

A woman with long blonde hair is performing a yoga pose on a sandy beach at sunset. She is standing on her left leg, with her right leg bent and her foot held by her hands. Her right arm is extended horizontally to the right. She is wearing a light blue patterned t-shirt and white shorts. The background shows the ocean and a bright sunset sky.

“Nice legs,
Dr. Kamran!”

Michelle Maneval
Actual Patient

Scarless**Vein**Care

by Dr. Kamran Goudarzi

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photo by Patricia Roseman

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BUSTING THE MYTHS OF SPIDER VEINS AND VARICOSE VEINS: PART II

Just in case you were wondering, I wrote Part One for the Star-News (Published March 29, 2009). This is accessible on my website, scarlessveincare.com under the tab, "Publications." It is therefore appropriate for me to write Part Two for my favorite magazine, WILMA.

The "myths" were essentially all the questions asked of me by my patients over the years. The "answers," through knowledge and experience in this relatively new field, are improving significantly.

My new "myth" additions to that original article are as follows:

Varicose and Spider Veins are the only symptoms of Venous Disease.

Actually, the symptoms can be extended to aching, throbbing, cramping, swelling, rashes, itching, darkening of skin, restless legs, soreness of skin, bleeding, superficial phlebitis (clotting of superficial veins), DVT (deep vein clotting), Lipodermatosclerosis (the skins above the ankle shrinks and the fat under the skin becomes scarred), poor healing after minor injuries to the leg, whitened scar-like patches on the ankle (atrophy blanche) and even more.

Over the years I am particularly surprised about the effects of venous insufficiency over poor exercise tolerance and night cramps. The number of people with spider and varicose veins seem to be higher at 50 to 55 years of age for women, 40 to 45 for men. The staggering fact is that one in every two people in the US over 50 is being affected by this.

About 35% of people who form DVT (clots in deep veins) seem to be affected by congenital disease which can be diagnosed with a blood test.

I only have spider veins, not varicose veins.

During our free initial consultations, I am surprised to see how many patients with spider veins also have varicose veins. In my opinion, it is advisable to do an ultrasound to see which should be treated as spider veins and which should be treated as varicose veins. The wrong treatment could lead to clots to propagate into a larger vein, which could then move into the deep veins and could even eventually make its way into the lungs, etc. You need to know what you are treating!

Varicose and Spider Veins only bleed if traumatized.

Wrong. If they are very close to the skin and thin walled, they can spontaneously bleed.

I am worried if I have treatments, I will get DVT.

Wrong. Although any treatment has a risk of clots, having varicose veins itself is a strong risk factor for clots (DVT).

I need to have my orthopedic procedure done before treating my varicose veins.

Wrong. Most orthopedic procedures on the leg need a tourniquet which traumatizes varicose veins causing clotting and potentially DVT. It is my opinion to treat these first if possible.

Once I have my veins treated, I don't need any follow-up.

Wrong. You go to your dentist on a regular basis, not just for an abscessed tooth, but for maintenance. You should also see your vein doctor for routine check-ups and wear your compression stockings every time you can.

And, the final myth:

Any physician can adequately treat vein diseases.

It has been 34 years since I graduated from med school. I then spent two years in post graduate training at the University of London and spent another five years of post-graduate surgical training in the United States. I am board certified and re-certified by the American College of Surgeons, have spent 27 years in practice of general surgery and vascular surgery with a large portion of the past ten years dedicated to the disease of veins. And, I was one of the first 250 physicians in the country to be board certified by the American Board of Phlebology. I say all that to make this point – I am still learning everyday about the symptoms, treatments, follow-ups and post-treatment improvements that are not commonly acknowledged by the status quo medical community.

I believe that if we are going to treat this condition, we should dedicate our practice to the art and science of treating vein disease, and we encourage our patients to seek as many opinions and education as possible before considering treatment.



Kamran Goudarzi, MD

About Dr. Kamran

Dr. Kamran Goudarzi (Dr. Kamran, for short) is a board certified surgeon who has been in practice for 26 years. One of the few American college of Phlebology board certified surgeons in the nation, Dr. Kamran is proud to call Wilmington home along with his wife of 18 years, Tonia, and their three beautiful children.

About the picture

The beautiful photo of patient Michelle Mandeval on the opposite page was taken by the incomparable Patricia Roseman (www.patriciaroseman.com).