

DID YOU KNOW?

Venous Disease affects approximately 30 million people in the U.S (1 in 2 over the age of 50).

Both men and women suffer from the discomfort and embarrassment of varicose and spider veins.

50-55% of women and **40-45% of men** are affected by varicose veins or a more serious form of venous disease called **Chronic Venous Insufficiency**.

Chronic Venous Insufficiency (CVI) is

- **2X more common** than coronary heart disease and
- **5X more common** than peripheral artery disease.



BEFORE AFTER BEFORE AFTER

UNDERSTANDING CVI

Veins carry blood from the legs back to the heart. The thin-walled veins are squeezed by the leg muscles as they contract, forcing the blood through one-way valves. If the valves don't properly close or if the vein is damaged, blood can run backwards and pool in the legs. This is called venous insufficiency. If this blood pools in the vein it can lead to:

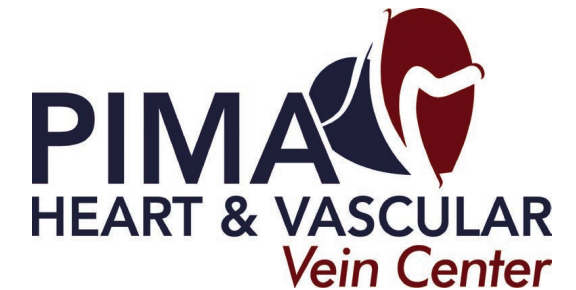
- General aching, soreness or cramping
- Leg heaviness and fatigue
- Varicose veins
- Leg or ankle swelling
- Skin changes (texture, color)
- Burning or itching of the skin
- Restless legs
- Ulcers

THE PIMA HEART & VASCULAR VEIN CENTER

provides comprehensive evaluation and management of lower extremity venous disease and leg swelling. Our specialists utilize the latest technology in treatment of varicose veins, leg swelling, and leg ulcers. The center is leading the way in Tucson and Southern Arizona in the performance of minimally invasive vein surgery. We take pride in personalized service in a comfortable and convenient location. Our focus is on patient satisfaction and improving quality of life.

OUR PROVIDERS

- Dr. Josh Balderman Vascular Surgeon
- Dr. Scott Berman Vascular Surgeon
- Jennifer Clark PA-C Vascular Physician's Asst.
- Dr. Rajen Desai Interventional Cardiologist
- Dr. Robert Fincher Vascular Surgeon
- Dr. Luis Leon Vascular Surgeon
- Dr. Bernardo Mendoza Vascular Surgeon
- Dr. Monty Morales Interventional Cardiologist
- Dr. James Myer Interventional Cardiologist
- Dr. John Pacanowski Vascular Surgeon
- Dr. Joseph Sabat Vascular Surgeon
- Dr. William Thomas Interventional Cardiologist
- Dr. Thomas Waggoner Interventional Cardiologist



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STRONGER TOGETHER

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DIAGNOSIS

Our specialists will perform a thorough examination and schedule you for an ultrasound to confirm the presence of venous disease and venous insufficiency. The ultrasound is a non-invasive exam that uses sound waves to image the veins and the valves inside the veins. This exam typically takes approximately one hour to complete. The specialist will go over the results and develop a treatment plan tailor-made to your specific needs.

WHAT TREATMENT OPTIONS ARE AVAILABLE?

COMPRESSION STOCKINGS

Typically the first and most conservative treatment used to manage minor pain associated with varicose veins and CVI. Our specially trained staff will measure and fit you for the correct size and compression based upon your needs.

SCLEROTHERAPY

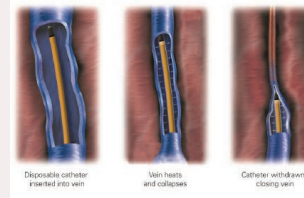
Used commonly for small varicose veins and spider veins, a sclerosing foam or solution is injected into the vein with a very fine needle using image guidance. This causes the vein to constrict and reduce or disappear. Sclerotherapy is quickly performed in the office with no anesthesia required.

AMBULATORY MICROPHLEBECTOMY

A minimally-invasive surgical technique that allows for the removal of varicose veins through microincisions using local anesthesia. Stitches are generally not necessary, and the procedure typically leaves barely visible puncture mark scars.

ALL PROCEDURES ARE PERFORMED BY LICENSED PROVIDERS

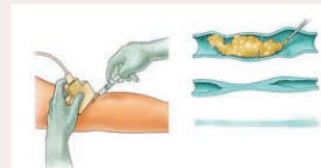
RADIOFREQUENCY ABLATION is performed under local anesthesia. During the procedure, the physician inserts a small catheter into the diseased vein. Using heat energy, the catheter is warmed, causing the diseased vein to contract. These veins no longer receive blood, removing the source of pain and swelling for the patient.



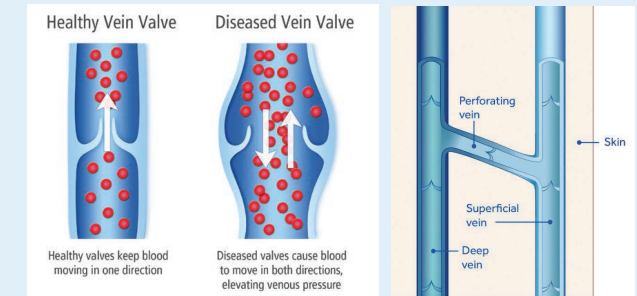
VENASEAL ABLATION is performed under local anesthesia. During VSA, the physician inserts a small catheter into the diseased vein and injects an advanced medical adhesive. Pressure is applied to the leg to collapse the vein, allowing the glue to polymerize, thus sealing the diseased vein. With VSA, there are no activity restrictions immediately following the procedures and compression stockings are not required.



VARITHENA SCLEROTHERAPY is performed under local anesthesia. The provider will use a needle to inject a foam sclerosing agent into the diseased vein. Ultrasound is used to follow the foam to ensure all veins are treated. A compression wrap is placed on the leg after treatment.



UNDERSTANDING ANATOMY



WHAT ARE THE RISK FACTORS FOR VARICOSE VEINS AND CVI?

- Age
- Gender
- Family history
- Heavy lifting
- Pregnancy
- Obesity
- Prolonged standing
- Prior Deep Vein Thrombosis (DVT)

PROGRESSION OF VENOUS REFLUX DISEASE



1. Spider and varicose veins
2. Swelling and discoloration
3. Skin changes (color and texture)
4. Ulceration