

# OB-GYNS

From page 1

walking,” says Magnant, “and veins have one-way gates with valves; they open back toward your pelvis. We have half a dozen segments in our legs, that allow blood to move back to the pelvis. So when we talk about leaky veins,” he says, “we’re talking about those valves being broken.”

Most of the treatments for conditions that fall under the umbrella of Venous Insufficiency are considered medically necessary; in other words, they are not cosmetic, and are covered by insurance. “There’s a lot of disability, aches and hurts,” says Magnant, of vein problems. The good news is that today, many of these problems can be corrected with far less trauma to the body than even 8 years ago.

“Procedures are much different today than they were in 2000,” says Magnant, whose Fort Myers practice is called Vein Specialists. Before that time, bad veins had to be “stripped,” or literally pulled from the legs, after incisions were made at the ankle, knee and groin. It was a painful procedure, with a long recovery. In 1999, the FDA approved what is called the “endovenous closure,” or a sealing of a bad vein with heat, using a small needle and local anesthesia, versus being in the hospital with general anesthesia.

By 2001, a laser-based system was also approved, giving patients a second minimally-invasive treatment option. In both



OB-Gyn Dr. Kevin M. Fleishman with a patient. Women today have new treatment options available to them, Fleishman says.

cases, patients can usually return to work within a few days’ time, a far cry from the dramatic days of vein stripping.

Leaky veins are detected with ultrasound. “It is the mainstay, the cornerstone of diagnosis,” says Magnant, who says he is focused on the valves to see where

they’re leaking and how bad they’re leaking, and then he determines the best course of action.

### Still surgery for some

Although his treatment options usually work, there are those patients whose

problems require surgery. Although Magnant is a board-certified vascular surgeon, he recently chose to dedicate his practice to outpatient, minimally-invasive treatments, so he refers certain cases to arterial surgeons.

Free screenings give patients the opportunity to learn that help is available for their painful conditions. Physicians are also becoming more educated about this specialty field, and new state-of-the-art solutions for venous insufficiency.

### Prevention

“In the past, there was nothing we could do unless patients had really bad problems,” says Magnant, “so this technology has allowed us to be a bit more proactive and preventative in caring for patients. Insurance companies are starting to understand that. Why wait for an ulcer?” says the doctor. “It flies in the face of preventative screening we’re doing for everything else.”

Magnant sees a wide range of patient profiles. “We see young women who have the heavy “French legs,” he says. “Big, swollen legs that don’t really match their thighs - women in 30s and 40s, whose legs are killing them after noon. And we also see old folks with ulcers on their shin. With bad, leaky veins, they don’t heal, they become a chronic ulcer,” he says.

Vein problems are often hereditary, but can also be the result of multiple pregnancies. “Once they’re made worse, they generally don’t go back to where they started,” explains Magnant, who says that women with venous disease outnumber men 70 to 30.

### Women particularly benefit from new era in medicine

“Minimally-invasive” is more than a buzz word in today’s practice of medicine. Procedures which cause less

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