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For Immediate Release

**Why You Should Not Ignore Those Tiny Spider or Varicose Veins on Your Legs**  
*Consumers, Physicians, and Insurers Need to be Educated About Varicose Vein Treatment*

More than just a cosmetic problem, varicose veins and spider veins result from a medical disorder. A disorder that, if left untreated, can worsen over time and severely limit work and leisure activities.

When Dr. Ann LaBarge, an obstetrician/gynecologist in Chicago, Ill., started to see varicose veins appear on her legs more than ten years ago, she didn't think it was something that needed to be addressed. But her condition worsened over time and was aggravated by her four pregnancies and the fact that her profession requires her to stand most of the day. At the end of each day, she would have pain and swelling in her legs. But, like many women, she put her needs on the bottom of the list – after her children, her family, and her medical practice – and did not make treatment of her varicose veins a priority.

Also like many others, Dr. LaBarge thought varicose veins were not a significant medical problem and believed the only effective treatment available was the one her mother and sister endured: a painful vein-stripping procedure that required surgery and a lengthy recovery. In the end, their legs didn't look much better, and the varicose veins came back. She wasn't willing to go through that.

Today, Dr. LaBarge is focusing on her practice and her family, rather than the pain in her legs. The turning point came for her in 2004, when Aaron Cohen, M.D. of Vein Clinics of America in Gurnee, Illinois came to her office for an educational presentation. The purpose of the presentation was to teach Dr. LaBarge and her staff about non-surgical treatment options for vein

disease. Dr. LaBarge wanted to make sure her practice was able to effectively advise patients on how to address varicose veins.

Dr. Cohen introduced Dr. LaBarge to newer, minimally invasive treatment options. She discovered vein stripping was no longer the preferred method of treatment. The discussion not only gave Dr. LaBarge valuable information for her patients, it paved the way for her to address her own vein disease. In May 2004, she underwent treatment.

Dr. La Barge was able to take advantage of Sclerotherapy and Endovenous Laser Treatment (ELT). Sclerotherapy is a procedure that injects medication or "sclerosant" into the leg to close the abnormal veins. ELT, which is covered by most insurance companies, achieves the same result by using laser energy delivered through a tiny fiber that is inserted into the abnormal vein. Neither option requires hospitalization or surgery. Instead, each is performed in the physician's office. The patient can be back on his or her feet resuming normal activities the next day, or even sooner.

Dr. LaBarge underwent ELT on her right leg and sclerotherapy on both legs. Pleased with the results, Dr. LaBarge explained, "It is wonderful. I will wear shorts again. For the past five or six years, I have not worn short skirts and shorts. I am really looking forward to next summer."

It may seem surprising that a physician was unaware of both the progressive nature of vein disease and the available treatment options. However, vein disease is not part of the standard training physicians receive in medical school. Many in the medical community are not fully informed about the condition as an important medical issue or its treatment options and, as a result, may advise their patients to undergo surgical vein stripping or to live with the problem. The good news is that the medical community and the insurance industry are beginning to have a better understanding of the disease.

Dr. LaBarge's insurance company paid for her treatment, although her claim was at first denied. "The problem is they [the insurance companies] think this is cosmetic," she said. "They told me it was not enough of a disease, but eventually they paid the claim."

As a doctor, LaBarge shared a unique perspective on vein disease: “Vein disease is progressive, it will continue to get worse, and since it is genetic there is not a lot you can do to prevent it. The most important thing for people to know is that it is a disease that needs to be taken care of.”

Dr. LaBarge commented: “I’m very glad that I did it with the outcome I have. My legs feel better, and there is no aching, swelling, or throbbing. I intend on keeping up my treatment. This is a disease that needs to be managed, and I will continue to go to my follow-up visits on a yearly basis.”

VCA is the largest medical practice in the United States specializing exclusively in the non-surgical treatment of varicose veins, leg ulcers, and related vein disorders. Unique to the treatment of varicose veins, VCA offers state-of-the-art ELT in addition to its non-surgical, minimally invasive COMPASS™ protocol of sequential ultrasound-guided foam sclerotherapy. As a result, VCA meets the needs of each patient, providing treatment for the largest, ropey varicose vein to the smallest spider vein. Procedures are performed in the physician’s office and are incorporated into a treatment plan designed to lessen the possibility of recurrence common to varicose vein disease. Founded in 1981, VCA has 25 locations throughout Florida, Georgia, Illinois, Indiana, Kansas, Maryland, North Carolina, Tennessee, Virginia, and Wisconsin.

For more information regarding vein disorders, ELT, or COMPASS procedures, call VCA at 1-800-660-8346 or visit [veinclinics.com](http://veinclinics.com).

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