

## ***VeinGogh Ohmic Thermolysis is the missing piece to a complete clinic***

By Mark Schwartz, MD, FACS, RPVI

The current treatment of vein disease has become a field unto its own. New technologies and advancements in treatment options demand that all therapeutic options be available to manage the wide variety of vein related issues that a busy vein center will encounter. The basic staples found at any comprehensive vein treatment center will always include: a proficient sclerotherapist, an ultrasound machine with an experienced RVT, an endovenous laser and/or RF device for EVLT, and a physician well trained to perform all of the above, in addition to ultrasound-guided sclerotherapy, tumescent anesthesia and ambulatory micro-phlebectomy.

As a vein practice grows, it will begin to attract a diverse set of patients looking for alternative vein-related treatments outside of spider veins and varicose veins on the legs. These may include requests to treat hand veins and various facial veins, including reticular veins around the eyes and spider veins around the nose and chin. In addition, many successfully treated patients after EVLT and/or Sclerotherapy will return to rid their legs of the last remaining remnants of thread-like spider veins.

Some of these issues posed a problem for our clinic early on in its evolution. We believed, as most experienced phlebologists believe, that we were doing an excellent job with sclerotherapy, but were still seeing a small incidence of staining.

In addition, there were tiny, recalcitrant spider veins that we could not consistently cannulate for injection, but nevertheless, our patients wanted cleared. Lastly, we were making use of our Photofacial and 1064 YAG laser for facial veins, but were not able to clear hard to reach areas around the mouth and nose and were limited to patients with lighter skin types.

Thus began our quest to find ways to deal with these small niche areas that we were not as well-versed in order to make our vein center truly comprehensive. We wanted to stand out from a crowded market of other physicians offering a limited menu of vein-related services, whether they were focusing on only sclerotherapy, only on laser ablation therapy or offering exclusively cutaneous laser treatments for spider veins on the face and legs.

At a phlebology conference, we began to hear about VeinGogh Ohmic Thermolysis and how it could add value to our practice. We were looking to address some of our needs as our practice was beginning to grow quite rapidly. The procedure was developed as a way to treat very tiny veins that were difficult to treat with sclerotherapy. We would be able to utilize it on all skin types. It also eliminated the risk of burning and scarring that we would occasionally see when these lesions were being treated with cutaneous lasers. Finally it could be used to treat veins in difficult-to-treat locations, including the face, ankles and knees.

The treatment relies on thermocoagulation to heat and close vessels instantly. Most procedures take between 10 and 15 minutes to perform

with no downtime. VeinGogh uses a very fine needle so most patients feel minimal discomfort during the procedure (we pre-treat with ice packs over the area for a few seconds prior to treatment). Results were visible immediately following the treatment and continued to improve over the next few days.

As soon as we began internally marketing these services, demand for VeinGogh treatments began to increase. We used it exclusively on the face as the "original" VeinGogh had some limitations for spider vein treatments on the legs. Not only could we treat smaller hard to reach vessels on the face that we previously could not, but we instantly provided a service to

our patients that was not being offered by dermatologists and plastic surgeons in our community. This cash-based service drew even more patients into our practice and expanded upon our existing services.

Recently VeinGogh developed a new "Bristle tip" for spider vein leg treatments. We began to employ a protocol for combining sclerotherapy with the new bristle tips for all of our spider vein treatments. Not only did our results improve and patient satisfaction rise, but we saw our pigmentation rate (which was previously at 5-10 percent) drop virtually to zero. We also use it exclusively to treat the 2-5 percent of patients who have developed "matting" after sclerotherapy.

Our current sclerotherapy protocol is to treat starting downstream with the finest of spider veins, using the Bristle tip VeinGogh needles and progressing proximally with increasing concentrations of sclerosants in the spider complexes, and ending with Vein Lite guided foam sclerosants in the larger reticular veins.

As with all vein practices, our main service consists of treatments for varicose and spider veins. However, adding small modalities and filling in niches in which we were clearly deficient has truly made us a recognized "go to" center for all vein-related issues.

In addition, the new Bristle tips have made our sclerotherapy more effective with fewer side effects. My advice for all my colleagues is to look at the small areas in their practice that can be reinforced with select modalities that will grow their overall practice and improve patient satisfaction.

We all have become proficient in endovenous ablation and sclerotherapy, but there still remain areas where we can be more of a "comprehensive" vein treatment center. This will not only make for more satisfied patients, but improve your bottom line as well. **VTN**



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