

NEW TREATMENT

for an old problem

by Donna Barton

Dr. Charles Dunn has lost track of how many times patients have told him, "I can't wear shorts anymore," or "I don't enjoy swimming because of how my legs look." So when he learned of a new procedure to treat varicose veins he chose to offer it to the Springfield area through the Ferrell-Duncan Vein and Laser Center.

The VNUS Closure procedure, which Dunn has performed with great success for two years, is a minimally invasive alternative to vein stripping for individuals suffering from venous reflux, a condition that can result in pain, swelling and varicose veins in the legs.

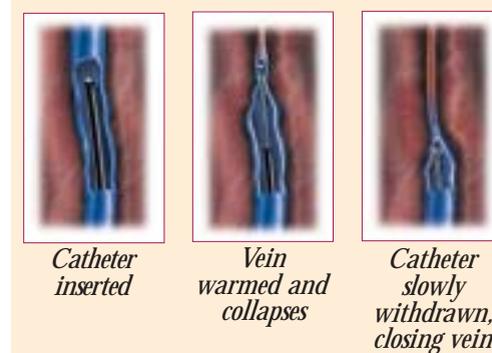
So what is venous reflux? According to Dunn, valves in healthy veins open and close to control blood flow. Reflux occurs when the valves close or leak and allow blood to back flow or pool in the vein, causing the vein to become distorted. Veins often appear as bulging and rope-like, or small and thread-like. It is estimated that more than 25 million people suffer from venous reflux.

But varicose veins can be more than a cosmetic problem. "For people who have jobs where they stand on their feet varicose veins can cause them to have a lot of discomfort ranging from muscle cramps and burning and throbbing sensations, to swelling in the legs," Dunn says. "Closure can help them look and feel better."

Historically, treatment options for varicose veins have been sclerotherapy (injections) or surgically removing

(stripping) the troublesome vein, which requires a week to 10 days of recovery time. With VNUS Closure, the vein is collapsed and blood flow is re-routed to other veins. The procedure takes 45 minutes to an hour and patients are usually back to work in a day or two.

The process involves inserting a thin catheter into the vein. (A local anesthetic is all that is needed for the insertion site.) An electrode on the end of the catheter is heated to 86 degrees Celsius, causing the vein to seal shut. The catheter is then slowly removed and the insertion site



bandaged. Since the vein is not removed or stripped, patients have no swelling, bruising or pain.

"Symptoms usually improve noticeably once blood flow is re-established; and other than wearing compression stockings and refraining from long periods of standing for a few weeks following the procedure, most patients can resume normal activity immediately," Dunn says.

As with any procedure there are potential risks, including skin burns, especially during treatment of veins

located very close to the skin; infection, blood clots and vessel perforation. And only those patients whose varicose veins are the result of a leaky valve in the saphenous vein can be treated with the technique.

"Clearly the biggest benefits are that closure is nearly painless and the recovery time is almost immediate," Dunn says. "I also hear positive comments from my patients because most of the time there are no scars from having this done."

For more information about treatment for varicose and spider veins, call 875-3787 or check the Cox Web site at www.coxhealth.com.

Donna Barton is a Public Relations assistant for Cox Health Systems.

Contributors to varicose veins:

Heredity

Profession (standing in one position for long periods)

Hormones; pregnancy and birth control pills

Lack of exercise; obesity

Trauma

HealthSense

the quarterly community magazine of Cox Health Systems

Our Mission To encourage our readers to live healthy lives, to inform them how to prevent disease and illness, to discover health care through the eyes of fellow Ozarkers, and to introduce many of the services that make Cox a quality health care system.

To Our Readers HealthSense is published by Cox Health Systems for patients, employees, physicians and members of the communities Cox serves. Information in HealthSense is not intended for diagnosing or prescribing medical treatment. Issues of the magazine are free.

We welcome your input. Please mail address changes, questions or comments about HealthSense to: Cox Public Relations Department, Attn: HealthSense Editor, 3800 S. National Ave., Suite 400, Springfield, Mo., 65807, or sign our guest book at www.coxhealth.com

Editor-in-Chief, Laurie Glenn Cunningham; Managing Editor, Donna Barton; Graphic Designers, Dawn Fisher and Gail Lurvey. Photographers: Dan Cunningham, Gail Lurvey, Stacey McGehee and John Stewart. Illustration on page 12 provided by VNUS Medical Technologies.

At Cox Health Systems, patient admissions, room assignments and patient services are provided without regard to race, color, national origin, disability or age.

Emergency room physicians, radiologists, anesthesiologists and other independent physicians practicing at Cox Health Systems are independent contractors and not employees of the hospital.

www.coxhealth.com

Non-Profit Org.
U.S. Postage
PAID
Springfield, MO
Permit #1318

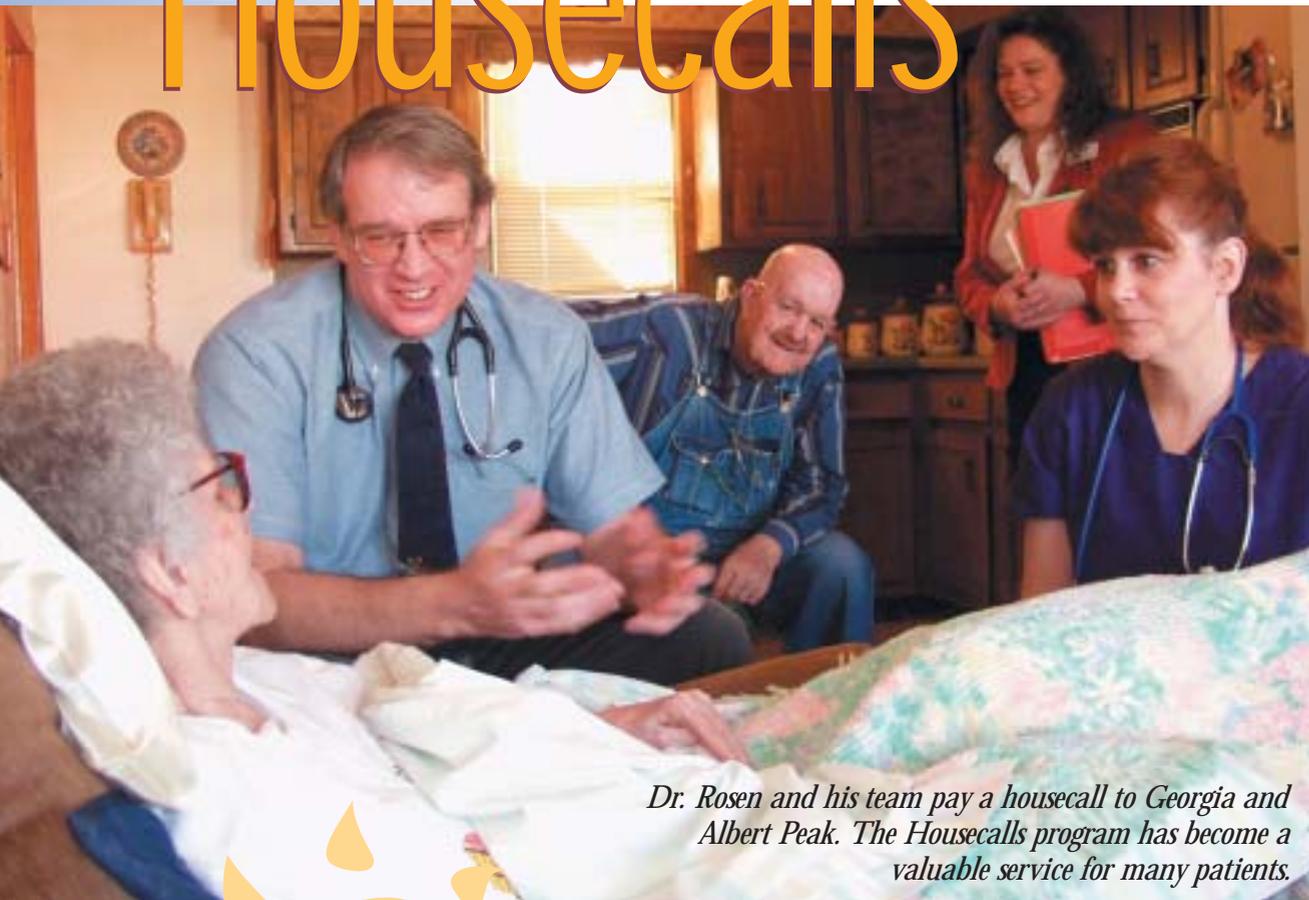


1423 N. Jefferson Ave. • Springfield, MO 65802

by Janice McCauley

When was the last time your doctor made a house call? You remember house calls — where the doctor comes to your home? For some patients of the Cox Senior Health Center, that visit could have been any recent Wednesday, because Wednesday is the day Cox Senior Health Center physicians make home visits.

Housecalls



Dr. Rosen and his team pay a housecall to Georgia and Albert Peak. The Housecalls program has become a valuable service for many patients.

Cox Health Systems offers a continuum of services for older adults, from outpatient care and acute care, to the Housecalls program at the Senior Health Center and long-term care at Primrose Place. The Cox Senior Advantage program offers information and assistance regarding insurance, transportation and home services. In addition, monthly educational classes on topics like advance directives and the 55 Alive Driver Refresher Course help keep older adults informed about issues pertinent to their independence. Senior Advantage members also enjoy discounts in the hospital cafeterias and at Cox Convenient Care Pharmacies.

Ara Schnelle, community relations representative at Senior Advantage, plans educational offerings for the program.

According to Schnelle there are some subjects that are always important to seniors such as estate planning and age-related health issues. "Senior Advantage partners with our Senior Health Center to provide Doc Talk, a forum for physicians to present medical information geared to older adults. In the same way, we work with local attorneys to present estate planning information," Schnelle adds.

All Senior Advantage staff members have special training and experience working with older adults. Both the manager and the community relations representative hold degrees in the study of aging.

For more information about Senior Advantage, call 269-3616. (This complimentary membership program is available to people 50 and older.)

The Senior Health Center is a primary care clinic exclusively for patients 65 and older. Located at Cox North, the clinic is staffed by four physicians with special geriatric training and certifications. Doctors William Rosen, Shawn Antle, Ovais Zubair and Bindu Chopra take turns making the home visits.

A team of health care professionals, comprised of a doctor, nurse and social worker, visit each patient to assess needs and provide holistic care. And with more than 60 patients participating in the program, Housecalls is proving to be a valuable service for frail older adults who are not able to visit the clinic.

"Seeing a patient in their home helps us learn so much more than an office visit," says Robin Grothoff, Senior Health Center manager. "During a home visit we can evaluate how well a person functions in a familiar environment as well as eliminate problems that are not apparent in the office."

Grothoff relates the example of a patient who continued to lose weight even after home-delivered meals were obtained. During a home visit it was discovered the patient was unable to open the meals and feed himself.

Dr. Zubair agrees. "Home visits give you a better understanding of patients and families as a whole," he says. "I remember a patient whom we thought was noncompliant who refused to leave her home for a nursing home. We made a visit and I understood that it was not her things that kept her at home, but her memories in that home."

The nurse and social worker identify other issues, such as the ordering of medication from the pharmacy or the need for help with household chores. Grothoff says many times the clinic staff also aid caregivers who live in the home. "We have even seen families in which both the husband and wife have dementia. In these situations we are able to communicate closely with agencies and other family members who are involved in caregiving," she explains.

Each Wednesday before going to visit homebound patients, the staff meets with home health agencies, Burrell Behavioral Health representatives and hospice. During this meeting the needs and wishes of each jointly served patient are discussed.

Although the average length of time a patient is seen at home is one year, some patients have received visits for a few years. Others have only needed home visits until they are well enough to come to the office for care.

In order to be seen at home, older adults must meet one of several guidelines regarding their health and other factors. They must also live within a two-mile radius of Springfield. For more information, call the Cox Senior Health Center at 269-3915. ❖

Janice McCauley is the manager of Cox Senior Advantage.