

**Marc Rogers, M.D.***General Surgeon***Medical School:** University of Arkansas for Medical Sciences, (UAMS) in Little Rock**Internship:** University of Arkansas for Medical Sciences, (UAMS) in Little Rock**Residency:** University of Kansas School of Medicine at Wichita, Kansas

As a general surgeon, Dr. Rogers has been treating venous disease for the past eight years and his expertise initiated development of the Vein Care Center at Northwest. He is a fellow of the American College of Surgeons and a member of the Southwestern Surgical Society and the American College of Phlebology, the premiere international society devoted to the study and treatment of diseases of the veins. As well as maintaining his private general surgery practice, he is a Major in the Arkansas Army National Guard and has completed three tours of duty in Iraq.

**Shaun Senter, M.D., M.S., F.A.C.C.***General and Interventional Cardiologist***Medical School:** Rush Medical College, Chicago, Ill.**Internship and Residency:** Internal Medicine at Johns Hopkins Hospital, Baltimore, Md.**Fellowship:** Cardiovascular Medicine at Cleveland Clinic Hospital, Cleveland, Ohio**Advanced Fellowship:** Coronary, Peripheral and Structural Interventional Cardiology, William Beaumont Hospital, Royal Oak, Mich.**Board Certifications:** Cardiology, Nuclear Cardiology, Internal Medicine

Dr. Senter trained at the prestigious Johns Hopkins Hospital (ranked No.1 for the last 20 years), Cleveland Clinic (ranked No.1 in Heart and Heart Surgery since 1995) and William Beaumont (first to treat heart attacks with angioplasty and first in U.S. to replace heart valve through an artery in the leg). He specializes in prevention and treatment of complex heart disease, women's cardiovascular health and vascular disorders involving the arteries and veins.

*Members of the Medical Staff at Northwest Health System.***Endovenous therapy**

The minimally-invasive endovenous approach constitutes a great advance for treating the deeper vein of the leg, the saphenous vein, when it does not function normally and causes varicose veins. This new method has replaced traditional stripping surgery for the vast majority of patients with severe varicose veins in the leg.

The therapy is called endovenous because it is performed within the vein itself, by means of a catheter – a very thin, flexible tube. Once inside, the catheter sends out radiofrequency or laser energy that damages, shrinks and seals the vein wall.

Veins on the surface of the skin that are connected to the treated saphenous vein are then removed with a technique called micro-phlebectomy. Healthy veins around the closed vein restore the normal flow of blood in the leg. As this happens, symptoms from the varicose veins improve.

The procedure is done in our office with local anesthesia. Patients are able to walk immediately after it is done, and generally return to normal activity in a couple of days. Endovenous treatment of varicose veins has been used for several years with excellent results.

What should I expect after the endovenous procedure?

After the procedure you will wear a special support stocking for two weeks. There will be some bruising, which is normal, and will completely resolve in 4-6 weeks. You may also experience some mild discomfort, tingling and/or tightness in the treated leg, which should go away in 1-2 weeks.

Does my insurance cover treatment?

Most insurance companies cover treatments for varicose veins that are medically necessary, and in cases when conservative therapy with "compression" stockings has failed. Any treatment for cosmetic reasons, including sclerotherapy, is not usually covered.

How can I get more information?

For a personal consultation, please make an appointment with the physician. At that time, they will be able to answer more specific questions about your condition.



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VEIN CARE CENTER

Vascular Risk Assessment

Name _____

Date of Risk Assessment _____

Age _____ Sex _____

Height _____ Weight _____

Race (Circle One)

Caucasian African/American Asian Hispanic
Native American Other

Name of your personal doctor or primary care physician?

Assessment (Circle appropriate response)

1. Do you experience tired, heavy feeling legs?
Yes No
2. Do you get leg pains from prolonged sitting or standing?
Yes No
3. Do you develop swollen ankles by the end of the day?
Yes No
4. Do you have large varicose veins (greater than ¼")?
Yes No
5. Do you suffer from tingling, numbness, burning or cramping in the legs or feet?
Yes No
6. Do you have a family history of vein problems?
Yes No
7. Do you have skin discoloration on your lower legs?
Yes No
8. Do you have hard to heal ulcers or sores on your lower legs?
Yes No
9. Do you have a family history of blood clots in the veins? Yes No
10. If female, have you had one or more children?
Yes No

The medical care team will review your responses and based on your risk factors (five or more "yes" responses) determine whether you may require an evaluation by a physician.



Detach and give to your physician.

Welcome to the Vein Care Center at Northwest. Our center provides care that is tailored to each patient's individual needs. Most of all, we're dedicated to giving patients the care they need to have legs that not only feel better, but look better, too. Restoring legs to their healthy, pain-free state is what we do with pride.

Marc Rogers, M.D., general surgeon, and Shawn Senter, M.D., board-certified cardiologist, use non-surgical techniques to treat vein disease, including minimally-invasive techniques that can help patients get back to their normal activities. No general anesthesia or hospitalization is required.

What are varicose veins?

Varicose veins are enlarged "rope-like" veins – blood vessels that are swollen and raised above the surface of the skin. They can be flesh-colored, dark purple or blue and often look like a cluster of grapes. They are commonly found on the back of the calves or the inside of the legs. However, they can form anywhere on the legs, from groin to ankle.

What causes varicose veins?

Varicose veins result from abnormal inner walls or abnormal valves in these blood vessels. Blood is carried through arteries from the heart to the rest of the body and returned to the heart through the body's veins, called the venous system.

Veins have valves that act as one-way flaps, preventing blood from backing up and pooling. When these one-way valves don't work properly, blood may flow backwards, causing the veins to dilate (enlarge) and become varicose. The technical terms for this condition are venous reflux or venous insufficiency.

How common are varicose veins?

Varicose veins are very common. Millions of Americans suffer from disease of the veins. Varicose veins are more prominent in women, but approximately 15 to 20 percent of men suffer from some form of vein problem as well. Varicose veins affect one out of every two people over the age of 50.

What are the risk factors for varicose veins?

- Increasing age
- Family history
- Pregnancy and hormonal changes
- Obesity
- Prolonged standing
- Prior deep venous thrombosis

What are the signs and symptoms of varicose veins?

In many cases, varicose and spider veins cause no symptoms. However, these veins are often unattractive and may become painful. Prolonged sitting or standing tends to make legs with varicose veins feel worse.

Some common symptoms include:

- Aching pain
- Burning
- Easily tired legs
- Leg heaviness
- Rash on the legs
- Itching
- Leg swelling
- Numbness in the legs
- Darkening of the skin
- Skin ulcers

When should you seek medical advice?

Self-help measures can help ease the pain of varicose veins and may prevent them from getting worse. But if the way they look and feel becomes a concern or if self-help measures are not successful, then it's time to see a physician.

How are varicose treated?

Several options are available for the treatment of venous reflux (backflow) and varicose veins. Each has its advantages and disadvantages. After your consultation and ultrasound evaluation, the doctor will recommend the best plan of treatment for your medical needs.

Sclerotherapy

A "sclerosing" solution is injected into the vein that causes the vein wall to swell, stick together, and seal shut. This process stops the flow of blood, and the vein turns into scar tissue. In a few weeks, the vein should fade. The same vein may need to be treated more than once.

Most patients can expect improvement after treatment. Sclerotherapy treatments do not eliminate diseased veins after one single treatment. Patients need to be compliant with the number of sessions that are recommended to obtain the best results.