



Healthy Heart

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Honorary Editor :

Dr. Satya Gupta



From the Desk of Hon. Editor:

Artery carries oxygenated blood from lungs via left side of the heart to the rest of the body while veins bring back deoxygenated blood back to the lungs via right side of the heart. Arterial problem usually becomes life threatening and needs immediate attention; venous diseases are critical some time but may not be life threatening. Chronicity of venous problem may lead to chronic venous insufficiency and edema of limbs, ulceration, claudication, pain, discoloration and varicose veins.

Lack of structured training program dedicated to veins is the main reason for underdiagnosis of veins related problem. Any venous problem and treatment needs close interaction between interventionist, vascular surgeon and radiologist. At CIMS we have a developed team of highly skilled interventionist, vascular surgeon and radiologist who are ready to take care of any problem related to vein.

- Dr. Satya Gupta

Diagnosis & Treatments of Venous Diseases

Types of venous diseases

A. Chronic Venous Insufficiency (CVI) and venous stasis ulcers

1. Disorder involving stasis of blood in lower extremities as result of obstruction & reflux of venous valves
2. Long standing stasis of venous blood leads to poor circulation of limbs resulting into chronic venous ulcers.



Treatment

- Compression Stockings
- Skin Care
- Sclerotherapy and endovenous thermal ablation
- Ligation & Stripping
- Micro incision / ambulatory phlebectomy

Prevention

- Avoid long periods of standing or sitting : If you must take a long trip and

will be sitting for a long time, flex and extend your legs, feet, and ankles about 10 times every 30 minutes to keep the blood flowing in the leg veins. If you need to stand for long periods of time, take frequent breaks to sit down and elevate your feet.

- **Exercise Regularly** : Walking is especially beneficial.
- **Lose weight** if you are overweight.
- **Elevate your legs** while sitting and lying down, with your legs elevated above the level of your heart.
- Wear compression stockings.
- Take antibiotics as needed to treat skin infections.
- Practice good skin hygiene.

B. Varicose Veins

1. Irregular, tortuous veins with incompetent valves
2. May develop anywhere in body, but most develop in lower extremities
3. Vein in legs most often affected: Long Saphenous
4. Occurs in 1 out of 5 people; more common females > 35

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damage and even death within hours if it migrates to other vital organs of body.

- Can be due to severe damage or trauma to saphenous vein or effects of gravity produced by long periods of standing

Treatment & Prevention

- Self care (exercise, losing weight, leg elevation, avoid long standing or sitting)
- Compression stockings
- Sclerotherapy
- Catheter assisted radiofrequency or laser energy treatment
- High ligation and vein stripping
- Endoscopy vein surgery

C. Deep Vein Thrombosis (DVT)

- Most likely to occur in deep veins of the calf (80%)
- 25% of thrombi that occur in calf will extend to the popliteal & femoral veins
- PE may be the first sign of DVT
- DVT occurs when a blood clot forms in a vein deep inside a muscle. It usually happens in legs, but can also develop in arms, chest, or other areas of body. The clot can cause severe organ



Treatment

- Local care of limb & skin
- Anti coagulant therapy
- Systemic thrombolysis
- Catheter Directed Thrombolysis (CDT)

D. Venous Thromboembolic Diseases (Acute pulmonary embolism, CTEPD)

- Some times thrombus from the lower limb may migrate to pulmonary circulation and can reach upto pulmonary artery called pulmonary embolism.
- Symptoms will depend on the size of the thrombus and the extent of pulmonary circulation involved. Pulmonary embolism is a serious diagnosis with high mortality rate.

Treatment

- Thrombolysis
- Thrombosuction
- Thrombo-fragmentation
- Surgery

Presentation of Venous Disorders

- Lower leg edema
- Itching
- Brown pigmentation/ cyanosis of skin of lower leg / foot
- Fibrosis / hardness of subcutaneous tissues
- Stasis ulcers over ankle, most often medial



Risk factors for Venous Disorder

- Major surgery on a hip, knee, leg, calf, abdomen, or chest
- Sitting or inactivity for a long time
- Long plane flights or long car trips
- Over weight (Obesity)



- Current use of birth control pills or patches, hormone replacement therapy
- Smoking
- An injury that reduces blood flow to part of body, such as a broken hip or leg
- Cancer- even during treatment
- A previous history of deep vein thrombosis or pulmonary embolism
- An inherited condition that increases blood clotting
- Paralysis from a spinal cord injury
- Pregnancy or having recently given birth, especially by C-section
- Varicose veins, which are swollen, twisted and painful
- A history of heart attack, stroke, or congestive heart failure

What if one does not get treatment for veins problem ?

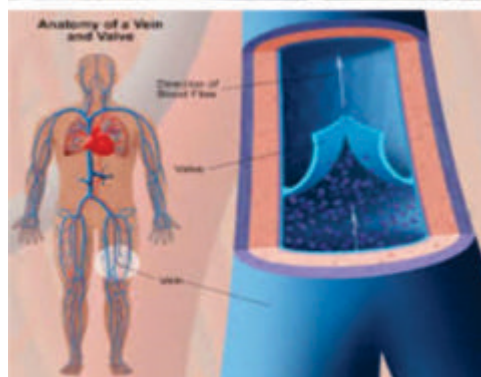
The most unfortunate long-term sequelae of DVT and other vein related problem is Post Thrombotic Syndrome (PTS), which presents with chronic venous insufficiency and edema, ulceration, claudication, pain,

discoloration, and varicose veins. These symptoms can be severe, sometimes necessitating amputation. PTS occur in more than 10% of all patients with DVT at 1 year with the incidence increasing over time.



Recent Advances

Just like great advancement in arterial interventions, there are many new techniques which have emerged to treat various complicated venous problem effectively. At CIMS hospital, we have



latest equipment and technologies to treat venous related problems.

Catheter-Directed Thrombolysis

Catheter-directed thrombolysis (CDT) has become a pivotal adjunctive therapy in the management of both acute and chronic thromboembolic venous disease. Direct infusion of the thrombolytic agent via specially designed, fenestrated catheters results in its effective delivery and leads to high local levels of drug within the thrombosed segment, thus increasing the likelihood of clot resolution and restoring vessel patency. This therapy is most likely to be successful when thrombus is acute (<14 days old) and much less effective when the clot is chronic (>4 weeks old). Such accelerated pharmacological thrombolysis may be performed even with a reduced dose of lytic agent associated with a lower overall duration of infusion. Various lytic agents can be chosen based on their individual biological half life, fibrin affinity and specificity, time to clot lysis, and respective dosing. These include alteplase, tenecteplase, reteplase, streptokinase, and urokinase. Infusion catheters typically consist of multiple fenestrated catheters with an occluding wire that allows inspisation of the lytic agent directly into the clot, over a period of time, ranging from 4 to 48 hours.

There are studies indicate that CDT for DVT achieves more rapid lysis, reduces

the incidence of long-term sequelae of DVT, improves quality of life, preserves valvular competence and more completely restores vessel patency as compared with standard anticoagulation or systemic thrombolytic therapy

Percutaneous Mechanical Thrombectomy

Percutaneous mechanical thrombectomy (PMT) has evolved concurrently with CDT in the management of complex subsets of veno-occlusive disease. The attraction of this modality centers on its ability to fragment, ablate, or extract thrombus to

expedite lysis. Usually, complete thrombus removal requires the combined use of both CDT and PMT, but the advantages offered by PMT in the immediate treatment of an acutely ischemic limb, such as when faced with phlegmasia cerulea dolens, trump those of CDT, especially when rapid restoration of flow is required.

Thrombectomy devices generally work by simple aspiration, microfragmentation, and thrombo-aspiration (Venturi effect). Several of these catheters have the ability to coadminister with thrombolytic agents to facilitate clot extraction.

How team work helps to treat vein problems

To understand and treat veins diseases, one need to get opinion and inputs both from the interventionalist and vascular surgeon. Team work always helps to treat any types of vein disease in proper manner.

We have a dedicated interventionalist and vascular surgeon with special training and interest to treat veins related problem. Over the years, we have learnt and gained experience to treat vein diseases as a team.



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