase the risk for developing deep vein thrombosis.

As recently as ten years ago, some varicose veins sufferers chose to live with the condition rather than undergo the painful surgical procedure, called vein stripping, to treat it.

However, vein stripping has

been mostly replaced by newer, minimally invasive outpatient procedures that allow the patient to receive treatments and be back on their feet the same day. In fact, patients are encouraged to go for a walk or get on a treadmill the same day.

Spider veins, the removal of which is cosmetic and not medically necessary, have also become easier to treat with more advanced laser technologies like those now used for varicose veins.

Dr. Narendra Garg, a board-certified varicose vein specialist who practices in Naperville, Ill., says that endovenous laser procedures for both varicose and spider veins have dramatically improved effectiveness and reduced patient anxiety associated with the outdated vein stripping procedure.

"I've had very satisfying results with the endovenous laser proce-

dure," says Garg. "My success rate for [treating] spider veins is 90 percent."

The latest, most advanced treatments for spider veins and varicose veins, all of which are performed outpatient with only local anesthesia, include:

### Ultrasound-Guided Sclerotherapy

Considered a minimally invasive treatment for spider and smaller varicose veins, doctors inject the problem veins with a sterile chemical "sclerant" solution that irritates the vein's lining, causing it to become inflamed, harden and then fade away.

### Endovenous Laser Ablation

For this varicose vein treatment a thin optic fiber is inserted through a needle and into the vein, with a local anesthetic, using

ultrasound guidance. The heat generated causes the vein and other small ones near it to disappear.

### Radiofrequency Occlusion

After cleaning the vein area, a local anesthetic and a small catheter is threaded along the vein, and then sound waves heat up the area, causing the veins to collapse from the top down. The body absorbs the resulting scar.

### VNUS Closure Fast

This procedure works the same way radiofrequency occlusion does, except that it uses a higher temperature and the catheter insertion is facilitated in the patient's groin area.

MARY GUSTAFSON

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## QUESTIONNAIRE

### Do non-surgical treatments for varicose veins really work?

J. Gordon Wright, MD, FACS, RVT  
Midwest Vein Center

Yes. In years past, people suffering from varicose veins had one treatment option: a painful procedure that involves surgical tying and stripping of the diseased veins. This may have cured the problem, but side effects included tissue trauma, scarring, nerve damage, anesthesia risks and post surgical infection. The recovery was painful, long and required bed rest.

However, in 1996 a new cutting-edge laser technology for venous disease was being used in England. I traveled there to gain exposure and knowledge to this treatment. As a vascular surgeon who has worked with veins for over 25 years, I recognized this development in the field. By 2000, the FDA-cleared laser was available in the US and I was the first doctor in DuPage County to offer any type of noninvasive treatment. Commonly referred to as Endovenous Laser Treatment, the procedure is quick, effective and leaves no scar. The technique requires little downtime and most patients return to normal activities within 24 hours. This is radically different from vein stripping which in my opinion is now an antiquated procedure that should not be performed except under extraordinary circumstances.

## Good habits to keep veins pumping

The number one risk factor for vein disorders is family history. "You can't do much about your heredity, but there are some changes you can make to lifestyles to reduce risks," said Dr. Murray James Probes of the Midwest Vein Center.

### Experts suggest

**Lose Weight:** According to

the latest Gallup-Healthways Well-Being Index, 63 percent of adults in the U.S. were either overweight or obese in 2009. That puts additional pressure on the circulatory system and can impact vein health.

**Exercise:** Regular exercise improves stamina, circulation and vein strength.

**Compression Products:**

Compression hosiery can help maintain proper blood flow, especially for those who must stand all day.

**Care During Pregnancy:** Keep a focused eye on your legs during pregnancy since vein issues can arise.

**Diet:** "There's nothing that links particular foods to vein disease," said Dr. Evan Oblonsky,

interventional radiologist of the Northwest Community Hospital and medical director of the Premier Vein Center. However, some experts do link a high fiber diet with reducing constipation that can lead to varicose veins.

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## INSPIRATION

**Millions of Americans** live with the pain, embarrassment and even potential loss of income from venous ulcers.

# Live with pain...no longer!

## LEADER TO LEADER

While spider and varicose veins are unattractive, ulcers are more serious, and in the most severe cases could even jeopardize a limb. Left untreated, venous ulcers can develop into skin cancers around the edges.

That need not be the case anymore.

"Everyone's thrust has been on treatment of cosmetic varicosities," said Dr. W. Craig Thatcher, a cardiothoracic surgeon at the Vein and Laser Center of Elgin Cardiac Surgery in Elgin, Ill. "We definitely can make your legs beautiful again, but we also make sure you will be healthy and pain free as well."

Paolo Ferreira is a perfect example. The 45-year-old auto mechanic had injured his leg, resulting in a venous ulcer. The problem was exacerbated by the fact Ferreira was constantly on his feet.

Veins have one-way valves that keep blood flowing toward the heart. In venous insufficiency, the valves are damaged and blood backs up and pools in the vein. The blood may leak out of the vein and into the surrounding tissue. This can lead to a breakdown of the tissue and an ulcer.

## Eliminating the embarrassment

Ferreira's ulcer often kept him home from his job and caused people to frequently ask what happened to his leg. Like most ulcers, his lower leg was red with white scar tissue around the skin. Swollen and painful, the area also itched. He was at risk for infection that can develop around the ulcer causing it to leak pus or fluid. Ulcers are not only unattractive, but also might indicate a serious health problem. A relatively benign vein bruise can lead to deep vein clots and risk of stroke if not checked or treated, added Thatcher.

"I was told I'd have to wear hose for life or get my veins stripped," said Ferreira, who said he was afraid of the surgery. Paralyzed by fear of anesthesia and the threat of missing more work, sufferers such as Ferreira simply use compression hose to try to heal the ulcer.

Although Thatcher said compression hose can work well, especially as a first defense, they are not a permanent solution. In many cases the ulcers "heal" only to return. "Sometimes six weeks after treatment, the ulcer



"We definitely can make your legs beautiful again, but we also make sure you will be healthy and pain free as well."

W. Craig Thatcher  
MD, FACS

comes back," explained Thatcher. Also, compliance is not always high and Ferreira admitted to not always wearing his hose or taking care of his wounds.

Thanks to developments in vein care, ulcers can now be treated—and often cured—rather than just temporarily relieved. The procedures can be performed with just a local anesthetic, using the same lasers and other medical advancements used to fix other vein problems. Thatcher, in fact, has seen the condition completely remedied after a series of treatments, without surgery. The procedures are typically covered by health insurance.

## Lasers fight venous ulcers

One recommended procedure might be endovascular laser ablation. In the past, a malfunctioning vein would have been removed via surgery in an operating room. With EVLA, rather than removing this vein, it is left in place, but closed from the inside through a tiny nick in the skin. After a short recovery period, most people report a significant improvement in their physical

symptoms because EVLA eliminates the conduit for refluxing blood. The maximal benefits from the procedure are measured at 6-8 weeks. Occasionally, patients will need to have additional treatments (microphlebectomy or sclerotherapy) to treat residual veins for symptomatic or cosmetic reasons.

## Seek medical attention

When experiencing an ulcer or other painful issue, Thatcher advises people to immediately see a physician. From there, an ultrasound exam should be performed by trained professionals and experts will advise the course of treatment. Following his surgery, Ferreira could do his job better, feel confident about his appearance and know he didn't risk further health complications.

"It is gratifying to see patients who thought they couldn't be cured, walk out of here with their ulcers healed in just a relatively short procedure. Venous ulcer care has come so far," concluded Thatcher.

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INSPIRATION



DON'T MISS!



**Before and after**

After years of misdiagnosed treatment, Dr. Thatcher was able to bring relief to the patient.

**Profile: Paolo Ferreira**

Age: 45  
Detail: After a continuing vein ulcer kept him off his feet and out of work, Ferreira feared surgery, but was able to find a non-invasive surgery that provided a life changing solution.

PHOTO: VEIN AND LASER CARE CENTER OF ELGIN CARDIAC SURGERY

The shocking death of NBC correspondent **David Bloom** in 2003 while covering the war in Iraq opened up America's eyes to one of the nation's biggest silent killers—deep vein thrombosis (DVT).

# DVT: A silent killer that can be avoided

**Following her husband's death at only 39-years-old, Melanie Bloom made it her cause to help spread the word about DVT.**

She is a spokesperson for the Coalition to Prevent Deep-Vein Thrombosis.

Deep-Vein Thrombosis is a common but serious medical condition that occurs in approximately two million Americans each year. DVT can happen when a blood clot forms in one of the large veins, usually in the lower limbs, leading to either partially or completely blocked circulation. The condition may result in health complications, such as a

pulmonary embolism and even death if not treated effectively.

Physicians agree that DVT is a silent killer and is often found as the cause of death upon autopsies of seemingly healthy people. Although DVT blood clots occur with little warning, physicians can spot signs and help patients take preventative care.

Maintaining a healthy lifestyle is crucial to avoid DVT—as it is with most venous health issues. When on an airplane or in one position for lengthy periods, it is recommended that you get up or perform exercises in your seat to encourage circulation. Giving up smoking is also suggested to avoid the risk of DVT, physicians said.

**Leg swelling**

Any leg swelling should be taken seriously. Symptoms of DVT may include pain, swelling, tenderness, discoloration or redness of the affected area, and skin that is warm to the touch. Consult a physician if you are experiencing any of these signs since there are specific tests that can help diagnose DVT.

For those considered at risk, compression stockings, elevating legs and taking anti-coagulants medications are all advised. The anticoagulants prevent further clot forming and diminish the risk of pulmonary embolism. Often the regimen is Heparin, following by Warfarin (Coumadin).

In some cases, physicians may recommend thrombolysis, which is the use of an intravenous medication that dissolves clots. A catheter is threaded through the vein to the clot, and then a clot-dissolving drug is injected to dissolve it via a trellis-like device. The clot-dissolving drug is injected slowly through the catheter's many tiny holes into the area of the DVT. If a patient can't tolerate the clot-busting drug, a thrombectomy in which the clot is extracted through a small incision at the groin may be recommended.

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**IF THESE LEGS COULD TALK.**

They would shout. They'd giggle and sing and describe a full life that's going pretty well, thank you very much. And taking care of those varicose veins was one of the best things she could've done for them. Because these legs deserve some pool time without the sarong.

Varicose veins are more than unsightly; they're a progressive disease that only gets worse if left untreated. Vein Clinics of America has specialized in the treatment of vein disease for over 25 years. So call VCA today and do something nice for your legs.

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## NEWS

# TAKE CHARGE OF YOUR VENOUS CONDITIONS

**Question:** I was recently diagnosed with chronic venous insufficiency. What does this mean for me in terms of treatment and prevention?

**Answer:** Chronic venous insufficiency is more common than you think and new treatments and preventive measures are making it easier to treat than ever.

Varicose and spiderveins develop because valves in the veins, which regulate blood flow to the lower extremities, have stopped working, forcing blood to pool in the surrounding veins. This accounts for their swollen or bulging appearance, and the blue and purplish color visible just beneath the skin. While spider veins are just unsightly, varicose veins can get worse and worse, and the resulting pain can be debilitating.

## Who is at risk?

Dr. Glen Coulomb, a board-certified phlebologist who has treated thousands of patients with all types of venous diseases, says a family history of vein diseases makes a person predisposed to these conditions. However, a person's occupation, gender and exercise habits play a role too.

"Pregnancy, by far, is the biggest cause of varicose veins," says Coulomb, adding that the additional pressure pregnancy puts on lower-extremity veins can lead to valve failure.

"Teachers, hairstylists, grocery store cashiers—anyone who has to stand in one place for long periods of time is at risk. Some research shows estrogen and progesterone fluctuation have an effect on vein walls. I probably see twice as many women as men in my practice."

According to Coulomb, there is a small percentage of the population that has a congenital condition that puts them at a higher risk for blood clots. For these people, long stretches of immobility and inactivity can cause dangerous blood clots. These patients are typically on blood thinners to help prevent clot formation.

## Treatment options

New minimally invasive procedures for varicose and spider veins, such as endovenous laser ablation and radiofrequency occlusion treatments, performed outpatient in a doctor's office, can significantly eliminate problem veins and reduce recurrence. These therapies have only been in existence for five or six years and



**Glen Coulomb**  
Dr. Coulomb has successfully treated thousands of patients with venous disease.

are substantially less painful than the surgical interventions, such as vein stripping or vein ligation procedures used in the past.

## Preventive measures

Without a doubt, exercise is the best prevention for venous diseases, says Coulomb. If your job requires you to stand in one place for a long time, make sure that you at least stretch and flex your calf muscles, which help blood flow in your legs, if you aren't able to walk at regular intervals.

People who are prone to varicose and spider veins are often advised to wear compression stockings around their thighs, calves, waist and feet, which promote blood flow and circulation. The length of time they need to wear the stockings depends on the extent of a patient's vein and circulation problems.

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## DON'T MISS!

RETAIL THERAPY

## Compression Products Improve Lifestyles

While compression hosiery might not be a cure for most venous maladies, wearing it can provide relief and stem further damage. Many people are also prescribed to wear compression products following procedures.

Today's products have improved dramatically over the years. Manufacturers even offer them in fashion colors and sheer textures. "Awareness of the benefits of compression hose has been heightened with the aging of America and different types of jobs or sports," said Jason Kearn, product manager for Sigvaris, a maker of compression stockings.

Manufacturers offer options for everything from tired and aching legs to ulcers and deep vein thrombosis. There's a wide range of items for all genders, shapes and sizes from petite to tall. One company, Jobst, offers customized products to specifically fit the area affected. Physicians are the best resource for recommendations on what is best for specific needs.

Stockings and hosiery are available in degrees of compression measured in units called millimeters of mercury. Those seeking just day-to-day support might look for a 15 to 20 mmHg, while those with major ulcers might consider 50 to 60 mmHg.

Many drug stores or online resources stock products for the milder cases of vein diseases, while higher compression choices typically require a prescription from a physician. Some doctors offer hosiery in their offices.

Durable medical equipment stores sell the full gamut of compression hosiery. Prices can vary, but typically range from about \$50 to \$125. To get the most benefit, people need to be compliant and wear the hosiery all day.

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## Make excellence the only acceptable standard of your care.

**Glen Coulomb, MD**, our experienced vein specialist, provides non-surgical treatment of vein disorders in a convenient, comfortable setting.

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**Question:** I have varicose veins from pregnancy. Should I wait until I'm finished having children to get treatment?

**Answer:** In my opinion, definitely not. Varicose vein disease is a progressive condition that, if left untreated, will only get worse. While you can't receive treatment while you are pregnant, you should look into getting them treated shortly thereafter. It's likely that your legs may be even more painful in your second pregnancy than they were in your first if you wait. Treating your vein disease before you become pregnant again will control the amount of varicose veins present for the pregnancy to act upon, allowing your legs to remain as comfortable as possible throughout this time.

When making a decision, keep in mind that the sooner you get your veins treated, the easier they are to treat and control.

**Question:** Are non-surgical treatments for varicose veins successful?

**Answer:** Yes, non-surgical treatments work even better than surgery. In years past, people suffering from varicose veins had one treatment option: a painful procedure, that involves surgical tying and stripping of the diseased veins. This may have cured the problem, but side effects included tissue trauma, scarring, nerve damage, anesthesia risks and post surgical infection. The recovery was painful, long and required bed rest. However, in 2000 the FDA approved laser treatment for varicose veins and the Midwest Vein Center adopted the technology immediately. Commonly referred to as Endovenous Laser Treatment, the procedure is done on an outpatient basis, is very effective and leaves no scar. The technique requires little downtime and most patients return to normal activities within 24 hours. This is radically different from vein stripping which in my opinion is now an antiquated procedure that should not be performed except under extraordinary circumstances.

**Question:** Does insurance cover the treatment of varicose veins?

**Answer:** Insurance plans typically cover vein treatment that they consider to be medically necessary. Varicose veins are usually due to an inherited weakness in the walls and valves of veins. As time progresses, symptoms will worsen. If left untreated, they may lead to Chronic Venous Insufficiency with swelling, skin discoloration, and even ulceration. Depending on your location and insurance plan, most treatment can be covered by insurance. When choosing your vein specialist, it is important to consider a provider who works closely with insurance companies. Vein Clinics of America is in network with most major insurance plans and will work with you to maximize your insurance benefits.

**Question:** is there a benefit to waiting or not treating varicose veins?

**Answer:** Absolutely not. If you have symptomatic varicose veins (aching, pain, heaviness, tiredness, swelling, leg cramps, restless legs), they will not resolve on their own and will likely progress. Compression stockings are for temporary treatment of symptoms and will not resolve the disease process. If left untreated, the disease can worsen resulting in permanent discolorization (calves, ankles and feet), scarring, swelling, and ulcerations. If you have varicose veins I recommend going to a reputable physician that will offer a thorough evaluation and come up with a comprehensive treatment plan, ensuring the best outcomes. Some clinics offer free screenings to help you decide if you have varicose veins.



Don't let pregnancy raise varicose vein fears



**"Pregnancy aggravates but does not cause varicose veins," said Dr. Barbara Zuniga, medical director, Midwest Vein Center Southeast.**

For women at risk of varicose veins because of heredity factors or jobs that require long periods standing, pregnancy can be the trigger for varicose veins. Hormonal changes are partly to blame. So is the extra baby weight that pregnant women carry.

"The veins from our legs link up and meet in the center of our pelvis and travel up," Zuniga explained. "The extra weight caused by the baby puts added pressure on the pelvis, which causes an increase in pressure in the leg veins."

**Relieving symptoms**

For pregnant women at risk, varicose veins are a progressive condition. Although they are extremely difficult to prevent, the symptoms can be relieved. Zuniga's recommendations

include exercise, maintaining optimal weight, frequent elevation of the legs (especially in the last trimester) and wearing medical-grade support stockings which, unlike the type available over the counter, require a prescription.

**Treatment**

Although the pressure is relieved, varicose veins don't always disappear once a woman has given birth. And they usually become worse with each pregnancy. The good news is

that, with modern medical technology, the condition can be treated as soon as six weeks after delivery and there is no longer a need to wait until a woman is finished having children to seek treatment.

"If treated properly, varicose veins should not come back, even with another pregnancy," she said. "But make sure you seek out a board-certified vein specialist for treatment."



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