

SPOTLIGHT ON VARICOSE VEIN TREATMENT

Continued from front

withdrawn, closing the vein from within. The procedure results in minimal to no scarring, bruising or swelling.

"The idea is to get rid of that one, main vein in a simple, straightforward procedure," says Dr. Tung. "That alone may take care of all the problems."

"The vein turns into a piece of scar tissue," says Dr. Brinton. "If you looked at it, it would look like a piece of gristle." The old scar tissue is eventually absorbed into the body.

About 25 million Americans suffer from venous reflux disease. About 72% of women & 42% of men will experience varicose veins by the time they are in their 60's.

The procedure is done under sedation. You can choose how awake or asleep you want to be. The vascular surgeon uses imaging technology, in this case ultrasound guidance, to guide the catheter up through the vein. The procedure takes about ninety minutes, followed by some time in the recovery room, usually thirty to sixty minutes, then you go home. Most people don't require pain medication afterwards.

"We tell patients to walk the evening of the procedure," says Dr. Tung, "and they can return to normal activities the next day, including work, although not overly strenuous."

"No stitches are required," says Brinton. "Patients come back and say the pain in their leg is gone."

For Mindy Sangster, the decision to have the procedure was an easy one. "I really did not want to have the vein stripping done because I heard that it's painful and that you're off your feet for a

long time. My mom lived with her varicose veins, but I did not want to because I'm young. I turn thirty this month. This new procedure was wonderful. It was simple - it was easy. The next day I was up and about, with no pain."

Closure procedure may or may not eliminate the smaller varicose veins that branch off from the large vein. "Sometimes the calf veins will close and clot off. Sometimes they're left open. We like to treat these with a chemical injection," says Brinton. "The vein closes, we wrap the leg from the ankle to the calf for five days. They respond very nicely because the vein is depressurized."

Mindy has had some follow up injections to eliminate the last of her varicose veins. For her, the results were just what she had hoped for. "My legs look wonderful. I wear shorts again. I feel comfortable. I don't have people look at my legs and say, she's young, look at her legs. I'd recommend it to anybody, young or old. It's a wonderful procedure."



Benefits of the Closure Procedure in Treating Varicose Veins

- ◆ The treatment takes less than an hour and provides immediate relief of symptoms
- ◆ Immediate return to normal activity with little or no pain.
- ◆ There may be minor soreness or bruising, which can be treated with over-the-counter pain relievers.
- ◆ No scar. Because the procedure does not require a surgical incision, just a nick in the skin, there are no scars or stitches.
- ◆ High success rate and low recurrence rate compared to surgery. The success rate ranges from 93 - 95 percent.

The Closure Procedure is covered by most health insurance, including Medicare and Medicaid. Always be sure to check with your insurance company first.

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What Does 'Non-invasive' Mean?

If you've been reading our newsletter over the last several years, you may have noticed many articles about new 'non-invasive' procedures. Non-invasive simply means the body is not invaded or cut open as during surgical investigations or therapeutic surgery. The technology that has made it possible is diagnostic imaging.

Diagnostic imaging was first performed in 1895 with the discovery of the x-ray. For the first time, physicians could see inside the body without

having to perform exploratory surgery. Thus diagnostic imaging is a "non-invasive" way to look at internal organs and structures.

This issue's article on the new varicose vein treatment, called Closure Procedure, uses ultrasound guidance to allow surgeons to "see" as they thread a catheter up through a vein.

While many therapeutic methods still require fully invasive surgery, diagnostic imaging is being used in conjunction with new types of minimally invasive surgery to achieve the same results while minimizing potentially detrimental surgical trauma to a patient.

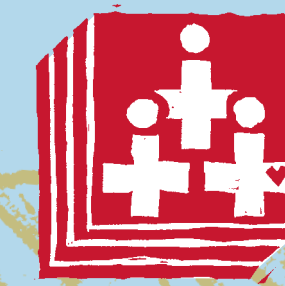


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SPOTLIGHT ON VARICOSE VEIN TREATMENT

New Varicose Vein Treatment

Varicose veins are an unwanted legacy that tends to run in families. The condition associated with varicose veins is called superficial venous reflux - a condition caused by leaky valves. Didn't know you had valves in your legs? Most people don't, until the valves fall down on the job.

Legs are made up of a network of veins and vessels whose job is to transport blood back up to the heart. There are two principal systems of veins in the legs - the deep veins, which are located within the muscles and carry about 90 percent of the blood, and the superficial veins, or saphenous veins. The great saphenous vein, the larger of the two, is the principal vein that runs up the leg just below the surface of the skin.

Here's where the valves come in. As circulating blood travels back up through the veins on its journey to the heart, one-way valves prevent blood from draining back down the leg under the force of gravity, like the watertight flood-control doors on a ship.

These valves have a huge job to do. When they become damaged or diseased, they no longer block the backward flow of blood (reflux) down the vein. When blood flows back down the vein, it pools in the leg veins. This pooling of blood creates varicose veins.

"The greater saphenous vein is the biggest superficial vein in the leg, and it



runs from the groin through the inside of the leg to the inside of the ankle," says WVMC's newest vascular surgeon William Tung, M.D. "There are a lot of branches that come off the vein. If the valves don't work, not only does the blood pool in the greater saphenous vein, but the branches that come off of it can get filled as well."

Risk factors for varicose veins include age, family history, female gender, and pregnancy. Obesity can also be a risk, as well as having a profession where you stand a lot.

Meet Mindy Sangster, the pretty, young mother of five-year-old Jacob and two-year-old Madison. "After I had my two kids, I had varicose veins," says Mindy. "They were painful. I couldn't stand up all day and work."

Varicose veins run in Mindy's family - her mother has them also, and after her two pregnancies Mindy developed them as well. She went to her dermatologist seeking solutions. She was referred to Milton Brinton, M.D., a vascular surgeon who has practiced in Wenatchee for twenty-one years.

"When I was being trained," recalls Dr. Brinton, "we used to literally pull the vein out. It caused a lot of pain and swelling. But it was very effective, and treated the problem. Is there a better way to do it, now? Yes, there is a better way."

The better way is called The Closure Procedure, also known as vein ablation. It's a minimally invasive treatment that requires only a small incision or skin puncture on the leg. A catheter about the size of a spaghetti strand is inserted into the greater saphenous vein. The catheter emits energy - either laser or microwave generated energy. The energy creates heat, so the vein is heated from inside, causing it to collapse. The catheter is slowly

Continued inside

Wenatchee
East Wenatchee
Cashmere
Moses Lake
Omak
Oroville
Tonasket



Peter K. Holden, M.D.
Developmental and General
Pediatrics
Wenatchee Valley Medical Center
Dr. Peter Holden brings expertise in working with children with special needs to the Pediatric Department at Wenatchee Valley Medical Center. After twenty years in private

pediatric practice, Dr. Holden completed a two-year Neurodevelopmental Pediatric Fellowship at the University of Washington Center for Human Development and Disability and Children's Hospital and Medical Center in Seattle. Since then, he has been the developmental pediatrician for Spokane Shriners Hospital and St. Luke's Rehabilitation Institute in Spokane. He has served as Developmental and District Pediatrician for two Spokane area school districts. He is also a Clinical Professor at the University of Washington. Dr. Holden completed his undergraduate work and his Doctor of Medicine degree at the University of Wisconsin and a Medicine Internship at Huntington Memorial Hospital in Pasadena, CA and a Pediatric Residency at the University of California in Los Angeles. Dr. Holden's practice includes both general pediatrics and children with developmental and behavioral disorders such as developmental delay, autism, ADHD and learning disorders. This is a new service to the Central Washington area.



William S. Tung, M.D.
Vascular Surgery
Wenatchee Valley Medical Center
William S. Tung, MD, Vascular Surgery has joined Wenatchee Valley Medical Center. Dr. Tung grew up in Baltimore, Maryland in a family of physicians, including his father, sister, brother and two cousins. He graduated

summa cum laude with a B.A. in Mathematics from Yale University where he was also Phi Beta Kappa. Dr. Tung graduated from the Johns Hopkins School of Medicine in Baltimore and did a General Surgery Residency at Washington University Medical Center in St. Louis, Missouri. He worked as a Research Fellow and also completed a Vascular Surgery Fellowship where he was awarded the William J. von Liebig Foundation Award for Excellence in Vascular Surgical Research for Residents, Fellows and Mentors.

Dr. Tung is certified in General and Vascular Surgery. For the past two years he has been in a vascular surgery practice in Florida. He is trained in the newest endovascular surgery therapies including catheter-based medicine and can offer alternative therapies to patients.

He and his wife Vicki have three young daughters, Lillie Clara and twins Avery Anne and Charlotte Bloom.



Dr. van Loben Sels
Hospitalist
Wenatchee Valley Medical Center
Betsy van Loben Sels, M.D., Ph.D. joined Wenatchee Valley Medical Center as a Hospitalist practicing at Central Washington Hospital. She earned a B.S. in Engineering with High Honors from Michigan State

University, a Ph.D. in Physiology and Biophysics, and her Medical Degree from the University of Washington. She completed her Internship in Internal Medicine at the University of Washington, and her Residency in Internal Medicine at Virginia Mason Medical Center. Before joining WVMC, Dr. van Loben Sels practiced at Whidbey Island Internal Medicine, and at Central Washington Hospital in the Internal Medicine Department.

She enjoys a variety of sports, including water-skiing, alpine skiing, snowboarding, snowshoeing, running and backpacking. Her husband Jeffrey is a pilot for Southwest Airlines and a Naval reservist. They have a two-year-old son named Canyon.

Mircea S. Batanoiu, M.D.
Internal Medicine / Hospitalist
Wenatchee Valley Medical Center

Mircea Batanoiu, M.D. joined Wenatchee Valley Medical Center as a Hospitalist, practicing at Central Washington Hospital. He is board certified in Internal Medicine. Dr. Batanoiu graduated from medical school with honors, and did his internship in Bucharest, Romania. He completed an Internal Medicine Residency at Lincoln Hospital, Cornell Medical School, New York, and has been practicing in Brewster, Washington since 2001. His clinical interests include pulmonary and critical care.

Dr. Batanoiu's father is a physician and his mother teaches at a university. He speaks English, Spanish, Italian and French, plays classical guitar and enjoys reading. He also enjoys skiing, hiking, biking, fishing and swimming.

Mihaela E. Olariu, M.D.
Internal Medicine / Hospitalist
Wenatchee Valley Medical Center

Mihaela Olariu, M.D. has joined Wenatchee Valley Medical Center as a Hospitalist. Dr. Olariu studied computers before attending Medical School in Cluj-Napoca, Romania. She then completed a three-year Cardiology Fellowship in Romania. She came to the United States for an Internal Medicine Internship and Residency at the Cleveland Clinic Health System, Huron Hospital. Dr. Olariu speaks Romanian, English and French fluently and also speaks Spanish and Italian. She enjoys playing the piano and sports such as skiing, tennis, swimming, roller-blading and mountain climbing. She also loves to travel.

New Treatment for Back and Neck Pain

Sooner or later, back pain catches up to most of us. In fact, eight out of ten adults will experience an acute episode of

back pain at some point in their lifetime. An estimated thirty to fifty million Americans experience back pain that limits their activities each year. Luckily, the most common cause of back pain is using back

muscles in activities you're not used to, like lifting heavy furniture or doing yard work. These types of injuries usually heal with rest, anti-inflammatory drugs, heat pads, or ice compresses. But sometimes the problem isn't solved so easily.

Scott Grosse, M.D. is a physiatrist - a specialist in physical medicine and rehabilitation who treats a wide variety of conditions and injuries, including people who have had strokes, orthopedic injuries, neurological disorders like multiple sclerosis and polio, and people who have experienced catastrophic events resulting in paralysis or traumatic brain injury.

Among the conditions he treats is chronic pain, including back and neck pain. A strange characteristic of pain is that it can hang around long after the injury is gone.

"There are some conditions where the sympathetic nerve gets turned on by an injury, and doesn't turn itself off even when the injury goes away," says Dr. Grosse. In other words, people can suffer a traumatic injury, and continue hurting long after the injury is healed.

Typical treatments for chronic back and neck pain include medications, such as NSAID's (non steroidal anti-inflammatory drugs like aspirin and ibuprofen),

physical therapy, biofeedback, exercise, steroid injections, and surgery.

"In the past, there was no treatment options in between exercise and injections or surgery," says Dr. Grosse. "Now there's a new treatment for low back and cervical neck pain."

Called PNT (Percutaneous Neuro-modulation Therapy), this minimally invasive approach uses electricity to literally change nerve tissue. Electricity is transmitted through fine gauge filament electrodes - wires smaller than a human hair - to the nerves at the spinal root level.

"PNT uses electrical current to change the way the nerves send signals to the pain centers in the brain," explains Scott Grosse, M.D. "Electrical stimulation

has been shown to change the morphology - the structure - of the nerve roots that carry the pain signals to the brain, and by changing them, to release the pain. And it's a permanent change."

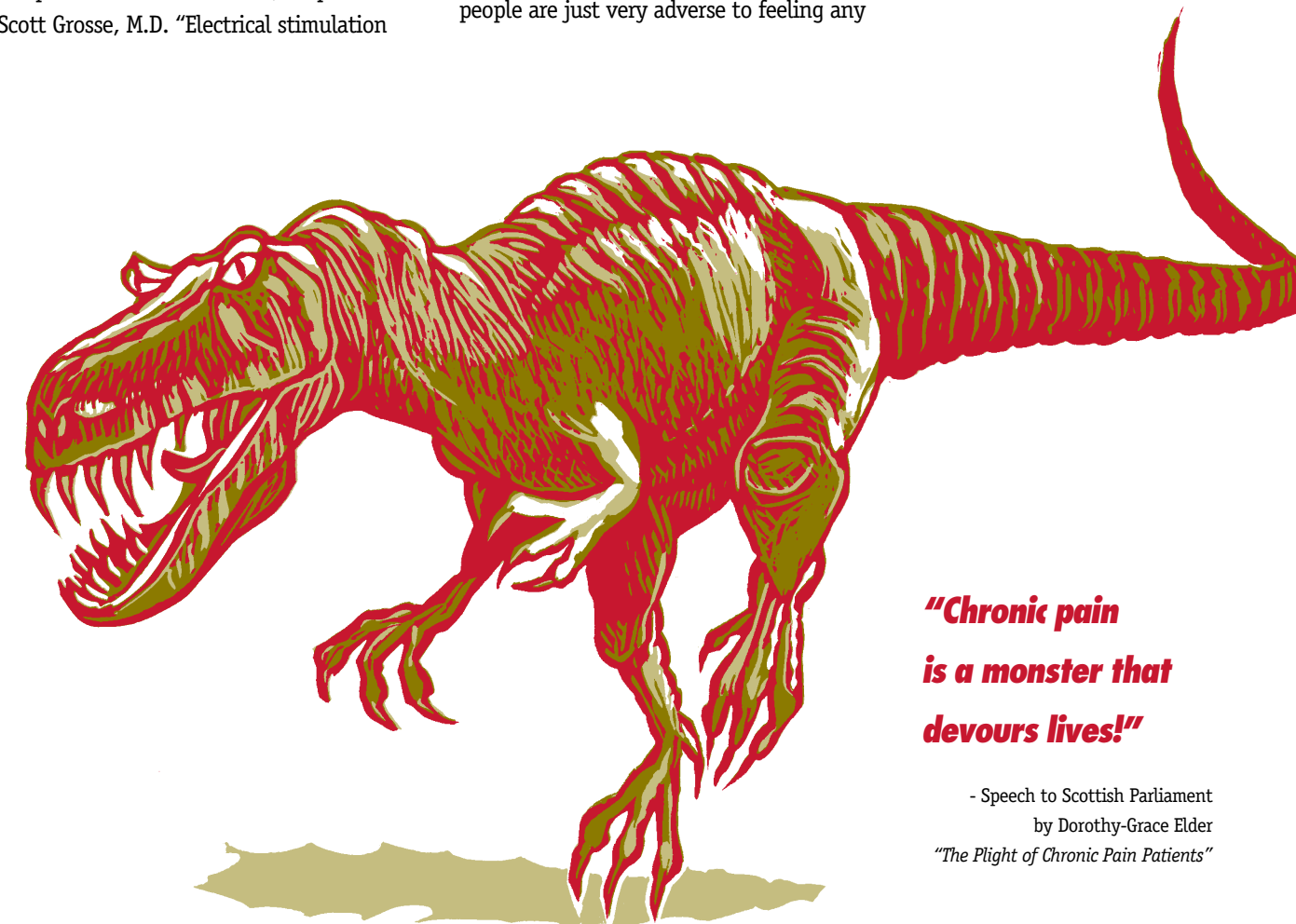
PNT involves the placement of five pairs of very thin electrodes - three times thinner than a human hair - in the deep tissues in the area of the spine causing pain. Electrical current travels through the electrodes, oscillating between frequencies of about 15 to 30 hertz. Treatment duration is 30 minutes, and is done weekly for about eight weeks.

"People describe a buzz kind of sensation," says Grosse. "Some people say they feel relaxed while it's going on and for a few hours afterwards. Of course some people are just very adverse to feeling any

type of electrical impulse. Like electricians - they've been trained to jump."

The therapy was developed by Seattle-based Vertis Neuroscience, and received FDA approval in December 2001. Because it's a relatively new treatment, Medicare and many insurance companies in Washington do not cover the procedure yet. The cost is \$280 per session.

"It's a great treatment for a person with a nagging pain that won't go away - a pain that's affecting your lifestyle, but you want to try and get rid of it without taking medication chronically or having an invasive procedure done. I'd have to say there are no side effects. And," adds Dr. Grosse, "I believe in it."



"Chronic pain is a monster that devours lives!"

- Speech to Scottish Parliament
by Dorothy-Grace Elder
"The Plight of Chronic Pain Patients"

Some Departments Change Location

We've had some changes on the Wenatchee Campus during this last year, including the completion of the fourth floor in the Wenatchee Valley Hospital building, located adjacent to the Mares Building (original Wenatchee Valley Clinic). We thought you might find it helpful to see what departments are located in the hospital building:

First Floor
Bistro Café

Second Floor
Surgery Center

Third Floor
Wenatchee Valley Hospital
Wenatchee Valley Hospital
Rehabilitation Center
Computerized Tomography (CT)
Nuclear Medicine
Treadmill

Fourth Floor
Medical Oncology
Dr. Sareena Malhi
Dr. Prabhas Mittal
Dr. David Notter
Dr. Julie Smith
Katie Kemble, PA-C

Infusion/Chemotherapy
Infectious Disease
Dr. Richard Tucker
Gastroenterology
Dr. Paul Ballinger
Dr. Gerald Bassett
Dr. James Brown
Dr. Jonathan Dominguez
Dr. Robert Ogburn
Dr. Alan Smith
GI Endoscopy
Rehabilitation Gym
Speech Therapy

Wenatchee Valley Medical Center is a strong supporter of the United Way. In fact, the Medical Center matches every dollar donated by WVMC doctors and employees.

This year, United Way of Chelan & Douglas Counties is celebrating 65 years of making a difference in people's lives here in our two-county area. The organization helps fund over 40 human and healthcare programs and services provided by its 24 member agencies. The 2004-2005 United Way Campaign kicks off September 15th with the theme, **"Orchestrating A Stronger Community -Create a Symphony!"**

Twenty-four community volunteers run the United Way of Grant County. These volunteers allocate funds to non-profit agencies in from Moses Lake, Ephrata, Soap Lake and Quincy. Their mission is to increase the organized capacity of people to care for one another.

Wenatchee Valley Medical Center is proud to be a part of United Way in your community.

