

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)

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

Our website 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.

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

Signature

Date

Staff Initials

David M. Duffy, M.D.

**Board Certified Dermatologist
4201 Torrance Blvd • Suite 710 • Torrance, CA 90503
310 370 5670**

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.

THIS FORM IS REQUIRED BY FEDERAL LAW

David M. Duffy, M.D.

Practice Limited to Cosmetic and Dermatologic Surgery – Specializing in Sclerotherapy
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

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Practice Limited to Cosmetic and Dermatologic Surgery, Specializing in Sclerotherapy

4201 Torrance Blvd., Torrance, CA 90503

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:

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

Is there a ^{personal} family (circle) history of the following:

- | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Easy Bruisability | <input type="checkbox"/> Prolonged Bleeding |
| <input type="checkbox"/> Thrombophlebitis
(blood clot with or without swelling) | <input type="checkbox"/> Bleeding or Clotting Disorders (explain) _____ |
| <input type="checkbox"/> Miscarriage(s) | |

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?

_____ 1st _____ 2nd _____ 3rd 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).

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SCLEROTHERAPY OF HAND VEINS

CONSENT TO TREATMENT

No medical technique is perfect and no two people are alike. Accordingly, no one can guarantee that you will have exactly the same results and experience the same satisfaction as other patients who were treated before you. The real drawback in treating hand veins is that they will look worse before they look better. Repeated treatments are the rule and you should not expect 100% of your veins to disappear.

Vessels on the hands are often destroyed suddenly and this destruction is followed by unattractive bumps (thrombi, clots). These are not dangerous and will not break loose but will often require incision and drainage to improve their appearance.

Swelling is common, sometimes severe. To minimize this swelling you must refrain from vigorous physical activity including carrying luggage, clapping or anything else which requires your hands to be held below your waist for a protracted period of time. Bandages or elastic gloves, which are not too tight, must be worn for at least 24 hours to minimize swelling and enhance the healing process.

Other complications similar to those seen when carrying out vein treatment (Sclerotherapy) of the legs can also occur on the hands; these include pigmentation (brown streaks or patches), matting (blush-like tiny vessels), sores, small scars and thrombophlebitis (persistent tenderness of the treated vessels).

You should also understand that this treatment is not a cure and your vessels may recur over a period of time.

Treatments must be planned during a time period when you are accessible to us for regular follow-up visits at 1-week intervals for about three weeks. If your schedule does not permit careful monitoring after treatment you should not be treated.

(Patient)

(Witness)

(Date)

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HAND VEINS AT A GLANCE

Treatment Methods

We routinely employ a foam preparation and a liquid preparation for treating hand veins. For some individuals the foam appears to be superior, for others the liquid. After one or two treatments it becomes obvious which is working best for you and we'll switch over to it.

After Care

Ace Bandages are used usually between 12-24 hours post treatment. They shouldn't be too tight. If numbness, tingling or swelling occurs, loosen your dressings. The best results are seen when patients routinely elevate their hands to at least chest level, opening and closing them as often as possible for two days after treatment. Yes you can drive your car and do routine chores (cooking, writing, using the computer). Lower the stool when you're using the computer and your hands will be elevated automatically.

Number of Treatments

This is quite variable, between 1-6 treatments. This is not predictable. Expected events – thrombi (hard knots where the veins were treated are a good sign indicating the vein has been destroyed and will not need further treatment). Although these clots will disappear over 6-8 months, they're often uncomfortable and require incision and drainage. Ask for numbing cream and apply it three times in one hour before coming in to have the clots drained.

Follow-Up Treatments

You should be in town for at least 2 weeks after each treatment. The frequency with which you are examined and treated varies with your response to treatment. If bumps (thrombi) develop, call our office and we'll fit you in immediately and drain them. If no clots develop we will see you at 3 week intervals.

What You Shouldn't Do

No heavy work with your hands (carrying bags, lifting weights, hearty handshakes and applause are out) for at least several days.

Q. Will you treat all my veins?

A. No, save some for emergencies.

Q. Why don't you treat the whole hand each time?

A. Too much swelling.

DAVID M. DUFFY, M.D.
Practice Limited to Cosmetic and Dermatologic Surgery
Specializing in Sclerotherapy
(Non-Surgical Treatment of Unwanted Veins)
4201 Torrance Boulevard, Suite 710
Torrance, California 90503
Phone (310) 370-5670 / (310) 370-5679
Fax (310) 214-2071



David M. Duffy, M.D.
Practice Limited to Cosmetic and Dermatologic Surgery, Specializing in Sclerotherapy
4201 Torrance Boulevard, Suite 710, Torrance, CA 90503
Tele: (310) 370-5670; (310) 370-5679 Fax: (310) 214-2071

GIVE US A HAND

INTRODUCTION

Around 15 years ago, our business manager asked me if I could treat the enlarged veins on the backs of her hands. I hesitated because, to my knowledge, no one had done this before in a systemic way. However, I remembered that during my internship and residency these veins often disappeared following intravenous therapy without ill effects. At first these veins resisted treatment¹ but when I increased the strength of my solution I was pleasantly surprised to see how quickly the veins disappeared and how long lasting the results seemed to be.² This brochure is aimed at answering questions you may have about this treatment.

DO I NEED THESE VEINS?

Not usually. In active, healthy individuals, adequate blood flow is maintained without the presence of surface veins. However, it is always good to spare at least one vein, perhaps somewhere on your wrist or arm, in case you do need emergency IV treatment.

WILL THE VEINS COME BACK?

Recurrences are uncommon but new veins may occur. This usually takes several years. Generally, both recurrent veins and new veins are never as large or as unattractive as the previously untreated veins.

HOW MUCH WILL THIS COST?

This varies with the number of veins, which are treated, and the number of times you are treated or the clots are drained. Costs generally range between \$1,500 and \$2,500. There is no charge for an examination or evaluation of your progress for three months after treatment. There is never any charge for a quick consultation if you have any concerns. If you have any problems, be sure to come in and let us look.

WILL INSURANCE PAY FOR THIS PROCEDURE?

No, this is purely a cosmetic procedure; you should not expect your insurance company to pay for it.

HOW MANY TREATMENTS WILL BE REQUIRED?

This is quite variable; most patients require at least 2 treatments. Occasionally there are those who require up to 6 treatments. The outcome of your treatment often has to do with how well you follow instructions, your individual response to treatment, and the size of your veins. Elevation of the hands and the frequent use of ice bags for the first couple of days coupled with the opening and closing of your hands as often as possible will often reduce the number of treatments necessary.

TREATMENT OPTIONS

Busy patients sometimes opt to have only one or two veins treated in both hands at weekly or biweekly intervals. This has the advantage of eliminating the need for compression dressings and also minimizes swelling. It does take many more treatments and visits. Sometimes, only one hand is treated at a time. This has the advantage of giving you one free hand to do what is necessary during your working day. We often advise patients to carry out the procedure on a Friday so that they have the weekends in which to elevate the hands and we will routinely make time on Fridays for those who have busy schedules. You will want to remove your rings before treatment; you may not be able to remove them if swelling occurs.

WHAT SHOULD I EXPECT OR DO DURING THE TREATMENT PERIOD?

When all or most of the veins on the hand are injected, a dressing is applied temporarily. Keep the dressing on when you are busy and you must be using your hands below your waist. One patient had particularly good results because she lowered the stool when she was using her computer and kept her hands elevated above her chest. Take the dressing off as soon as possible and begin elevating your hands as well as using ice bags frequently. Open and close your hands as often as possible to increase circulation. Replace your dressings when you must be using your hands. Elevation is the single best method of caring for your hands. Dressings are generally used at night for at least five days (applied lightly) after treatment when large numbers of veins are treated.

At about 24 to 48 hours, you may notice moderate swelling, bruising and aching. These problems are minimized with hand elevation. At anywhere from 2 days to 2 weeks, if you make a fist and feel the

tightly pulled skin over the treated veins, you may see and feel firm, sometimes tender, greenish bumps. These harmless clots will not break loose. Clotting (thromboses) is a good sign that your veins have been adequately treated. They are not dangerous and when they are removed, the veins are completely treated and require no further injections. Occasionally, repeated treatments are necessary to remove all of the dried blood.

REMOVING THE CLOTS

One and a half to two hours before returning for follow-up, pat on Emla Cream (do not rub it in) very thick over the treated veins and cover with Saran Wrap. Repeat this at least four times in a one and a half to two hour period. Never let the cream dry out. Leave the Emla on (do not wipe off) when you come in for your appointment. Emla permits us to drain these clots without discomfort. Smaller clots may be absorbed on their own without treatment over a 6 month to 1-year period. Follow-up visits are an important part of your treatment schedule. These are usually carried out at 1-3 week intervals post-treatment.

Do not hesitate to call us if you have any concerns. Most of these phone calls have to do with the presence of these hard clots, which is really part of the normal healing process. There is never any charge up to 3 months post-treatment for a quick examination of your hands.

HOW SHOULD I USE MY DRESSINGS?

When large numbers of veins are treated, we recommend that you apply your dressings every night for 5 days after treatment. They should not be tight enough to cause swelling or tingling of the hands. If this happens, loosen them up. Be sure to put a Kotex pad over the treated area to put more pressure on the vessels when you use the Ace bandage.

I HAVE SEVERE SWELLING. WHAT SHOULD I DO?

Elevation is still the best treatment along with ice. Advil or Motrin is often used to reduce swelling. Do not hesitate to come in and have us examine your hands just to make sure.

I NOTICED A SCAB WHERE YOU TREATED ME. SHOULD I BE CONCERNED?

You may develop a small sore. It would be good to come in and be examined.

I NOTICE NUMBNESS IN THE SKIN OVER THE TREATED VEINS.

Occasionally some of the nerves in the skin are damaged by this procedure. I have seen it once in 300 hands. This is truly a nuisance and not dangerous in any way but it does occur rarely.

I NOTICE WHAT SEEMS TO BE PERSISTENT BRUISING AT 1 MONTH FOLLOWING TREATMENT

This is a rare complication of unknown cause. To date, I have not seen this bruising or tenderness extend over 2 months but this is possible.

I NOTICE PERSISTENT TENDERNESS IN THE TREATED AREA? WHAT SHOULD I DO?

Remember not to do heavy work with your hands. Tenderness can be persistent. It has, to date, always resolved spontaneously. Be sure to call us or come in and let us know what is happening.

WHAT ACTIVITIES SHOULD I AVOID?

Avoid bone crushing handshakes and applause. Shortly after the first treatment, a former Miss America MC'd a beauty show and clapped continually through three Broadway plays. She had a great deal of swelling and discomfort. No applause, please, for at least two weeks. Patients who baby their hands for about a week have played tennis ten days after treatment.

ARE THERE PATIENTS WHO SHOULD NOT BE TREATED?

Yes. Elderly, inactive patients, those with infections on the hands, those with severe circulatory disease (diabetic arterial disease), patients in generally bad health who may require regular injections of IV medications, those with collagen vascular disease (lupus, scleroderma) and those taking certain drugs.

CAN VERY LARGE VEINS BE TREATED?

Yes. Veins up to 1 cm in size (about 1/2 inch) can be treated quite satisfactorily. These often require more treatments using higher concentrations of sclerosants.

HOW OFTEN DOES THIS TREATMENT FAIL?

About 2-3% of treated patients simply do not respond to multiple treatments.

CAN YOU DO ANYTHING FOR THE BROWN SPOTS THAT SEEM TO LOOK WORSE ONCE THE VEINS ARE GONE?

We certainly can. These involve fruit acids and electro-cautery or lasers and in the case of certain types of spots (actinic keratoses, pre-malignancies) your insurance may pay for this.

By David M. Duffy, M.D.

THE ROLE OF SCLEROTHERAPY IN THE REJUVENATION OF AGING HANDS

A recent magazine article refers to hands "which can give away your age like the rings of a tree" as "the last virgin body part."¹ Women who have peeled, suctioned, lifted and tucked away years of facial and body wear and tear are demanding equal opportunities for their hands. This article highlights sclerotherapy for the treatment of enlarged hand veins, a simple technique which has produced extraordinary patient satisfaction.

Gravity, trauma and sunlight subject the hands to unique combinations of physiologic and environmental stresses. With age comes gauntness. The skin of the hands becomes looser as the hands lose volume due to muscle atrophy, bone demineralization and loss of adipose tissue. This loosening process is accentuated by sun-induced losses in cutaneous and vessel wall elasticity, resulting in wrinkled dyschromic skin and the ballooning of convoluted surface veins.

Is Hand Vein Treatment Safe?

Several years ago our business manager asked me if I could inject the enlarged veins on the backs of her hands. At first I hesitated because, to my knowledge, no one had performed this type of treatment in a sys-

tematic way before. However, I remembered that, during my internship and residency, these veins often disappeared following intravenous therapy without ill effects. At first, these veins resisted treatment²; but when

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newer and less toxic sclerosing agents permitted the use of higher concentrations; the veins disappeared quickly and the results seemed to be long-lasting.

Patient Selection

In healthy, active individuals with adequate circulation, excellent blood flow is maintained without the presence of surface veins. Patients with collagen vascular disease, coagulopathies or severe circulatory dis-

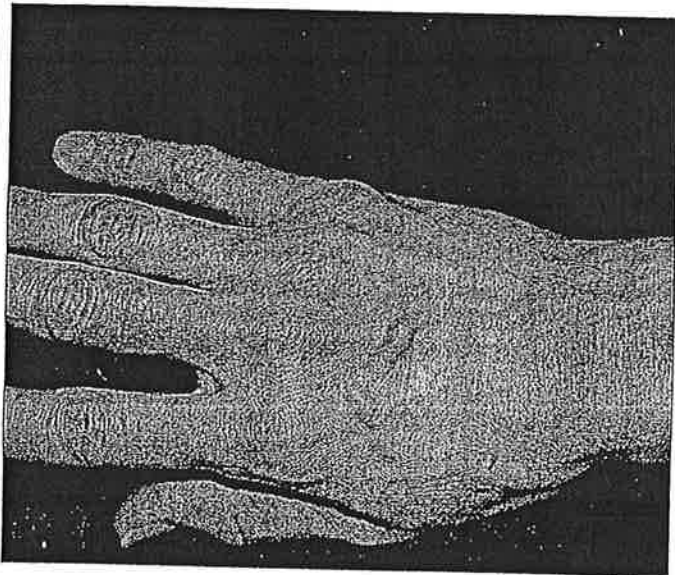


Figure 1a: Pretreatment appearance of the hand with elevated 4- to 6-mm veins.

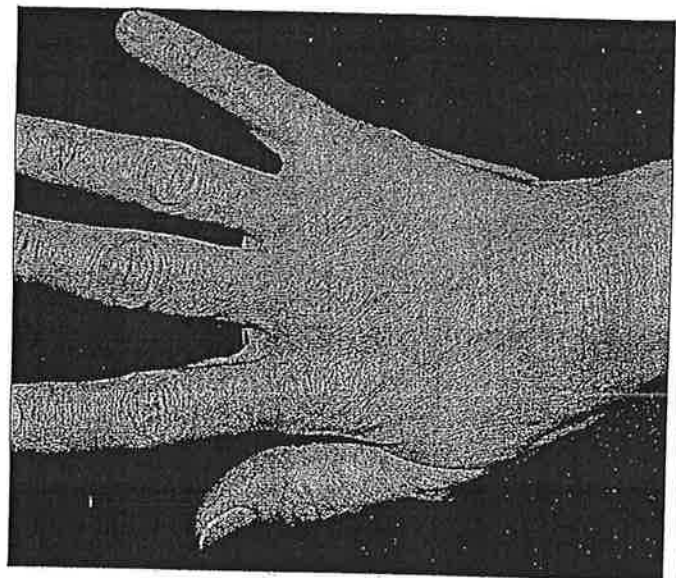


Figure 1b: Small thrombi, which are drained

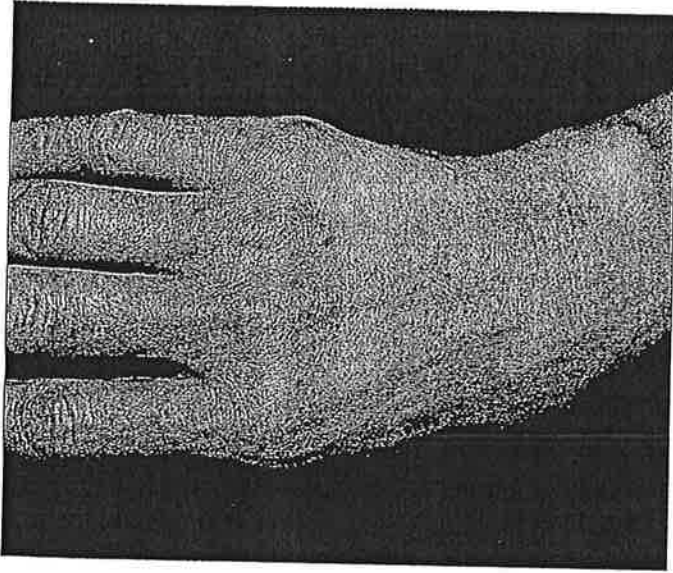


Figure 1c: The hand 6 months after the third and final treatment

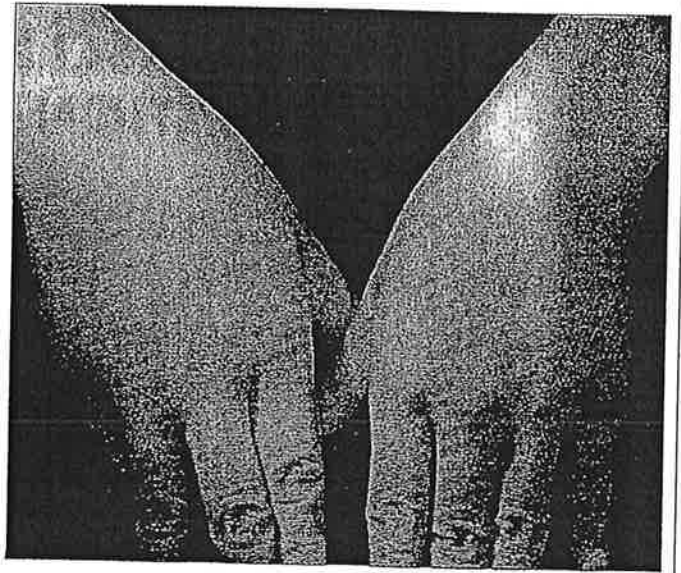


Figure 2: Moderate to severe hand edema

ease; those in poor health; those who require regular injections of intravenous medications; those who are inactive; and those who have severe hand pain or arthritis are excluded from treatment. At least one vein is spared on the hands of those patients who have no other easily accessible veins, in case an emergency may arise where immediate intravenous treatment is necessary.

Clinical Course

Other than the need to use relatively high concentrations of sclerosants, treatment is straightforward and parallels techniques used for lower extremity venous disease. Compression dressings are routinely employed for vessels of all sizes.

The occurrence of tender thrombi and the need to evacuate them result in more temporary discomfort and patient dissatisfaction than do the actual injection treatments.

Results are often rapid. Sclerosis commonly occurs within several days after treatment, inevitably accompanied by palpable, unimportant but tender and unat-

tractive thrombi (see Figures 1a through 1c) as well as some degree of hand edema. Although some patients prefer the appearance of their hands while they are swollen to their pretreatment "normal" appearance, others have enough swelling or hand tenderness to prompt phone calls (see Figure 2).

The number of treatments (range 1 to 6) varies a great deal from one person to the next. It does not seem to be related to the size of the veins treated. Smaller vessels, particularly on younger patients, can be more resistant and require more treatments than larger vessels. Veins up to 1 cm in diameter have been successfully treated.

Complications

Although unimportant in terms of risk, the occurrence of tender thrombi and the need to evacuate them result, at least initially, in more temporary discomfort and patient dissatisfaction than do the actual injection treatments. Incision and drainage, which are simple on the lower extremities, are much more difficult on the hands, particularly on the fingers where veins are extraordinarily mobile. Topical lidocaine 2.5% and prilocaine 2.5% (EMLA® Cream; Astra USA, Inc.; Westboro, Mass.) can be used to make thrombectomies more comfortable.

Patient Variability

Posttreatment edema varies considerably from patient to patient. One of the most severe episodes of edema

we have noted in a review of over 60 patients occurred when a former Miss America emceed a beauty show and clapped continuously through three Broadway plays. However, another patient, a woman in her six-

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ties who participated in a television commercial in which she pummeled a punching bag, had superb results with no edema or clotting noted. A 45-year-old woman developed severe and persistent (6 weeks) edema of one finger possibly related to the wearing of a ring that was somewhat tight while vigorously weightlifting in a local gym.

Our patients are told that the best results have occurred in those who were able to keep their hands almost continually elevated for 24 hours after treatment while using ice bags and anti-inflammatories (ibuprofen) on a regular basis for 48 hours after treatment. One case of superficial thrombophlebitis involving the volar forearm responded over a 2-week period to anti-inflammatories, elevation and icing.

To date, no pigmentation has occurred and only two cases of minimal neovascularization have been observed. Two patients developed transient hypopigmentation and minimal hypertrophic scarring at incision sites. These resolved to the patient's satisfaction over a period of 6 months. Recurrence of smaller vessels has been noted in four patients followed over a 5-year period.

Summary

Sclerotherapy for enlarged hand veins is proving to be safe and successful. It has been greeted enthusiastically by patients and will probably become routine and even more popular with the passage of time. ▲

David M. Duffy, M.D., is assistant clinical professor of medicine (dermatology) at the University of California, Los Angeles.

References

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2. Duffy, D: Sclerotherapy: Broader horizons. *J Cutan Aging Cosmet Dermatol* 1(4):263-266, 1991.