

JANUARY
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New Year New Legs?

The Time to Act is NOW!

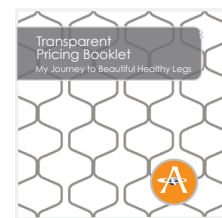


Almost all Insurers typically cover treatment of Symptomatic Varicose Veins. But the time to act is now!

Chronic Venous Insufficiency (CVI) occurs when diseased (varicose) veins cause backflow and pooling of blood in the legs. Remember, varicose veins are frequently present deep within the leg, hence may not be visible from the outside without the help of ultrasound.

Like other chronic conditions (heart disease, diabetes, etc.), CVI is a progressive and lifelong problem. Although we do not have a cure for CVI, modern treatment options to get rid of the most affected diseased veins are safe, effective, and do not require downtime. Typically, patients notice an improvement in their symptoms within a day of the procedure. The risk of complications (blood clots, bleeding veins, recurrent cellulitis, and poorly healing sores in legs) is significantly reduced. Since there is an extensive network of veins prone to failure, we recommend follow-ups for ultrasound surveillance and additional treatments when appropriate. Modern treatments combined with lifelong supportive measures (such as the use of compression stockings, periodic leg elevation, avoidance of prolonged immobility, effective calf pump exercises, and weight management) offer the best opportunity to enjoy

healthy, pain-free legs long term. Necessary visits for examination by a Vein Specialist, ultrasound scans, and recommended treatments for symptomatic varicose veins are typically covered by all major insurers, including Medicare and Medicaid. However, like other doctor visits, copays and deductibles may apply based on your insurance plan. More than one treatment session may be required. Insurers frequently require a trial of conservative therapy, and we may need to obtain prior authorization that can further delay the treatment process. Accordingly, if you plan to start the New Year with healthy, beautiful legs, the time to call is NOW. Our staff will assist you at each step of the process. We continue to offer discounted rates and upfront pricing for self-pay patients. Please ask for our **Transparent Pricing** booklet.



The initial consultation is **FREE**, and referrals are not necessary. We offer extended hours to meet our patients' needs. Call **816-396-0245** or visit MyVeinDoc.com.



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Fall/Winter Newsletter 2021

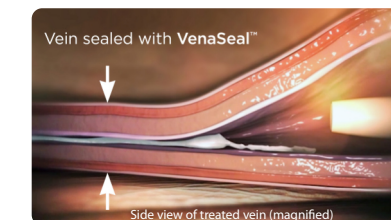
- VenaSeal – Varicose Veins Gone in 1 Hour!
- Journey Beyond Life – by Dr. Gupta
- Thank You for Your Trust in Our Care!
- New Year New Legs? The Time to Act is NOW!
- Dancing With The Clots – Superficial Vein Thrombosis (SVT)

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VenaSeal™ – Varicose Veins Gone in 1 Hour!

Varicose veins may appear on the skin surface as enlarged, swollen, and ropey veins. Typically, they are an extension or branch of a deeper saphenous vein inside the leg. Modern treatment options over the past 20 years have replaced old-fashioned methods such as vein stripping. Almost all current treatment modalities involve closing the diseased veins from the inside. Once they are sealed shut, the blood is re-routed through healthy veins improving circulation while the body absorbs the diseased veins over time. Treatments are performed in the comfort of an office setting and require no downtime.

treatment is easily tolerated (most patients fall asleep during the procedure!), more areas can be safely treated in one session resulting in fewer visits and increased cost savings.

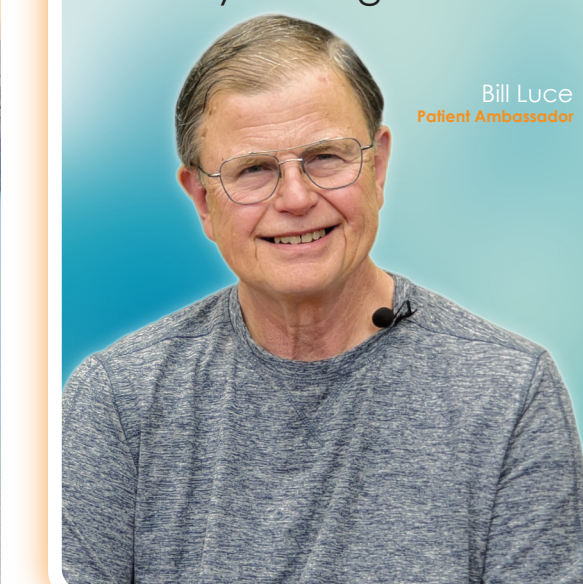


Most insurers, including Medicare, cover the use of VenaSeal™ for the treatment of symptomatic varicose veins. Patients who do not have insurance coverage or simply want to get rid of unsightly varicose veins can still benefit from the revolutionary VenaSeal™ treatment using the self-pay option. Please ask our staff for pricing.

Getting those healthy, beautiful legs has never been easier! Call **816-396-0245**. Learn more at MyVeinDoc.com/venaseal.

“My most recent treatment here at Alsara came as a result of me coming with my wife last summer. I was wearing shorts because it was so hot, and Dr. Gupta happened to notice that legs had deteriorated a little bit, that I was beginning to have some bulging in my legs with my veins. He asked how I was feeling and I said *‘I still feel pretty good but, yeah, they are beginning to bulge, beginning to show a little bit.’* And he said *‘You know, we can take care of that.’* And so that’s when the most recent treatment started, after I came in with my wife and Dr. Gupta just happened to notice what my legs looked like.

“My legs have been set on radial from 40 years ago.”



Bill Luce
Patient Ambassador

Compared to what they felt like originally, they were still a lot better, nearly 100%. But afterwards, a-ha, I had no idea – they were even *better*, totally 100% better, and they looked better. My wife and other people have noticed when I wear shorts that my legs are far more natural. They look like they should. The swelling has gone down. My veins don’t pop out like they did. It’s almost like my legs have been set on radial from 40 years ago. You guys have restored my leg health. I mean, I can’t say enough.

Bill Luce
Patient Ambassador



“My legs have been set on radial from 40 years ago.”

Journey Beyond Life



Covid-19 is in its second year with new variants that are more virulent and lethal. There is hardly anyone left who has not lost a loved one to the pandemic. I am no exception, having lost my brother one year ago. The devastation of the pandemic extends beyond lost lives and financial hardships. Grief and isolation have drastically changed the nature of social interaction. Mental health challenges constitute another health emergency with unprecedented numbers of moderate to severe anxiety and depression patients.

As Victor Frankl said, *“Life is never made unbearable by circumstances, but only by lack of meaning and purpose.”* Throughout the history of humanity and especially during challenging times such as these, some questions arise that are as old as mankind itself; Why am I here? Where am I going?

I believe that even amidst the pandemic and all the turmoil in the world, humanity is undergoing rapid evolution, almost a transformation. Problems like climate change, nuclear war, and now this pandemic can only be resolved by cooperation at the planetary level. Humanity is ripe for the next great evolutionary transition from materialism and tribalism to a state of higher consciousness. Without challenges, it may have been difficult for us to exercise our power of free will and experience positive growth – an evolution into a higher state of being as a species.

While on my journey for answers, I have recently accumulated many books. Habitually rooted by science, I found the contents of the following books most plausible: **Proof of Heaven** by Dr. Eben Alexander, **Journey of Souls** by Michael Newton, and **The Power of Now** by Eckart Tolle. The list is likely to grow exponentially.

Perhaps, the answers lie not elsewhere but deep within us where a self-inquiry may reveal that our beautiful souls lay trapped under the weights of our enormous egos. When placed back in the driver’s seat, our eternal souls have divine powers to steer us in the right direction, in this life’s journey and beyond.

Fear

It is said that before entering the sea a river trembles with fear. She looks back at the path she has traveled, from the peaks of the mountains, the long winding road crossing forests and villages.

And in front of her, she sees an ocean so vast, that to enter there seems nothing more than to disappear forever.

But there is no other way. The river can not go back.

Nobody can go back. To go back is impossible in existence.

The river needs to take the risk of entering the ocean because only then will fear disappear, because that’s where the river will know it’s not about disappearing into the ocean, but of becoming the ocean.

Rabbi Gibrán

Thank You for Your Trust in Our Care!

Winner: Readers’ Choice • Best of St. Joe

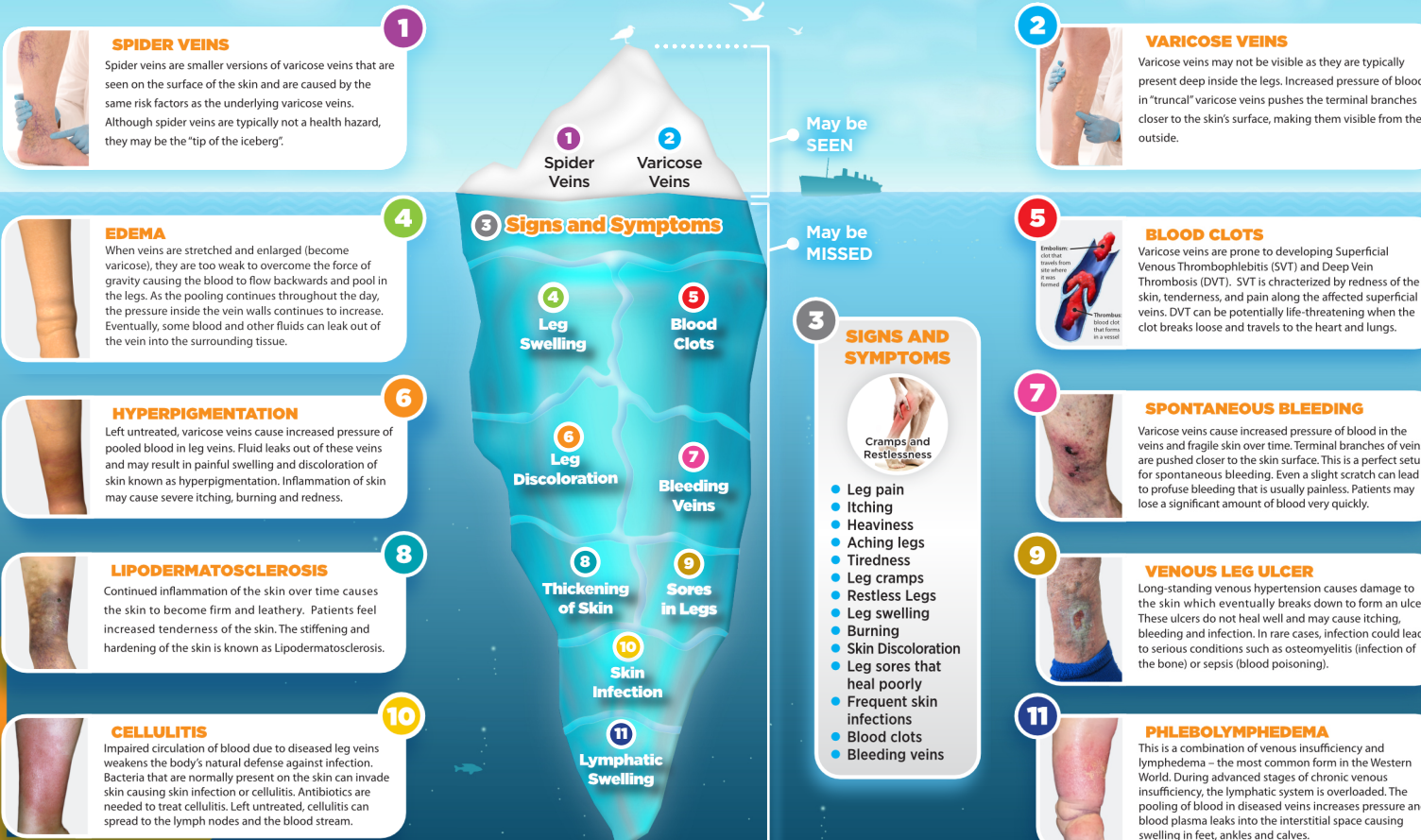


WINNER FAVORITE
•Clinic •Medical Specialist •Surgeon
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WINNER
Physician

ICEBERG PHENOMENON OF VARICOSE VEINS



Dancing With The Clots

Superficial Vein Thrombosis (SVT)

I routinely see patients with blood clots. Protocols for the proper management of blood clots, particularly superficial vein thrombosis, have changed. If I had to summarize this broad topic in one short paragraph, I would say that all types of blood clots pose a threat. You do not want to dance with any of them! Varicose Veins are a major risk factor. Once the clot has resolved by proactive management, often with blood thinners, the treatment of underlying affected varicose veins provides the best long-term outcome.

The Players

Clots in lower extremities come in two varieties; **DVT** (Deep Vein Thrombosis), clots in Deeper Veins located within the muscles inside the legs, and **SVT** (Superficial Vein Thrombosis), which are present in veins outside the muscles, closer to the surface of the skin. **PE** (Pulmonary Embolism) is when a blood clot breaks loose and gets lodged in the lung.

The Risk

Risks associated with DVT/PE are well known. According to CDC, up to 100,000 Americans die each year from

DVT/PE, which is more than the deaths due to AIDS, breast cancer, and motor vehicle accidents put together. Among those who survive, about 33% will have a recurrence within ten years.

On average, one American dies of a blood clot every 6 minutes - CDC.gov

Before the advent of modern diagnostic and imaging technology, doctors poorly understood the risks associated with SVT and frequently considered it a benign self-limiting condition. Studies have shown that 20-25% of patients with SVT have DVT or PE at the time of diagnosis. SVT can be associated with deep venous thrombosis (DVT) in 6 to 40% of patients, asymptomatic PE in 20 to 33% of cases, and symptomatic PE in 2 to 13% of cases. There is also a high risk of recurrence. For people who have a history of SVT, the lifetime risk of DVT or PE increases four to six times. The migration of the thrombus towards the deep veins at the saphenofemoral junction, the saphenopopliteal junction, or from a perforating vein is the major reason of the association between SVT and DVT or PE.

(Continued on Right)



Varicose Veins and Blood Clots

World Thrombosis Day • Oct. 13, 2021

Open Your Eyes to Thrombosis

1 in 4 people worldwide are dying from conditions caused by thrombosis.

It's a startling fact that up to 900,000 people in the United States alone are affected by blood clots each year; about 100,000 of those people will die, which is greater than the total number of people who lose their lives each year to AIDS, breast cancer, and motor vehicle accidents combined.

Source: www.WorldThrombosisDay.org/issue/thrombosis

Pulmonary Embolism (PE)
Blood clot travels through the heart and blocks a blood vessel in the lung

Peripheral Arterial Disease (PAD)
Arteries narrowed by Plaque

Blood Clots
Embolism: clot that travels from site where it was formed
Thrombus: blood clot that forms in a vessel

ALSARA VEIN CLINIC

Dancing With The Clots

Superficial Vein Thrombosis (SVT)

(Continued)

Association with Varicose Veins

A landmark study published in JAMA reported a 5.3 times higher risk of Deep Vein Thrombosis in patients with varicose veins. These patients also had a 1.73 times higher risk of Pulmonary Embolism (where the clot breaks loose and travels to the lungs) and 1.72 times the risk of Peripheral Arterial Disease.

Varicose veins represent one of the most critical risk factors for SVT. Approximately 10-20% of patients with varicose veins develop SVT, and varicose veins are present in up to 90% of patients with SVT.

Symptoms of a Blood Clot

- Redness, soreness, and hard lumpy area are features of blood clot in superficial vein (SVT)
- Increased leg swelling
- Leg cramps
- Low grade fever
- Chest pain, shortness of breath, fainting spells, fast heartbeat are typical signs of blood clot that has migrated to your lungs (PE)

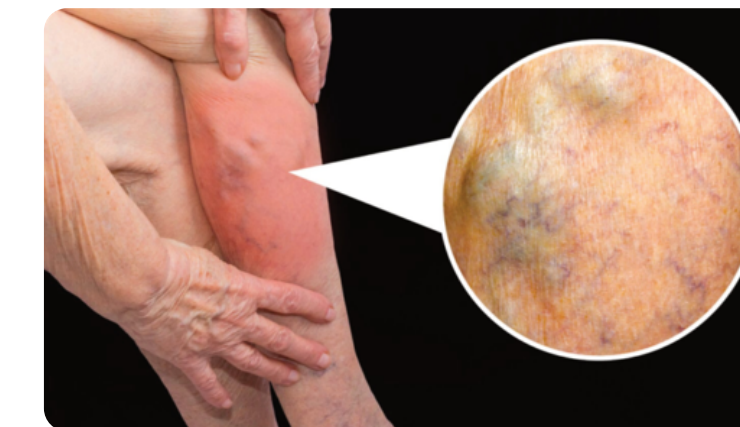
If you think you have a blood clot, call your Provider, or go to the emergency room immediately.

Management of DVT/PE

Treatment guidelines for patients with DVT/PE are now reasonably well established. The latest guidelines from the American Society of Hematology (ASH) released in October 2020 contain protocols for using various anticoagulants and recommendations regarding the use of thrombolytic (clot breaking) therapy for hemodynamically compromised patients.

Management of SVT

SVT typically presents as a reddened, warm, inflamed, tender area overlying the track of a superficial vein. There is often a palpable cord. Some surrounding swelling or itching may be present. Diagnosis is clinical, and duplex ultrasound is an essential tool in the visualization and proper management of SVT. The Prospective Observational Superficial Thrombophlebitis (POST) study reviewed venous duplex screening of the affected lower limb and showed that 23.5% of patients had concurrent DVT. More than half of these DVTs were not contiguous with the SVT; 17% were noted to affect the contralateral lower extremity, while only 1% had



an isolated DVT in the contralateral limb. These findings support the regular use of ultrasound to evaluate SVT. The POST study also sought to establish the ultrasonic findings that increased the likelihood of associated DVT. It found that the risk substantially increased if a perforating vein was involved, with an odds ratio of 8.1, or if there was an SVT present less than 3 cm from the saphenofemoral junction, which had an odds ratio of 3.3.

Although numerous studies showed the high risk of thromboembolic complications associated with SVT, there has been a lack of consensus regarding the management of the SVT in the past. The CALISTO trial established for the first time the clinical benefit of a well-defined anticoagulant regimen for the prevention of serious thromboembolic complications of SVT. The UW Medicine VTE Treatment Taskforce 2015 offers a synopsis of current management protocols.

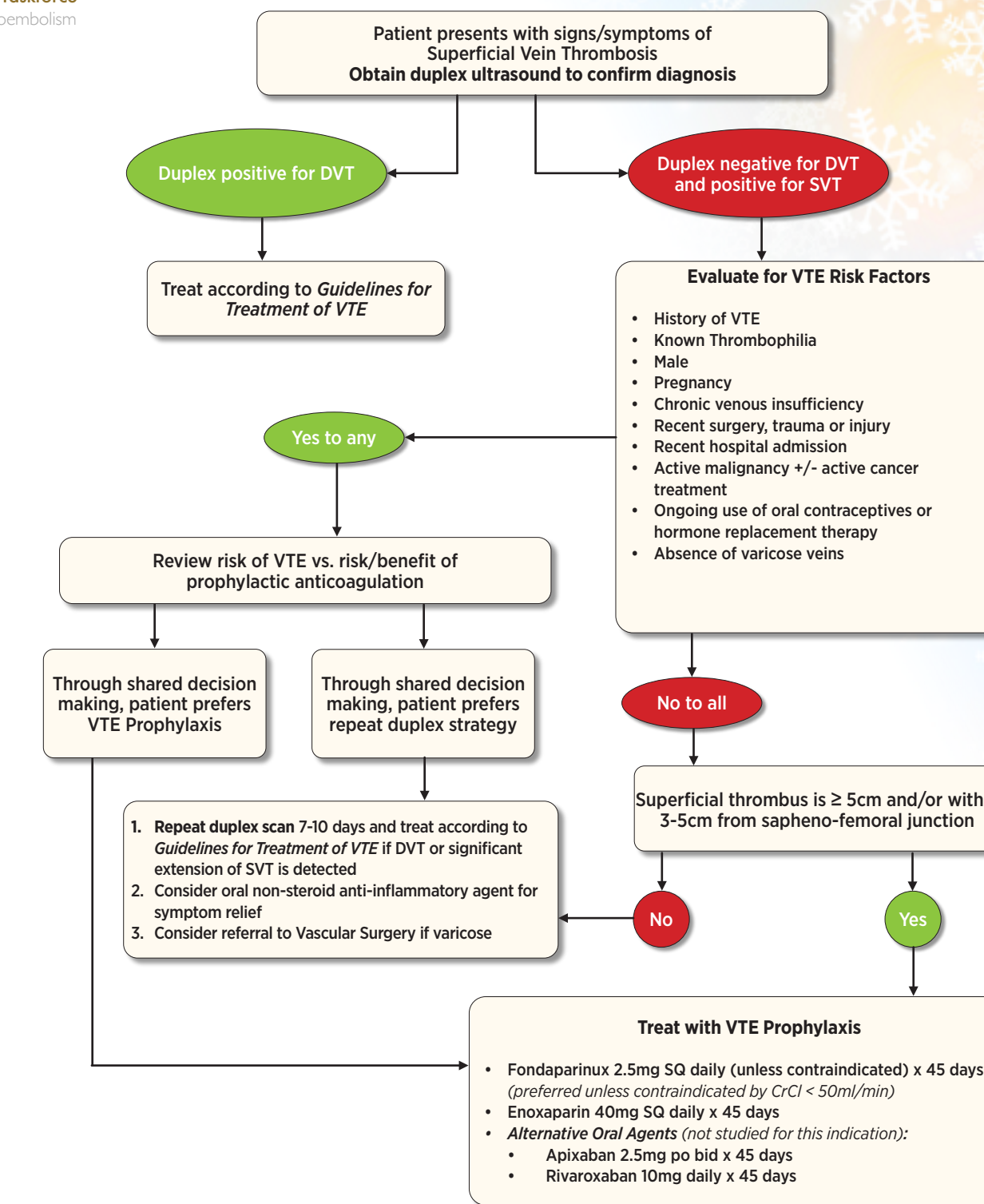
Anticoagulation to prevent venous thromboembolic complications (DVT or pulmonary embolism) is warranted, especially in patients with SVT near the saphenofemoral junction or when the superficial thrombus is 5 cm or greater in length. Follow-up examination with serial ultrasound evaluations is frequently necessary to assess the response to treatment and ensure the resolution of thrombosis. Treatment of the affected underlying varicose veins offers the best long-term outcome in reducing the risk of thrombosis associated with varicose veins. There is no place for antibiotics in SVT management unless there is a history of injury to the skin (such as trauma, laceration, or catheter placement). The role of aspirin or NSAIDs is primarily to alleviate pain and reduce inflammation.

Conclusion

In summary, the presence of varicose veins is a significant risk factor in the development of all forms of blood clots.

UW Medicine
VTE Treatment Taskforce
Venous Thromboembolism

Recommendations for Management of Superficial Vein Thrombosis



All clots are to be taken seriously, including blood clots in superficial veins (SVT). Early referral to a Vein Specialist can help properly diagnose, manage, and prevent serious complications.

Dancing with any form of a blood clot is a losing game.

References:

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- Involvement of Varicose Veins in Superficial Venous Thrombosis Pavel Poredos 2016