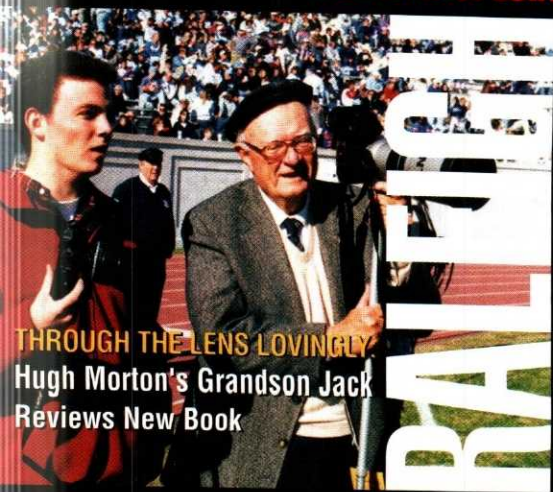


MEDICAL SPECIAL REPORT: Looking and Feeling Marvelous



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Mary Slutsky, RN, BSN, who now practices at the Cary Skin Center in conjunction with three doctors: Dr. Robert Clark, Dr. Greg Viehman and Dr. Timothy Flynn. "Now, thanks to these treatments, I'm no longer uncomfortable wearing shorts and skirts. I love how it looks!"

She is not alone.

"More and more people are becoming aware that treatments are available, and more people are getting better results from having it done correctly," said Slutsky, a registered nurse at the Cary Skin Center who handles the treatments. And Slutsky sees a consistent, interesting trend.

"A lot of younger people are coming in," explained Slutsky, who has lived in North Carolina for the past two years and has been treating leg problems for seven years. "The No. 1 cause of spider veins and varicose veins is hereditary. Women are coming in and saying, 'My mother has awful legs. I want the treatments now. I don't want to look like my mother.'"

Slutsky pointed out that all vein problems are not the same. She defined them in three separate ways:

"Varicose veins are somewhat dilated blue



veins," she said. Varicose veins develop when you have incompetent valves and usually are progressive."

The second type is known as reticular veins which she defined as "blue-green veins that are considered the feeder veins" to so-called spider veins and other problems such as sunburst venous blemish and venous stars.

Spider veins are the third type. "Spider veins are usually red but with time can be blue," Slutsky explained. "Spider veins are also called spider telangiectasia and arise from a central filling vein (reticular)."

Each problem must be treated in a particular fashion. "It is very important to treat veins from larger to smaller," she added. "Varicose first,

reticular and then spider veins.

"Larger veins need a stronger percent of solution than smaller. In fact, when treating the larger veins first it sometimes will eliminate the smaller ones at the same time."

Gone are the days when people afflicted with varicose veins had one primary choice of treatment: Surgery to have them cut out.

Statistics from the American Society of Plastic Surgeons show that more than 600,000 people underwent two forms of varicose vein treatments in 2002: either by sclerotherapy—injections of solutions that collapse veins, which are then absorbed by the body—or by laser treatment. As many as three to six treatments are needed over a period of two to five months and cost range from \$250 to \$1000, according to Slutsky.

The market for varicose vein treatment is huge. According to information compiled by Slutsky, 50 percent of all women between the ages of 50 and 60 have varicose veins. The percentage of women afflicted increases with age, with 25 percent of 25-year-old women having the problem. The percentage increases to 30 percent for 30-year-olds and 40 percent for 40-year-olds.

In the Triangle and across the South, women are very aware of varicose veins because of the climate, Slutsky added. "Women don't like to wear hose," she explained. "They may have good-looking legs and want to get rid of the varicose veins so they don't have to wear hose to cover them up."

More Than Cosmetic Concern

Varicose veins are more than a cosmetic problem in many cases. They can be painful and pose a threat to a person's health.

The National Institute of Health defines varicose veins as "enlarged, twisted, painful superficial veins" which can lead to complications such as phlebitis, skin ulcers or rupturing of the veins. They are thought to be caused by defective valves and/or weakened and stretched vein walls in a

person's circulatory system.

Often, a person may not even realize that the vein problem is affecting them beyond creating a negative appearance, Slutsky added. Patients talk about having "heavy legs" and having pain. Treatment of the veins not only prevents the spread of the vein problem; it also improves circulation back to the heart. "It's hard to imagine how much better people feel about themselves and their appearance and the added benefit of not having pain in their legs. The best thing [for us] is when people come back and say they have no pain."

Slutsky is trained to administer the injection therapy, laser and other treatments—or a combination of them, which she sometimes recommends for a longer-lasting solution. She examines each patient then recommends a course of treatment. If the vein problem is too severe, Slutsky said, she sends the patient to a surgeon for more radical removal of the veins.

"An in-depth evaluation is really key to planning successful treatment," she explained. "Just because you have a few spider veins and the laser makes them go away, it doesn't necessarily mean you have solved the problem. It's most important to find the feeder veins and treat them in order to give you lasting results."

Treating circulatory problems is nothing new for Slutsky, who attended Fairleigh Dickinson University. She has extensive experience in vein therapy and has participated in open-heart surgery teams. She is doctor-certified in sclerotherapy and has earned continuing medical education credits from the American College of Phlebology, which focuses on the study of leg veins. Slutsky also was recently elected as chairperson of the nursing phlebology section of the organization. An active member, she said she is working to get more nurses involved in phlebology research.

"It really is an honor," Slutsky said of the chairperson selection. "I love veins." **HM**

WEB SITES FOR VARICOSE VEIN INFORMATION

National Institutes of Health
www.nlm.nih.gov/medlineplus/ency/article/001109.htm

WebMD

<http://my.webmd.com/content/healthwise/84/21028.htm?lastselectedguid={5FE84E90-BC77-4056-A91C-9531713CA348}>

Healing With Nutrition

www.healingwithnutrition.com/vdisease/varicoseveins/varicoseveins.html

American College of Phlebology
www.phlebology.org

People sometimes come in with unreasonable expectations, and I have to say: 'I can't do that.'"

On the other hand, if a woman wants to augment or decrease the size of her breasts, Lambeth says he will ask her to look at a Victoria's Secret catalog. "I ask them to tell me what they want to look like."

Treatments also don't have to be invasive or expensive. The most popular new service for plastic surgeons is Botox, which costs around \$300 for treatment of one area. The procedure, which was formally approved by the Food and Drug Administration in April of 2002, involves injections to reduce wrinkles. Unlike plastic surgery, muscles are not affected. Botox injections jumped to 1.12 million in 2002, a 43 percent change from 2000.

"I have done Botox for several years, and it has gotten very popular," says Lambeth, who performs several procedures a day. "Once you get someone started with Botox, you have a friend for life. The downside is the treatments last only three or four months, but they do treat brows, furrows, vertical lines on the face and the crow's feet area around the eyes. It does away with that mean, tired look." Some 23 percent of all Botox procedures are performed in the South Atlantic region, second only to the West Coast.

Dermabrasion, or skin refinishing, is very popular in the South with 45 percent of proce-

dures performed here.

The better-known surgical procedures are hardly forgotten. The number of people nationally receiving facelifts has dropped 12 percent, to fewer than 118,000, since 2000. Eyelid surgery is down 30 percent to around 283,000. However, surgery isn't down in all areas. The number of breast augmentations jumped 11 percent in two years, to nearly 237,000. Nose shaping, known as rhinoplasty, remains the most popular plastic surgery with 354,327 performed in 2000, a drop of 9 percent in two years.

Breast implants also may make a comeback now that the government is debating lifting the ban on silicon implants. Lambeth is part of an advisory group discussing the issue.

"I look forward to having that option," he says.

Lambeth also warns that new procedures and technology continue to become available and "not all of them are good." He strongly encourages people considering plastic or cosmetic surgery or non-surgical treatment to research their options. "The consumer needs to be aware of what they are buying into," he adds.

A growing trend is that more cosmetic surgery procedures are performed in physicians' offices. A new study from Wake Forest University Baptist Medical Center found "no smoking gun" of problems or trends that would require stan-

dardized and mandatory reporting of in-practice procedures, but the study did acknowledge several deaths linked to complications stemming from procedures done in doctor's offices.

"Right now the data certainly don't suggest that there is rampant misconduct in physicians' offices," said Dr. Steven Feldman, a professor of dermatology who co-authored the study.

Ugly streaks of purple

UNSIGHTLY VEINS CAN BE A HEALTH PROBLEM

A growing number of women, and some men, are turning to injections and lasers for treatment of unsightly, often painful varicose veins.

As often as 35 times a week, patients—primarily women—travel to Cary for treatments for a problem that is both cosmetic and physical.

They want to get rid of those nasty, ugly streaks of purple known as varicose or spider veins.

"My veins were so concentrated in one area of my leg that it looked like an ugly bruise," one woman said of her varicose veins before receiving treatment from Eileen



Slutsky

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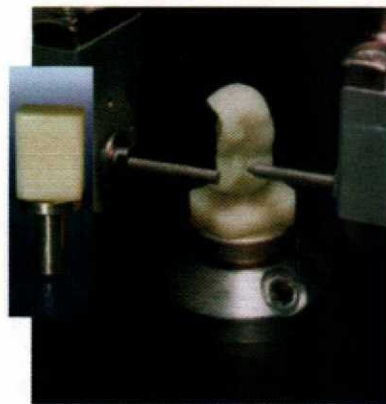
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