

# Venous Issues

Our ability to treat venous disease endovascularly has steadily developed in recent years. Disease awareness campaigns such as Legs For Life and the National Venous Screening Program have helped to properly educate and diagnose the growing number of at-risk Americans. Our patients are significantly more aware of the various presentations of venous disease, treatment alternatives, and associated risk factors. They no longer simply associate the term *vascular* with venous problems such as varicose veins alone. However, there is much more progress to be made. This issue of *Endovascular Today* investigates the present state of venous therapy and treatment alternatives, and our experts make predictions for the future.

To open our discussion, Frank R. Arko, MD, explains how to develop a DVT practice. Dr. Arko states that a group of undertreated patients with symptomatic DVT exists because their treating physicians are often simply unaware of the endovascular options available to the patients. Devices that facilitate single-setting treatments with smaller doses of lytics and excellent early results may enable physicians to alter the paradigm of therapy for most patients with symptomatic DVT in the future. Next, Mitchel P. Goldman, MD, points out that approximately 10% to 20% of adults in the US and western Europe have varicose veins, and up to 50% of women by age 50 will have telangiectatic leg veins. He provides principles for successful sclerotherapy treatment of varicose and telangiectatic leg veins.

Likely the most common and the least understood complication of DVT is postthrombotic syndrome, a topic discussed in depth by Patricia E. Thorpe, MD. She emphasizes the value of endovascular reconstruction for patients presenting with postthrombotic syndrome, even long after the initial event, because interventionists can significantly decrease disability and improve the patient's quality of life.



Drs. Carl M. Black, Robert P. Smilanich, and Eugene R. Worth discuss a multidisciplinary approach to treating incompetent perforator reflux in order to manage chronic venous insufficiency and stasis ulceration. The authors highlight strong evidence supporting interruption of incompetent perforators to minimize the long-term sequelae of chronic venous insufficiency and reduce the recurrence rate of venous stasis ulceration, which affects 2.5 million patients per year. John A. Kaufman, MD, FSIR, presents a preliminary report of the proceedings from the multidisciplinary

research consensus panel meeting, convened by the Society of Interventional Radiology Foundation, to develop an agenda for vena cava filter research.

In his report on endovenous ablation, José I. Almeida, MD, navigates through the current state of this therapy and explores the truths and possible misconceptions put forth in existing scientific publications and industry marketing. Wrapping up this month's cover feature, David W. Hunter, MD, and Karen J. Kowalik, RN, MBA, explain the origins of the debate circling DVT, examine the

current questions of safety and efficacy, and investigate the future of this therapy.

Also, look for this month's coding and reimbursement expert, Jackie Miller, RHIA, CPC, who describes the proper coding for the aortic arch reconstruction case provided by David Deaton, MD, which is challenging from a coding perspective due to the location of the aneurysms and the repair technique.

We conclude our issue with an interview with my colleague, James F. Benenati, MD, who discusses the exciting progress of women's health treatments, the unique fellowship program at Baptist Cardiac and Vascular Institute, and the compelling learning environment provided at ISET 2008.

I hope this issue of *Endovascular Today* serves to communicate the current state of numerous venous therapies and the promising treatment possibilities on the horizon. ■

Barry T. Katzen, MD, Chief Medical Editor