

## Sclectherapy or Laser Ablation Therapy?

**Sclectherapy** uses a soapy foam material called sodium tetradecyl sulfate to close off the diseased vein. This substance is injected into the vein using a needle, and the soap irritates the inside of the vessel causing it to collapse or clot. The vein is then scarred shut



by the body. Once the damaged vein is closed, the tiny surface vessels are not as visible and the large, deeper veins cause fewer problems. There are several types of sclerotherapy.

**Ultrasound sclerotherapy** is used for the larger deeper vessels that cannot be seen with a vein light or the naked eye.

**Vein Light Sclerotherapy** is used for smaller vessels that are closer to the skin surface. **Microscope-Assisted Sclerotherapy** treats the tiniest vessels close to the skin surface and *The re\*be Vein Clinic* is one of the first clinics in the country using this technique! Following sclerotherapy, we encourage you to wear prescription support stockings because these seem to make the treatment more effective. Repeat sclerotherapy sessions can be necessary and additional treatments will be recommended if new abnormal veins appear. Physical activity is encouraged and there are very few restrictions on the things you can do after these treatments. Bruising, staining, pain and scarring are not common; however, if they occur, they rarely last beyond several months.

**Endovenous Laser Ablation Treatment (EVLA)** uses laser light to seal the diseased vein shut. Using a small needle, a laser fiber is inserted directly into a varicose vein and is carefully positioned using the assistance of ultrasound. Precise, rapid pulses of laser light heat up the inside of the vein causing it to close off. **EVLA** is done in the clinic under local anesthesia and physical activity is encouraged after the procedure. In fact, many patients will drive to

work and finish their shifts after **EVLA** — without the help of pain medication! This is truly a marvelous advance in vein treatment, and **laser ablation therapy** is rapidly becoming an excellent alternative to surgical vein stripping. Following **EVLA**, compression stockings must be worn for two to three weeks. Follow-up sclerotherapy sessions complete the procedure and reduce the chance of the varicose veins coming back.



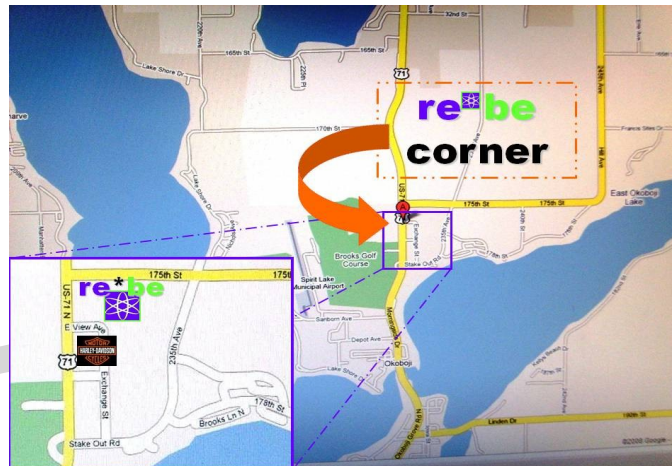
**Does insurance cover this?** Most insurance plans will cover the procedures offered at *The re\*be Vein Clinic*, including sclerotherapy and laser ablation therapy, as long as they are considered medically necessary. Smaller “spider” vein treatments and sclerotherapy done on veins that do not cause symptoms are deemed cosmetic procedures and will not be covered by insurance; however, we do offer these cosmetic procedures at *re\*be*. Treatment of large symptomatic varicose veins is almost always medically necessary and will usually be covered by your insurance.

**An easy way to determine if your desired treatments are medically necessary or cosmetic is to set up a vein consultation at *The re\*be Vein Clinic* today!**

*The re\*be Vein Clinic* participates in the majority of the insurance plans covering the local area. To see if your plan is covered, call us or visit our website for an updated list. Often times, money set aside in health savings accounts can be used for many of the procedures we offer at our clinic, however please check with your plan ahead of time before attempting to use those funds to cover expenses here.

**What about photographs?** We use photographs to document cases that are medically necessary, which is especially important if you are having us file your insurance for such procedures. We can also use photographs to treat you cosmetically, but it is not always required.

**Where is *The re\*be Vein Clinic* located?** *The re\*be Skin and Vein Clinic* is located just north of the new Okoboji Harley-Davidson Motorcycle Dealership and to the west of the Great Lakes Cinema 7 on Highway 71 in Okoboji, Iowa.



**At *The re\*be Vein Clinic*, we provide the full range of treatment options to patients with varicose veins and other venous conditions.**

*re\*be Vein*

Dr. Ronald Kolegraff, M.D.

Board Certified in Varicose Veins

**Complete vein care**

Medical consultations

Insurance coverage

Follow-up

**THE GOOD**



**THE BAD**



**THE UGLY**



**Diagnoses include:** varicose veins, reticular veins, spider veins, strawberry hemangiomas, “man veins” on the side of the nose, rosacea

**Treatments:** compression stockings, sclerotherapy, endovenous laser ablation therapy, laser surface ablation and many more!

*Dr. Ronald Kolegraff, M.D., is board-certified specifically in veins and his practice focuses on the diagnosis and treatment of vein disease.*

**Introduction.** The number of people in the United States that suffer from untreated vein disease, namely **varicose veins**, is staggering. Many people have left their disease untreated because they either did not realize that treatments existed or because, in the past, the therapies were often painful, expensive, and worst of all, ineffective. The good news is that times have changed and there are now a number of effective and less aggressive treatment options for patients with damaged or diseased veins, including sclerotherapy and laser-based therapies. The **re\*be Vein Clinic** in Okoboji is experienced in these cutting-edge treatments and is committed to complete vein care for our patients. This brochure contains useful information about vein disease, and about how our clinic evaluates and treats individual vein conditions. Please contact us with additional questions or concerns. Schedule your vein screening at The re\*be Vein Clinic today!

## Varicose veins and treatment options

**What are varicose veins?** Varicose veins are the **rope-like bluish-purple bulges** that develop on people's legs. Individuals of any age can have varicose veins, but they most commonly arise in middle-age to older individuals. Varicose veins are diseased veins that have weak or worn-out valves.

**Why do veins need valves?** Arteries and veins are the blood vessels in the body. The arteries carry blood with nutrients and oxygen away from the heart, directing it to organs and tissues. Once the organs and tissues have received the blood they need, the veins return the blood back to the heart so that the cycle can begin again. Unlike the arteries, which are rather thick and sturdy vessels, the veins are considerably more thin and "floppy". This means that there is not a lot of pressure in the veins to drive blood back to the heart. If this is the case,



**Healthy valve**

how do veins return blood to the heart? It turns out they have a strategy, which is very similar to a strategy used by plumbers to push water up pipes in very tall buildings. Within each vein there are many valves, and once the blood passes the valve, it cannot go back. Little by little the blood gets pushed back to the heart through these valves.

If the valves in the veins break or get worn out, blood starts to flow backwards and pools in the veins. The high pressure caused by the pooled blood stretches the thin-walled veins and the veins begin to leak fluid. Eventually these damaged veins may cause pain and could even bleed. **Faulty vein valves are the cause of varicose veins.** Varicose veins are the large, rope-like bulges that often appear on middle-age to older individuals' legs.



**Diseased valve**

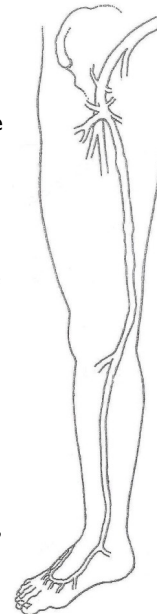
These veins are bulging because they have collected a lot of blood that is no longer being returned properly to the heart.

**What causes varicose veins?** Why do some people develop faulty valves and others don't? The number one factor is heredity; varicose veins run in families. In addition, women are more likely than men to have varicose veins because a number of things: hormonal factors, including estrogen and progesterone, birth control pill use, pregnancy, labor, and menopause. Even though women are more likely to have them, men can and do develop varicose veins. Predisposing factors that affect both men and women include age, family history, standing for prolonged periods of time, and previous history of leg injuries or surgeries.

**What are the common symptoms of varicose veins?** Patients usually develop varicose veins in their legs. The following symptoms are the most common:

- Burning
- Itching
- Tingling
- Heaviness in the legs
- Discomfort
- Tightness
- Pain
- Swelling/"sock rings"
- Fatigue
- Restless legs
- Skin discoloration
- Aches and pains
- Throbbing
- Ulcers
- Bleeding
- Changes in skin texture

**What is vein mapping?** Vein mapping is a critical part of a complete evaluation of vein problems. A map of the veins in your leg is made and the flow of blood is checked with the use of a duplex ultrasound. The vein map helps determine the nature of your vein problems and is the best way to assure proper treatment. Vein mapping is essential to allow the doctor to develop a strategy for treating your veins. This is also a very important step for your insurance company to determine if the procedures are medically necessary or cosmetic (see the *Does insurance cover this?* section in this brochure). A typical vein map will also check your deep veins to be sure they are ready for the increased flow that will occur when the problem veins are treated. The vein map will be re-checked periodically during the treatment series to measure your progress. This procedure is painless, takes about one hour, and is done here at *The re\*be Vein Clinic*.



**What are the options for treating varicose veins?** The possible treatments for varicose veins range from the "do nothing" approach to extremely aggressive procedures in which the damaged vein(s) are closed off and removed surgically (ligation and vein stripping). Luckily, recent technical advances in the medical field have now expanded the treatment options for patients suffering from varicose veins. A careful medical evaluation will be necessary to determine which varicose vein treatment option is the best for you.

Aggressive, invasive treatments include **surgical ligation and stripping** of the diseased vein. In order to access the vein, numerous incisions must be made along the length of the leg. Fortunately, this procedure is less common and is rarely necessary to treat varicose veins. Surgery in two forms,, **ambulatory phlebectomy** (removal of large superficial veins that do not respond to sclerotherapy (see below)) and the more traditional **vein stripping** may still be required in more severe varicose vein cases.

Minimally invasive treatments involve closing off the diseased vein using a soapy foam (**sclerotherapy**) or using a laser (**laser ablation therapy**). Sclerotherapy is commonly used to treat tiny surface veins or larger veins when lasers cannot be used. Laser ablation treatments are rapidly becoming the way to treat most large varicose veins. For both sclerotherapy and laser ablation approaches, the diseased vein is accessed using a needle, similar to getting an IV started or to having blood drawn.

Non-invasive, non-surgical treatments include the use of **compression stockings** or **bandages**. All of the more involved treatments discussed in this brochure work better when prescription compression stockings are worn following the procedure.

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## THE re\*be VEIN CLINIC

1008 Eastview Avenue, Units 6 & 8  
Okoboji, Iowa 51355

Phones: (712)-332-6001 or (712)-332-LIPO

Fax: (712)-332-6010

E-mail: rebe@rebeyou.com

Website: www.rebeyou.com