

**An Emerging Connection:
Restless Leg Syndrome (RLS) and Chronic Venous Insufficiency (CVI)**

We first began to recognize a relationship between RLS and CVI in the 1980s. Since then a number of studies have observed RLS in patients with venous insufficiency due to refluxing venous blood flow:

- In 2005 we presented a research study at the World Congress of the International Union of Phlebology proposing that such a relationship exists.
- Our published data on the incidence of RLS symptoms in patients with vein disease ranges from 8-28% (Phlebology, 2002 and Phlebology, 2003).
- Kanter (1995) and Kroger (2002) commented on an observed correlation between superficial veins, muscle cramps and RLS and both noted symptoms improved with treatment.
- Suzuki (2003) showed the prevalence of RLS increased in the third trimester of pregnancy with an associated dramatic resolution of symptoms upon delivery.
- Further epidemiological and demographic studies are currently underway. Additional work is being performed to clarify the incidence of RLS in patients with vein disease while quantifying their symptomatic improvement following treatment.

It's been our experience over the past 25 years that a large percentage of the patients with RLS symptoms and venous disease will experience significant improvement in their discomfort following the comprehensive treatment of their venous disease. Interestingly, we have noted RLS symptoms in patients with large varicose veins, as well as smaller less obvious varicose veins.

Our treatment approach is based on the COMPASSSM Technique, which has shown to be 98% and 100% effective in the treatment of Great Saphenous and Small Saphenous vein reflux (Phlebology 2002):

First, the underlying source(s) of abnormal venous flow are identified with duplex ultrasound. Then we prepare a venous flow map, which traces the extent of the varicose veins beginning at the source of the reflux. This map helps us determine the optimal type and location of treatment needed. Next, Endovenous Laser Treatment (ELT) and/or ultrasound-guided foam Sclerotherapy is used to treat the abnormal veins. Follow-up ultrasound and staged sequential Sclerotherapy treatments allow us to control the effects of chronic venous insufficiency by lessening the possibility of progression and recurrence.

Many of your RLS patients are well controlled on oral medications. However, some RLS patients may fail to respond to your satisfaction. For those individuals, our experience indicates that vein disease should be considered as a diagnostic possibility, even if the patient has no obvious varicose veins.

Please call if you'd like to learn more. I'd be happy to visit your office and discuss this important topic further.