

## David M. Duffy, M.D.

A Board Certified Dermatologist

A Medical Practice Dedicated to  
Healthier, More Beautiful Skin

4201 Torrance Blvd. #710, Torrance, CA 90503  
310-370-5670 • 310-370-5679 • Fax 310-214-2071  
E-mail: [info@drdavidmduffy.com](mailto:info@drdavidmduffy.com)  
[www.drdavidmduffy.com](http://www.drdavidmduffy.com)

- Laser Resurfacing
- Vein Treatments
- Collagen & Botox
- Particle Beam Resurfacing
- Rejuvenating Peels
- The Latest Therapies for Wrinkles, Sun Damage, Acne and Scars
- IPL Photo Rejuvenation
- Hand Rejuvenation
- Prescription Home Care

### INSTRUCTIONS FOR YOUR APPOINTMENT

- ❖ Bring shorts.
- ❖ No moisturizer or moisturizing soap 48 hrs prior to treatment.
- ❖ No shaving 48 hours prior to treatment.
- ❖ Please be prepared to pay in full at the time of your appointment.
- ❖ All patients bill their own insurance.
- ❖ (NOTE: Your insurance may **not** cover this procedure.)
- ❖ **48 HOUR CANCELLATION NOTICE MUST BE GIVEN OR A CHARGE MAY BE INCURRED**



# David M. Duffy, M.D.

# NEW PATIENT INFORMATION FORM

Date \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Are you a former patient of Dr. Duffy's? \_\_\_\_\_ If Yes, what year? \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Nearest Relative \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ City, State \_\_\_\_\_  
Do you have Medicare? \_\_\_\_\_ Medicare# \_\_\_\_\_ Secondary Insurance Co. and #? \_\_\_\_\_  
How did you find out about Dr. Duffy? \_\_\_\_\_ Referred by: \_\_\_\_\_

## Medical History

Describe the reason for your visit today. Your problem? Where is it located? How long have you had it? Have you had treatment before for it? What medication are you currently using for it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under a physician's care for a **serious medical problem**? Describe \_\_\_\_\_

Recent **surgeries or hospitalizations**? When? Describe \_\_\_\_\_

List any **oral medications** you are currently taking. \_\_\_\_\_

List any **allergies or reactions** to medications, either **topical or oral**. \_\_\_\_\_

Have **you or any family member** had pre-cancer, skin cancer, or other cancers, or cancer surgery? Type of Cancer? Basal Cell? Squamous Cell? Melanoma?  
\_\_\_\_\_

Have injuries to your skin ever healed with **raised scars, brown or white spots**?

Describe. \_\_\_\_\_

Do you have a history of any of the following conditions? **PLEASE CHECK ✓ ALL THAT APPLY.**

- |  |  |   |                                      |                                    |  |
|--|--|---|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Heart Problems      | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Epilepsy    | <input type="checkbox"/> Fainting  | <input type="checkbox"/> Irregular Heartbeat |
| <input type="checkbox"/> Tuberculosis      | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol   | <input type="checkbox"/> Hepatitis   | <input type="checkbox"/> Jaundice  | <input type="checkbox"/> Ulcers              |
| <input type="checkbox"/> Gastric Disorders | <input type="checkbox"/> HIV Positive        | <input type="checkbox"/> Respiratory Issues | <input type="checkbox"/> Hives       | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Eczema            | <input type="checkbox"/> Cold Sores          | <input type="checkbox"/> Rashes             | <input type="checkbox"/> OTHER _____ |                                    |  |

Chronic skin problems (list) \_\_\_\_\_

Serious Illnesses (list) \_\_\_\_\_

Are you currently **pregnant or nursing**? \_\_\_\_\_ Do you plan to become pregnant? \_\_\_\_\_

Do you wear **contact lens**? \_\_\_\_\_ Have you ever had an **adverse reaction to local anesthetic**? \_\_\_\_\_

For 30 years, Dr. Duffy's practice has been dedicated to cosmetic dermatology--the pursuit of healthier, more beautiful skin at any age. Because of this, we are happy to provide any information and services you desire on rejuvenating your skin. Please let us know if you have an interest in any of the following.

**Other Items of Interest (OPTIONAL)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Botox                     | <input type="checkbox"/> Lip Augmentation            | <input type="checkbox"/> Removing Unwanted Veins           |
| <input type="checkbox"/> General Skin Rejuvenation | <input type="checkbox"/> Wrinkles, Sun Damage        | <input type="checkbox"/> Irregular Pigment, Brown Spots    |
| <input type="checkbox"/> Acne Breakouts            | <input type="checkbox"/> FRAXEL Rejuvenation         | <input type="checkbox"/> Rosacea, Broken Veins on the Face |
| <input type="checkbox"/> Neck Rejuvenation         | <input type="checkbox"/> Hand Rejuvenation           | <input type="checkbox"/> Moles I'd Like Checked            |
| <input type="checkbox"/> Home Skin Care            | <input type="checkbox"/> Sunscreen Advice            | <input type="checkbox"/> Liver Spots/Age Spots             |
| <input type="checkbox"/> Rough Patches             | <input type="checkbox"/> Cracked Heels               | <input type="checkbox"/> Loose Skin                        |
| <input type="checkbox"/> Silk Peels                | <input type="checkbox"/> Rejuvenating Glycolic Peels | <input type="checkbox"/> Resurfacing/Retexturizing         |
| <input type="checkbox"/> Hair Removal              | <input type="checkbox"/> Medical-Grade Facials       | <input type="checkbox"/> Scars                             |
| <input type="checkbox"/> Tattoo Removal            | <input type="checkbox"/> Fillers                     | <input type="checkbox"/> Other _____                       |

Our website [www.drdauidmduffy.com](http://www.drdauidmduffy.com) can provide you with lots of in depth answers to your questions, anytime you're ready.

If we are treating you with any of the lasers today, please read and respond to the Pre-Laser Treatment Questionnaire carefully. We will tailor the settings we use to treat you, based on the information you provide, so be as accurate as you can.

**Pre-Laser Treatment Questionnaire**

Have you used any of the following products on the areas to be treated today, in the past 5 to 7 days. Circle all that apply.

<b>Aspirin or Ibuprofen</b>	YES	NO	<b>Exfoliant Scrubs</b>	YES	NO
<b>Retin-A</b>	YES	NO	<b>Benzoyl Peroxide</b>	YES	NO
<b>Glycolic Products</b>	YES	NO	<b>Benzoyl Wash</b>	YES	NO
<b>Alpha Hydroxy Products</b>	YES	NO	<b>Chemical Peels</b>	YES	NO
<b>Anti-Acne Products</b>	YES	NO	<b>Shaved</b> (in the past 2-3 days)	YES	NO
<b>Anti-Wrinkle Products</b>	YES	NO	<b>Sun Exposure</b>	YES	NO
<b>Salicylic Acids</b>	YES	NO	<b>Suntan</b>	YES	NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials

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Tel: 310-370-5670 Fax: 310-214-2071

E-mail: info@drdavidmduffy.com

Date: \_\_\_\_\_ E-mail \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone # (of referring doctor): \_\_\_\_\_

Have you eaten within the last few hours? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(On occasion patients who have not eaten become dizzy during or after treatment).  
If this form is sent to your home, please eat something before your appointment.

Are you PREGNANT or planning on becoming pregnant in the near future? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you currently nursing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a history of:

- Infection
- Septicemia
- Allergy to Heparin
- Allergy to Aspirin
- Migraine Headaches
- Diabetes
- Bleeding Disorders
- Chronic Fatigue
- Arthritis
- Allergy to Aethoxysclerol (Polidocanol, Hydroxypoleyethoxydodecane)
- Hepatitis
- Lupus
- Collagen Vascular Disease
- Heart Problems
- Low Blood Pressure
- Pulmonary Emboli
- Autoimmune disease (e.g., lupus)
- Seizures/Convulsions/Fainting/Dizzy Spells (circle)
- Serious medical problem(s)

Is there a <sup>personal</sup> family (circle) history of the following:

- Easy Bruisability
- Thrombophlebitis (blood clot with or without swelling)
- Miscarriage(s)
- Prolonged Bleeding
- Bleeding or Clotting Disorders (explain) \_\_\_\_\_

**PERSONAL HISTORY**

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how long? \_\_\_\_\_ Yrs. \_\_\_\_\_ months

If yes how many packs per day? \_\_\_\_\_

Can you walk 3 miles (continuously for 1 hour)? \_\_\_\_\_ Yes \_\_\_\_\_ No

After walking, have you noticed any of the following?:

- |  |   |
|--|---|
| <input type="checkbox"/> Heaviness     | <input type="checkbox"/> Tiredness                |
| <input type="checkbox"/> Fatigue       | <input type="checkbox"/> Swelling                 |
| <input type="checkbox"/> Leg Cramps    | <input type="checkbox"/> Leg Cramps after Walking |
| <input type="checkbox"/> Restless Legs | <input type="checkbox"/> Throbbing                |
| <input type="checkbox"/> Other _____   |   |

Are you required to be on your feet for long periods of time? \_\_\_\_\_ Yes \_\_\_\_\_ No

After standing, do your legs ache? \_\_\_\_\_ Slightly \_\_\_\_\_ Badly

Do you have a history of swelling of the legs and/or feet \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you do any type of exercise that causes violent physical pounding to your legs? (aerobics, running etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you menopausal? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do your veins get worse during your period? \_\_\_\_\_ Yes \_\_\_\_\_ No

### ALLERGIES

Are you allergic to tape? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what happened when you applied it?

- Blistering     Rash     Redness     Other \_\_\_\_\_

Do you develop hives from cold or ice? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you frightened by needles? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what occurred:

- Light-Headed     Fainting     Nausea     Other \_\_\_\_\_

Do you suffer from hay fever, seasonal watery eyes & nose, hives, or itchy rash? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever suffered a severe allergic reaction?

(Swollen eyes, asthma, difficulty breathing) (*circle* any that apply)

### MEDICATIONS

Are you currently taking any type of hormone? \_\_\_\_\_ Yes \_\_\_\_\_ No What kind?

- Estrogens (injection, pill, or patch)     Progesterone     Other

How long? \_\_\_\_\_ months \_\_\_\_\_ years What dose? \_\_\_\_\_

Have you taken hormones in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No How long? \_\_\_\_\_ Dosage \_\_\_\_\_

When did you stop taking them? \_\_\_\_\_

Do you take :

- Aspirin             Advil             Coumadin             Minocycline  
 Antabuse             Dynacin

Are you currently taking Niacin? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had breast cancer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently taking Tamoxifen? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, for how long? \_\_\_\_\_

## **PREGNANCY**

How many pregnancies have you had? \_\_\_\_\_ Ages of children: \_\_\_\_\_

After which pregnancy did your veins occur or worsen most noticeably?

\_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>            Other \_\_\_\_\_

During pregnancy did you develop tiny, blush-like red spider veins? \_\_\_\_\_ Yes \_\_\_\_\_ No

After a blow or trauma to your leg, did you develop tiny, blush-like red spider veins? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **FAMILY HISTORY**

Is there a family history of spider and/or varicose veins? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do (or did) the following people have spider veins or varicose veins?

(Please check and underline spider or varicose):

- Mother (spider/varicose)             Sister(s) (spider/varicose)             Children (spider/varicose)  
 Aunts (spider/varicose)             Father (spider/varicose)             Uncle (spider/varicose)  
 Brother(s) (spider/varicose)

Has anyone in your family had breast cancer or ovarian cancer? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **VEIN HISTORY/TREATMENT**

How many years have you noticed your varicose / spider (←circle) veins? \_\_\_\_\_

Did your veins occur:

- a) Before pregnancy  
b) After pregnancy  
c) After an accident (a fall, broken leg, a blow, surgery etc.)  
d) After taking oral contraceptives, Premarin or Progesterone  
e) Other \_\_\_\_\_

Are you still developing new veins? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, are your veins:             Remaining Stable             Becoming Worse

Have your veins ever been treated with: (please check letter and results)

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| A. <input type="checkbox"/> Injection sclerotherapy          | <input type="checkbox"/> Good results | <input type="checkbox"/> Bad results |
| B. <input type="checkbox"/> Laser                            | <input type="checkbox"/> Good results | <input type="checkbox"/> Bad results |
| C. <input type="checkbox"/> Electrocautery (electric needle) | <input type="checkbox"/> Good results | <input type="checkbox"/> Bad results |
| D. <input type="checkbox"/> Ligation (stripping, surgery)    | <input type="checkbox"/> Good results | <input type="checkbox"/> Bad results |
| E. <input type="checkbox"/> Endovenous closure               | <input type="checkbox"/> Good results | <input type="checkbox"/> Bad results |

When was the last treatment? \_\_\_\_\_ How many treatments? \_\_\_\_\_

Were you pleased with the results of the first series of treatments? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you pleased with subsequent treatments? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you develop brown streaks after treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how soon after? \_\_\_\_\_

Do you have a history of scarring/ulcers after treatment of your veins? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you develop small red vessels (blush areas) after treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where were they located? \_\_\_\_\_ How soon did they appear? \_\_\_\_\_

## **HOSIERY**

Do you wear:

- Prescription hose       Light support hose (Hanes Alive, Jobst Sheer, etc.)

Do you note that the hosiery helps you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you suffer from recurring vaginal yeast infections? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Support panty hose can produce these, particularly in hot weather)

Do you have trouble with your feet?:

- Bunions     Corns     Sores     Foot Surgery     Diabetic Feet

Do you plan on flying in the next few days or weeks? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If large varicose veins are treated at the time of your visit, we prefer you to wait at least 2 weeks before flying).

**THIS FORM IS REQUIRED BY FEDERAL LAW**

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4201 Torrance Blvd. Suite 710 - Torrance, CA 90503 Tel: (310) 370-5670 Fax: (310) 214-2071

**PATIENT QUESTIONNAIRE**

1. Please list the family members or other persons, if any, with whom we may speak to regarding your care and treatment:

\_\_\_\_\_  
\_\_\_\_\_

2. Please list the family members or significant others, if any, whom we may contact ONLY IN AN EMERGENCY:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

3. Please print the address of where you would like follow-up correspondence from our office to be sent:

\_\_\_\_\_  
\_\_\_\_\_

4. Please print the telephone number where you want to receive calls about your appointments, lab results, etc.: (\_\_\_\_) \_\_\_\_\_

**\*I am fully aware that a cell phone is not a secure and private line.**

5. Can messages regarding your appointments and follow-up visits be left on your telephone answering machine or voicemail?

YES \_\_\_\_\_ NO \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ (guardian if under 18 years)

\_\_\_\_\_  
PATIENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## PHYSICIAN-PATIENT ARBITRATION AGREEMENT

**Article 1: Agreement to Arbitrate:** It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

**Article 2: All Claims Must be Arbitrated:** It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any claim against the physician, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

**Article 3: Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05; however, depositions may be taken without prior approval of the neutral arbitrator.

**Article 4: General Provisions:** All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

**Article 5: Revocation:** This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

**Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below:**

**Effective as of the date of first medical services**



\_\_\_\_\_  
Patient's or Patient Representative's Initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

**NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.**

By: \_\_\_\_\_  
Physician's or Authorized Representative's Signature (Date)

**DAVID M. DUFFY, M.D.**

Print or Stamp Name of Physician, Medical Group, or Association Name

By: \_\_\_\_\_  
Patient's or Patient Representative's Signature (Date)

By: \_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
(If Representative, Print Name and Relationship to Patient)

A signed copy of this document is to be given to the Patient. Original is to be filed in Patient's medical records.

# SCLEROTHERAPY

## CONSENT TO TREATMENT

No medical technique is perfect and no two people are alike. Accordingly, the treatment of spider and varicose veins will not create miracles. There is no cure, but good control is achievable. It's best when treating small vessels to stop when 60% to 80% improvement is achieved, because large numbers of treatments (over six) in a short period of time can create highly resistant, very small red spider veins (matting, second generation vessels).

You should understand the disadvantages before you undergo the procedure. There are essentially three types of veins. Spider veins which require multiple (up to 6) treatments usually at six week intervals which gradually fade away. Larger spider veins, often purple in color and elevated which often only require one or two treatments and very tiny spider veins which are difficult to treat and are associated with previous treatments. First, repeated treatments will be necessary; three to six for small vessels and you should not expect 100% removal of all of your vessels, particularly if you have large numbers of them. Larger vessels often require one or two treatments, sometimes more. Your vessels will slowly fade away over a period of months and you should be prepared for this. During the treatment process, you will often look worse before you look better. Bruising is common and swelling should be expected, particularly if you have large numbers of vessels treated around the feet and ankles. If you bruise easily, expect bruising to persist for some weeks. Other problems that emerge are tiny vessels (telangiectatic matting) or blush areas that may appear at the perimeter of the treated areas.

These can be persistent and, in some cases, permanent. They are usually, but not always, more attractive than the vessels that were originally treated. You may experience brown streaks or brown patches occurring where the vessels are treated. This is an unavoidable side effect of this treatment and has to do with the fact that your vessels are fragile. This pigment usually, but not always, goes away. Sores or ulcers occur rarely. These can be extensive and can lead to scarring. Usually this scarring is chicken pox-like in nature. Superficial thrombophlebitis (irritation or infection of the treated vessels) may occur. This rare complication of treatment is usually treated with anti-inflammatories or antibiotics and is not necessarily dangerous but mostly annoying. It does not occur more commonly in women taking birth control pills despite the theoretical possibility that it could.

OVER →

**Understanding sclerosing agents:**

There are two FDA approved sclerosing agents for the treatment of leg veins. Sotradecol™ which was approved in 1946 on the basis of empirical data (long-term use) and Polidocanol (Asclera™) which was finally approved after rigorous scientific studies in 2010. Sotradecol which is extremely potent is still widely used for large varicose veins. Asclera is particularly useful for the treatment of spider veins and small varicose veins. It's comfortable to use, extremely effective and has a very low incidence of tissue damage and allergies. Salt solutions which were not approved for legs although they can be legally used for that purpose are sometimes used for patients with moderately serious allergies. Another agent, glycerin, also not approved specifically for leg veins is legal to use and is sometimes employed in patients with particularly fragile spider veins.

Patients with active thrombophlebitis, those with active infection, poor circulation, or those that are confined to bed should not be treated. Patients with a history of pulmonary embolus, (clots in the lungs), or histories of extreme swelling of the feet and legs should be treated cautiously. The occurrence of pulmonary embolus, neurological damage or a very large ulcer (scar) occurs very rarely as do serious allergies. Pregnant and nursing patients should not be treated.

I have read the above and understand the potential benefits and limitations of injection treatment for spider and varicose veins. I consent to have this procedure performed.

\_\_\_\_\_  
(patient)

\_\_\_\_\_  
(witness)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(physician)

Photographs are mandatory to document the progress of this procedure. I understand this and agree to have photographs taken, and I also agree to their being used for training and educational purposes.

(initials) \_\_\_\_\_ Date \_\_\_\_\_

## THE ECONOMY (COACH CLASS) SYNDROME: DANGEROUS CLOTS IN YOUR LEGS FOLLOWING LONG DURATION FLIGHTS



The human body has evolved a delicate balancing act between clot formation which is necessary to stop bleeding when you are injured and the inhibition of clotting which is necessary to prevent dangerous clots which can travel into your lungs and prove fatal. Although a clot (thrombus) in the lungs (pulmonary embolus) is a very rare event occurring perhaps once every one or two per million traveler miles, individuals who have recently undergone sclerotherapy, a process which deliberately irritates the lining of lower extremity veins, may be at greater risk when they sit down for hours dehydrated, immobile, and exposed to a low supply of oxygen due to cabin pressurization. Add some alcohol or coffee (which dehydrates you further) and compression of the major deep leg veins (behind the knees) by the edge of the seats and it is easy to see why the risks may be increased.

There are other factors to consider. These include low humidity associated with the recycling of cabin air, decreased fluid intake, and perspiration. The net effect of these factors is concentrated or thickened the blood, which circulates more slowly and is more prone to clotting. When a clot (thrombus) forms, it is usually associated with severe calf pain, swelling of the ankles, and in the case of a full-blown pulmonary embolus, chest pain, shortness of breath, apprehension, and sweating. Pulmonary emboli require immediate treatment. Historically, prolonged sitting in air raid shelters in London during WWII and travel by car or train can be associated with leg vein blood clots and pulmonary emboli. Fortunately, some common sense measures can virtually prevent the occurrence of these disastrous problems.

### ADVICE FOR THE TRAVELER:

1. Remember that serious problems are usually associated with very long flights over 5-6 hours.
2. Your personal and family histories are important. If you have a family history of blood clots or you yourself have had previous blood clots, you may be at greater risk. Other risk factors include the presence of large varicose veins, obesity, smoking, a history of certain kinds of cancers, recent surgery, and the use of female hormones. You can minimize your risk by using knee high surgical support hosiery. Better yet, thigh high stockings (minimal 8-12 mm. of compression) may avoid problems associated with shorter hose which may compromise circulation. This hosiery should be fitted by a qualified technician available at accredited pharmacies. If you have any of the problems that you have just read about, discuss your travel plans with your physician.
3. When large varicose veins are treated, you should not take long flights for at least one month.
4. Wear loose fitting clothes and shoes that are easy to slip off. You need to walk 3-4 minutes for every 1-1/2 hours of flight. Don't be embarrassed to ask people sitting next to you to move aside as you get up to walk.
5. Consider taking a low dose of aspirin or Advil to reduce clot formation.
6. Exercises: Periodically tap your foot up and down or do pretend toe raises as you sit. This gets the blood moving in your legs.
7. Keep baggage out of the way so that you can perform these sitting foot exercises.
8. Drink plentiful fluids: water, juice, soda. Abstain from alcoholic beverages and coffee or any other drink which causes frequent urination.

In conclusion, the chances of you developing a serious problem following this treatment, even on a long flight, are very, very low. Some common sense measures can insure that you have a safe and comfortable flight, free of any serious problems.

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## **SCLEROTHERAPY PATIENT HANDOUT**

### **NEW PATIENT CHECK LIST**

#### **A. PREGNANCY**

If you are pregnant, or intend to become pregnant, we prefer to defer treatment, reserving it only for those who absolutely need it for pain. Hypertonic saline, in large quantities, may not be safe during pregnancy. Polidocanol is safe for the developing fetus, but we prefer to defer all treatment during pregnancy.

#### **B. SLIPPERY LEGS / RASHES**

We use lots of alcohol to cleanse your skin when injecting your veins. If you have shaved recently, this will sting. Don't shave for at least 48 hours before you come in. Moisturizers and moisturizing soaps (Dove, Caress and others), make your legs slippery which makes our injections very difficult. Don't use these for 48 hours before treatment. You may shave and use moisturizers as soon as you want to after treatment.

#### **C. APPOINTMENTS**

We call to confirm appointments 24-48 hours in advance. If after confirmation you fail to cancel or keep your appointment you may be charged for the cost of your scheduled treatment unless we are able to fill your appointment time. Your courtesy in canceling appointments permits us to care for other patients who are waiting.

#### **D. HOW SHOULD I DRESS?**

Many women prefer to wear a leotard under a loose skirt or culottes. Some patients simply bring shorts with them.

#### **E. RETURNING PATIENTS (FOR SPIDER VEINS)**

You will be treated more slowly, usually 2 treatments at 6 week intervals, followed by a 6 month waiting period during which you will be observed without charge. Previously treated small vessels have "learned" to fight back and can be more stubborn.

## PRE TREATMENT QUESTIONS AND ANSWERS

### 1. How Does Sclerotherapy Work?

Injected medications irritate delicate endothelial cells, which line your blood vessels. Following treatment veins shrivel and are absorbed by the body. These vessels are not necessary for normal circulation.

### 2. What Solutions Do You Find Useful?

The newer sclerosing agents are relatively non-toxic. However, none are perfect and all have certain drawbacks. Concentrated salt solutions (saline), Polidocanol (Aethoxysklerol), or Sotradechol are used depending on the type of vessel and its size. Polidocanol is used most commonly because it is painless and gentle. Scarring will not occur if some of it leaks into the surrounding skin.

### 3. What Are The Side Effects?

Less than 1% of all patients will experience any important complications; small vessels fade with repeated treatments, vessels are often eradicated more quickly.

**Bruising** - Patients who bruise easily, take aspirin, or have certain types of very fragile veins should expect some (yellow/blue/purple) bruising.

**Swelling** is common, particularly in patients whose feet or ankles are treated, in those who have a history of swelling or those who stand for long periods of time. This swelling is never dangerous but when it occurs it is treated with elevation, loosening of dressings, refitting of too tight support hosiery and walking.

**Clotting** - Harmless, slightly tender lumps or clots (thrombi) are normal following the treatment of larger spider and all varicose veins. Their presence is a good sign indicating that the vein has been treated successfully. These clots are not dangerous and will not come loose, but their presence can make your veins look unchanged or worse than they did before treatment. Drainage of these clots (thrombectomy) will immediately improve your appearance.

**Temporary Pigmentation** - Brown freckles or streaks routinely occur following the treatment of large, purple spider veins or protuberant larger varicose veins. This pigmentation, which can't be prevented by using lower concentrations or different kinds of solution, is caused by the sudden release of blood into the surrounding skin. Usually temporary, clearing on its own between 6 months to 2 years, it is occasionally persistent in about 5% of the patients treated. Sometimes, bleaching or peeling agents can speed its resolution. It does not occur more commonly in people who tan well (African Americans, Hispanics or Orientals).

**Neovascularization (Matting)** - This is the real bugaboo of sclerotherapy. To some degree, all patients with spider and varicose veins inherit a tendency to form excessive numbers of new blood vessels following minor irritation. This tendency is seen more often in patients taking female hormones, those who are overweight, and those with large numbers of vessels who require many treatments, particularly when the vessels involve the inner knees. (1)

Even the minor irritation caused by repeated treatments can itself stimulate new vessel growth in patients with extreme sensitivity to injury. Accordingly, it is best to under treat rather than over treat and not try to get rid of every single vessel. Neovascular vessels can be resistant but given enough time, they will again become sensitive to later courses of treatment and will often partially fade on their own.

**Blistering** or sores can occur, particularly when saline solution or sotradechol seeps into surrounding skin or very rarely, through an unknown mechanism following the use of Polidocanol or other mild medications. This reaction is more common around the ankles, and occurs more frequently in patients with collagen vascular disease (lupus, scleroderma, Raynaud's disease). Scarring can occur but usually is chicken pox like in nature. Mild stinging, burning, and itching all occur to some degree during the treatment process. Be sure to tell the doctor if you experience severe burning. It may be a sign that the solution is seeping into the skin and should be promptly treated.

**Superficial Thrombophlebitis** - This irritation of blood vessels, resulting in tender, red streaks in the legs is seen more commonly in those with a history of previous episodes of the same problem, those unable to walk regularly or exercise, patients with collagen vascular disease, and those who are overweight. In our office it has not occurred more frequently in patients using female hormones.

**Migraine Headaches** - Those with a history of migraine headaches occasionally experience a similar episode (temporary flashing lights, diminution of visual fields) following sclerotherapy. We suggest that patients with a history of migraines or those with a history of fainting eat a solid meal an hour or so before treatment or at the very least, if you haven't eaten, ask for a glass of orange juice at the time of treatment.

**Serious Allergies** of the sort that occur occasionally when people are stung by bees or are severely allergic to a certain drug can occur but are extremely rare, probably 1 on 10,000 people using Polidocanol and about twice that often using Sotradechol.

#### 4. How Soon Will The Vessels Disappear?

There are basically 4 patterns of response to therapy during the **FIRST SERIES** of treatments:

**Pattern 1:** For small, red (0.1mm to 0.5mm) vessels, which range from the size of a human hair to about twice that size, **repeated** treatments (3-5) carried out at 2-6 week intervals will produce **gradual** fading in which treated vessels become lighter in color and fewer in number with each treatment. In some patients the process is quite slow in others it takes place a great deal faster.

**Pattern 2:** When treating large, ropey varicose veins and larger (0.6mm to 1.0mm) purple spider veins a rapid response is usually seen in which treated vessels are destroyed suddenly often with pigmentation and small clots after only one or two treatments. These are the veins, which look temporarily worse before they look better.

**Pattern 3:** Resistance

Small spider veins, which have been treated, previously can fade very slowly or not at all with repeated treatments. These resistant "second generation" vessels are a major cause of dissatisfaction for returning patients. Time is on your side. Go slowly.

**Pattern 4:** Large vessel resistance.

Very large vessels require higher concentrations of solutions, compression, and exercise to achieve good results. It is their size, which makes them resistant. Treatments are usually carried out at one to two week intervals.

**RECURRENCES:** There is no cure for varicose and spider veins, there is only control. Large vessels routinely recur but the use of compression hosiery can prevent this recurrence for years. For spider veins, new vessels of the same type can occur, often in the same areas, 1 to 2 years after treatment and "touch-ups" are the rule to maintain improvement with spider veins over time.

**Resistant Vessels:** Only 5% of all patients treated for spider veins have "resistant" vessels, which do not respond to the series of 3 treatments.

#### **5. How Long Has This Procedure Been In Existence?**

Although H.I. Beigeleisen pioneered the treatment of spider veins in America during the early 1930's, injections have been used to treat "larger", varicose veins for over a Century.

#### **6. I Understand That Injections Don't Always Work For Varicose Veins or Certain Types of Spider Veins; What Are My Choices?**

For matting (the tiny, blush-like vessels which sometimes occur following injections) the passage of time and simply postponing treatments for 3 to 6 months before resuming are often effective. For unresponsive small vessels, expensive laser treatment is used as a last resort but cautery (electric needle), which works well on the face, usually leads to scarring on the legs.

**SURGERY** - For certain types of large varicose veins, particularly those in which the valves lining the vessel walls are damaged (varicose veins) and fail to prevent blood from pooling, sclerotherapy doesn't work well. Newer surgical techniques (ambulatory phlebectomy), which do not require hospitalization, and can be performed under local anesthetic have an added advantage of leaving very, very small scars as opposed to the old style stripping, which often produced mutilative scarring.

#### **7. How Much Does It Cost?**

Cost is based upon the complexity, the amount of time spent per treatment and the number of treatments. It varies from about \$300.00 to \$500.00 per session. The longer the session, the greater the cost.

#### **8. Will My Insurance Reimburse Me For This Procedure?**

This procedure is generally covered by medical insurance if it is not done for cosmetic purposes but is carried out to relieve discomfort or pain. Small vessels can cause pain and this treatment can help. (2)



### **9. Why Do Varicose and Spider Veins Occur and Can They Be Prevented?**

Certain families are predisposed to the development of varicose and spider veins. Multiple pregnancies and female hormones also play a role. Reducing your weight may be of value although varicose and spider veins can occur in slender patients. Support hose is useful as is the avoidance of blows, falls, tight clothing, and prolonged standing.

### **10. Can the Position I Have During Sleep Affect New Vessel Growth?**

Yes, tiny veins often occur in the inner knees when you lie on your side at night or just above the calf muscle if you sleep with one knee bent and your ankle resting there. Tight clothing and hard surfaces upon which you sit can also provoke new vessels.

### **11. How Often Can I Be Treated?**

Large varicose veins are usually treated at 1-3 week intervals often-requiring only 2 treatments plus follow up. We prefer to carry out treatment in the cooler months when dressings and compression hosiery will be less uncomfortable.

For spider veins, if you are coming in for the first series of treatment, we prefer to treat at 6-week intervals although you can be treated more often. We ordinarily limit the number of treatments to 4 and then observe your progress over several months.

If you are returning for treatment of spider veins, you will generally be treated twice at 6-week intervals followed by a 3-6 month observation period.

### **12. How Many Times Does It Have To Be Done?**

This varies with the number of areas injected, their size and response to each injection. Oddly enough, it usually takes 3 to 4 treatments to obliterate about 80% of small spider veins and usually requires fewer (about 2 treatments plus some follow-ups) to manage larger varicose veins.

### **13. What Happens in the Long Run?**

Small vessels that remain or occur after treatment are often much less satisfactory to treat. Unlike the first round of treatments, which are uniformly successful, disappointments are common with this second generation of vessels. We arbitrarily limit the number of treatments carried out and request that patients be happy with a 60% improvement. Don't shoot for 100%; you may be wasting your money.

### **14. Are There Certain Kinds of Patients or Veins Which May Not Respond to Sclerotherapy?**

A. Spider Veins: In patients who have never received treatment, small, red vessels usually respond quite nicely. However, tiny, red spider veins, which occur or remain after multiple treatments can be quite resistant. They often become responsive to continued treatments if we wait anywhere from 3 months to 2 years before starting in again. Timing is more important than technique in these patients.

B. Large Veins: Varicose veins over 8mm (1/3") are still treated with surgery, particularly when they are associated with valvular abnormalities and severe symptoms of fatigue, swelling, aching or ulceration (sores). Patients who have arterial disease in which the circulation to their lower extremities is impaired, patients who have

abnormalities of their feet or diabetes make it dangerous to use the heavy support hosiery, which is mandatory following the treatment of such vessels. Patients who are not able to walk for at least half an hour on a regular basis cannot be treated because of the risk of pulmonary emboli (clots in the lungs).

**15. Is This Method Superior To Lasers?**

Lasers are blindingly expensive, can cause scarring and pigmentation and are reserved for tiny vessels persistently unresponsive to the generally more effective injection treatments. Never mind the fancy advertising that you will see in the newspapers; lasers are of limited value to you and extraordinarily profitable for the doctors who use them.

**16. Can Unwanted Vessels in Areas Other Than the Legs, Such as The Groin, Breasts and Hands be Treated Effectively?**

Yes, excellent results can be obtained in areas other than the legs. (3)

**17. Will My Treatment Require Extensive Laboratory Evaluation?**

For patients without symptoms (fatigue, swelling, or aching) or in those in whom no large vessels are present, extensive laboratory evaluations are a waste of money and used by unscrupulous physicians to enhance their incomes. Laboratory evaluations must be made on an individual basis and they can be expensive.

**18. I Am 75 Years Old. Is It Still Safe To Treat Me?**

A: Yes, it is, but your veins may be more delicate and must be treated more carefully. You must be active enough to walk several miles daily when treating large veins.

**19. A Little Psychology And a Few Insights- Don't be surprised if:**

- After the first or second treatment, you will look at your photographs and you won't believe how bad your veins used to look.
- You consider walking up to strangers to tell them how you got rid of veins like theirs.
- You become extremely compulsive about getting rid of all your veins, even the ones you wouldn't have noticed before your treatment. This may be the first time in years that you've felt good enough about your legs to actually take a good look at them.
- Your wardrobe expands to include fashions you wouldn't have dreamed of wearing before treatment.
- Your trusted and well-trained family physician doesn't know how effective and safe this treatment really is or how much your veins depress you. Your doctor remembers when injection treatments were simply too dangerous and painful to recommend unless your veins were physically disabling.
- You are enthusiastically happy about the results of your first 4 or 5 treatments, but when you returned at a later date, the results are never as dramatic. Diminishing returns are the rule after multiple treatments. Scale down your expectations. Don't shoot for perfection.

## COMMON QUESTIONS AND ANSWERS FROM PATIENTS

For the past five years we've kept track of our patients phone calls. Some of their questions and our answers have been excerpted here. If you are concerned, call us or come in.

### LUMPS AND SWELLING

1. Q (JB 10-16-93): My legs look good, but I still see spiders. The large vein looks like it's disappearing, no pain but I feel a small lump. Is this normal?

A: This is absolutely normal. Small veins almost always disappear more slowly than large veins. Lumps are the rule.
2. Q (SL 8-28-94): After getting the vein injected, she gets little bumps at the injection site. Also, her 6mm (large vein) you injected aches. Is this normal?

A: This is absolutely normal. Sometimes if we drain the clot it becomes less tender.
3. Q (AG 10-15-92): Large vein is lumpy and swollen as you expected. How long will it remain that way?

A: Sometimes the lumps go away on their own but most of the time we drain them a week or two after treatment.
4. Q (MW 2-1-93): Is it "OK" that she still has bruising and the "good" bumps after five weeks?

A: Occasionally bruising does persist. Sometimes this "bruising" is revascularization or matting. Lumps which last this long should probably be drained.
5. Q (AM 4-13-93): She has a painful lump the size of a golf ball above her injection site. Should she come in to see you?

A: Absolutely. A lump this large probably consists of a bruise and/or clot. This is not a dangerous condition; however, we do see it when treating an individual who bruises very easily and its presence is a good indication that compression should be used either hosiery or dressings.
6. Q (RN 10-8-82): Had veins done one week ago and is having aching in her right leg, you did a vein behind the knee. Also she has a lot of bruising. Is this normal?

A: This is a common story. A little aching is normal; probably it can be helped by the use of Compression hosiery. This patient was told to come in, the lump will be drained and the bruising will go away.

7: Q (DD 10/94): I had my veins treated two days ago and they look much worse than they did before. Is this normal?

A: Purple spider veins, which are wiggly (convoluted) and elevated above the surface, often look much worse immediately after treatment than they did before. This is because clots and pigment form in these vessels. I would be glad to look at these for you, but be assured that this will all get better on its own.

8: Q (CE 8-6-92): She was treated for veins and still swollen and lumpy and there is still discoloration. Should she come in?

A: Come in. There is no charge for this if it's a quick follow-up visit.

9: Q (KK 11-8-93): Had veins done and was playing tennis and now the left leg aches and looks a little bruised. Is this normal?

A: Probably a good idea to stop playing tennis for few days, sometimes you will get bruises and blows while playing. Bruising and aching for a while is normal after treatment.

10: Q (SR 5-25-93): You did a large vein on the back of her right leg, (behind the knee). It's knotty and tender. Is that normal?

A: This should be expected when treating larger vessels. Come in and we'll treat it.

11: Q (EB 2-21-94): She had veins done about six weeks ago and her veins are still lumpy; they itch and are slightly tender. Is this normal?

A: Itching is uncommon and it's usually treated with cortisone cream. Slight tenderness can be expected for a while, particularly when large veins are treated.

## **SECOND GENERATION**

12: Q (MP 8-1-94): She noticed nothing from the last treatment on the veins. Is this normal and do you think she will notice anything next time?

A: If you're coming back for repeated treatments for spider veins, the treatment may be slower and less satisfactory. Limit your treatments to two and wait awhile, you may be pleasantly surprised at the results.

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## RECOMMENDATIONS

### **REGULAR EXERCISE**

Walking, running, stairmaster, aerobics, swimming, or biking for 30 minutes, 5-7 days per week will help reduce aching, throbbing, and tiredness in the legs.

### **ELEVATE YOUR LEGS**

Elevating legs above your heart level for at least 10 minutes once or twice daily may diminish aching and swelling.

### **MOVE YOUR LEGS FREQUENTLY**

Flexing your ankles 10 times will pump the blood out of your legs the same way as walking does. Repeat this every 10 minutes while standing or sitting and try to walk for at least 2 minutes every half hour.

### **AVOID WEARING HIGH HEELS**

Wearing high heels interferes with the normal pumping action that occurs when you walk and may lead to aching and cramping of the legs.

### **MAINTAIN A PROPER WEIGHT**

Even moderate weight loss may reduce aching in legs with varicose veins and diminish the rate at which spider veins develop.

### **WEAR SUPPORT HOSE**

Light Support (4-14 mm at the ankle)

Hanes Alive, Givenchy Body Smoothers, Nordstrom,

Penney's Total Support (Dept. stores)

Bauer & Black (Sav-On)

Jobst Stridette

Futuro "Beyond Support" (Long's)

Therafirm Firm Support (Pharmacies)

Heavier Support (18 mm, 20-30 mm, 30-40 mm)

Futuro (Long's)

Bauer and Black (Sav-On)

Delilah by Sigvaris

Jobst Relief

Jobst Ultimate

Sigvaris, Mediven, Juzo

## SCLEROTHERAPY CONTINUES TO BE GOLD STANDARD FOR LEG VEIN TREATMENT

*But lasers are "extremely effective and show more promise for small vessels on the face and torso" – Dr. David M Duffy*

By Karen Nash Contributing Editor

Los Angeles — David Duffy, M.D., has 23 years of experience treating varicose and spider veins. He has used sclerotherapy, lasers, and microwave, and said the newer technology is "way over-rated" for removing those unsightly blood vessels. Dr. Duffy, who holds professional appointments at both the University of California, Los Angeles, and the University of Southern California, contends there is a problem with too much of the clinical literature.

"In most of these studies, the writers talk about treating veins within a certain size range. That's not specific enough. For smaller vessels you need to know the exact size of the treated vessels to accurately assess the effects of specific treatment strategies," said Dr. Duffy. "When authors don't accurately measure treated veins, their conclusions may not be valid."

Also largely ignored by many authors is the fact that a large number of variables may impact results following all forms of treatment. These include patient age, surface area of involvement, treatment site, previous treatments, venous reflux, compression, female hormones, obesity, sclerosants type, concentration and injection force, as well as vessel size and the presence or absence of varicosity.

For lasers, wavelength, fluence, pulse, width, skin cooling and skin color are important. Moreover, the length of time the patient is followed after treatment may reveal patterns of vessel growth and involution which takes months to years to evolve.

In Dr. Duffy's experience, careful measurement of vessel size is the best way to approach treatment. "The idea that you can lump vessels of various sizes together is ludicrous. The truth is, for smaller vessels, a 0.1mm change in size may profoundly alter treatment response particularly with respect to pigmentation, the number of treatments necessary, and the occurrence of resistance.

In some cases, vessel size may have more impact upon treatment outcome than the method used for treatment; according to Dr. Duffy.

### Three Patterns Occur

"Here's how it works — no matter how you treat the veins, (sclerotherapy, lasers, intense pulsed light, microwave), there are only three patterns that will occur." Dr Duffy ran down the list.

- Fast patterns: In his office, he tells patients "the bigger they are, the faster they fall. You treat them once or twice; often within two to 10 days, a clot is noted and the vessel disappears immediately often as a function of solution strength. This rapid process, which starts at 0.5 mm (occurring in about 50 percent of vessels that size) is the rule for veins measuring 0.6 mm or larger. That is the magic number

appear to confer any advantages over sclerotherapy for small vessels although newer endovenous lasers may be of great value for larger varicose veins.

### **Laser Articles Could Be Misleading**

Those who read laser articles need to understand that there are sub-groups of small resistant vessels which may respond to almost any treatment over time as well as other sub-groups which, at least temporarily, are quite resistant to any modality. An understanding of these different groups of vessels will help explain the successes claimed for lasers.

"When you read a laser article, note how many treatments are necessary, the presence or absence of matting or pigmentation, and ask yourself whether the meager advantages offered by lasers make them worth the investment. "I've used every type of laser and I've followed patients for 23 years, and I can show you that those vessels are coming and going all the time." Dr. Duffy contended that certain doctors tread lightly with respect to the negative aspects of lasers because of their relationship with manufacturers who make the machines available for in-office use. It may be that certain physicians do not want to say anything negative because they have invested time, money and intellectual energy attempting to develop this modality and they risk losing manufacturers' support. "The public asks for them, because there is something 'magical' about the laser. And doctors want to appear to be up on all the latest in technology. Dr. Duffy said that lasers are extremely effective and do show more promise for treatment of small vessels on other anatomical sites such as the face and torso. CST