

Phlebology, a new specialty field

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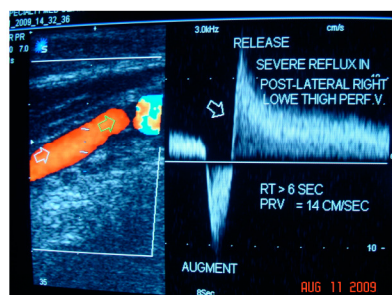
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Are varicose veins just a trivial matter? To optimize results, treating physician of varicosities, must be directly involved in ultrasound mapping of venous reflux sources, which is a common neglected necessity.

Medical community was wrong to assume that varicose veins, & many associated problems, are a trivial matter. The importance & complexity of vein related problems were ignored up until recent times. Now, thanks to many advancements in the field of phlebology, I hope the medical community finally comes to realize that phlebology is a specialty, and one cannot become an expert in this field, unless he/she gets proper training & devotes 100% of their professional time treating different varicose vein problems. Any doctor, no matter what their



specialty is, who practices phlebology as a side job cannot become an expert in this field. Experts agree that it take at least 5,000 cases of sclerotherapy to start getting comfortable with treating complex cases of varicose veins,

which actually are common. It takes roughly 20,000 sclerotherapy case experiences to become an expert sclerotherapist. Unfortunately, surgeons who spend most of their time in the OR, cannot have enough time to practice sclerotherapy on a large scale. While varicose veins cause problems for more than 50% of the adult population, safe & effective treatments were almost non-existent until the end of the 20th century. In the last century, medicine made many advancements in different fields, however varicose vein treatments in most cases went the wrong way, due to inaccurate & incomplete mapping of sources of reflux. I am talking about the inaccuracy that still goes on when inexperienced sonographers do a 10 minute venous study.

To clarify:

Based on what patients have routinely reported, this is how patients with varicose veins are evaluated at most vascular surgery practices in the US:

Usually, during **1st visit** (while the Doctor is busy in the OR) the patient is seen by a Nurse/Nurse Practitioner/PA, who has little knowledge about complex varicose veins and their treatments. At **2nd visit**, an ultrasound

technician evaluates the case by focusing on standard/classic vein systems such as GSV, SSV, and deep veins, hoping the study is done in standing position not supine (another common error). On the **3rd visit**, the doctor sees the patient & basically relies on the data gathered & presented by the nurse & sonographer to come up with a treatment plan. What can go wrong?: After having done 60,000 treatment cases in phlebology I can strongly say that anatomical variations of GSV & SSV & the existence of many complex incompetent perforating veins at locations that cannot be detected in a routine 10 minute study are the rule rather than exception. That is why many treatment plans laid down under the above mentioned settings will end in incomplete outcomes and continuation of same symptoms that the patient sought help to begin with. Having learnt from these mistakes for the past 20 years in my practice, I do the evaluation, ultrasound study, treatment planning, & execution of all treatment steps myself from A to Z.

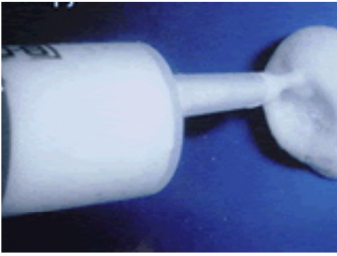
New Foam Washout Sclerotherapy:

Regular foam sclerotherapy was started 25 years ago in Italy & came to the US in 2001. It offered many advances over liquid sclerotherapy, which was ineffective



in cases of medium to large varicose veins. Problems included flow of foam into deep vein systems, causing deep vein thrombosis (DVT) & even pulmonary embolisms in some cases. Furthermore, upon contact of foam with the endothelium of

treated varicose veins, vasoactive mediators (Endothelins) are released into circulation which caused severe headaches & transient vision disturbances & neurological symptoms. Since 2009 I invented a new method of foam sclerotherapy (Foam Washout) by which 2-3 catheters are placed in targeted varicosity at certain distances & while the foam is injected into the proximal catheter, pressure is applied at the junction to deep vein.



Simultaneously, injected foam is removed by the distal catheter via applying negative pressure using a larger syringe. Knowing that only 5-10 seconds of foam contact with the endothelium is required to achieve

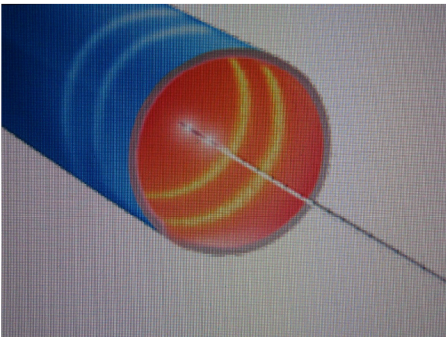
sclerosis, this simple modification has resulted in many advantages: 1- By removing the foam using negative pressure at exit port (distal port), the risk of foam entering deep veins through perforating veins is eliminated. 2- Distant side effects of foam sclerotherapy (headaches, vision disturbances, etc.) are not seen with this method

since the Endothelins & injected foam are removed from the system & thrown in trash before spreading in the body.

This is the first time in the history of medicine that anyone has injected a medication inside the body, achieved certain results, then removed the medication intact from the body.

I have performed 3,000+ cases of Foam Washout sclerotherapy & have presented my findings at 3 major international conferences in Europe & US during 2010-2011. This method is gaining popularity among phlebologists around the world. Please view examples of my **Foam Washout sclerotherapy** on [YouTube.com](#)

Radial Laser



Stripping became obsolete when Endovenous laser ablation of GSV & SSV came to the US in 2001. Laser light was emitted in linear fashion from the tip of the fiber inserted inside the veins. Energy applied had to be high to ensure closure of the lumen of targeted varicosities. Results were good, but not great. Patients had pain for 2-3 weeks & re-canalization rate of 10%. In 2011 Radial laser came to the US. Laser beam is directed in a radial/circular fashion. Lower energy is applied, resulting in painless occlusion in 99% of cases in my experience of having done at least 700 cases & owning the only such system in the Bay Area currently.

CO2 (Safe Gas)



Foam sclerotherapy came to the US in 2001, after a few decades of using the less effective liquid sclerotherapy, which was ineffective for larger varicose vein treatments. Foam displaces the blood & comes in contact with the lumen of targeted varicosities, resulting in better sclerosis & vein occlusion. Air that was originally used to make foam had many problems such as floating bubbles in all tissues including brain & heart. Now, much safer gas (CO2) is used to make foam. CO2 dissolves in blood quickly & is exhaled from the lungs. In my Foam Washout technique, foam is removed from the system before spreading.

Fattahi Perf. Vein



When it comes to leg vein anatomy, the exception is the rule. There are many perforating veins that are ignored in most practices who view phlebology as a trivial side job. Unfortunately many of these perforators are not well known to those who advertise treating varicose veins. Aside from the many gluteal, perineal, lateral thigh, posterior thigh perforators, one perforating vein which I introduced first in 2005 is located over post-lateral lower thigh, just above lateral popliteal level. Reflux in this perforator causes lateral calf pain, thus one needs to look for it. Best treatment is by ultrasound guided foam sclerotherapy.