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The Center

The Los Angeles Varicose Vein Center is one of few clinics in Southern California that specialize in minimally invasive treatments for varicose veins. We offer expertise in problems ranging from complicated cases, such as recurrent varicose veins after stripping surgery, perforator vein reflux, and advanced chronic venous insufficiency to simple cosmetic spider veins.

Phlebology

The widespread availability of ultrasound imaging has profoundly altered our understanding and treatment of vein disease. As a result, a new specialty, phlebology-- the diagnosis and treatment of vein disorders, has evolved. Treatments are now individualized and based on each patient's specific anatomy and physiology. They are also primarily nonsurgical and minimally invasive. Endovenous ablation, foam sclerotherapy, and microphlebectomy are now *the* standard of care in varicose vein disease. They have replaced older painful and disfiguring surgical procedures such as saphenous vein ligation and stripping, and stab phlebectomies.

Endovenous Ablation

During endovenous ablation a special catheter is placed into the diseased vein

and positioned precisely with ultrasound. Heat generated from the catheter permanently closes the vein and functionally removes it from the circulation. This procedure is a major advance because it:

- Requires only local anesthesia
- Immediately relieves symptoms
- Results in minimal pain or discomfort
- Allows patients to immediately get up, walk, and resume normal activity
- Results in no scarring
- Provides new treatment options for patients with recurrent varicose veins
- Allows treatment of patients who can tolerate surgery or anesthesia.



Ablation after 4 weeks

Our center primarily uses the *CoolTouch* 1320 nm endovenous laser, arguably the most effective and versatile system. It allows treatment of smaller and

tortuous problem veins that can be difficult to treat with other systems.

Treatment of Varicose Branch Veins

Varicose veins on the skin surface are usually only the branches of the diseased saphenous vein. Large varicose vein branches should *always* be treated at the time of endovenous ablation with either microphlebectomy or sclerotherapy.



Ablation and microphlebectomy after 4 weeks
 When left untreated, these branches often clot and become painful afterwards. Untreated varicose branch veins can also be a source of residual symptoms, remain cosmetically unattractive, and increase

the chance of future varicose vein problems.

Some physicians who perform endovenous ablation unfortunately do not treat large varicose branches until problems arise. In such instances, patients often go through needless discomfort and require additional procedures later. We treat all large varicose branches at the time of the endovenous ablation. Those just under the skin are removed through small needle holes that heal without scarring (microphlebectomy), while deeper ones are treated with ultrasound-guided sclerotherapy.

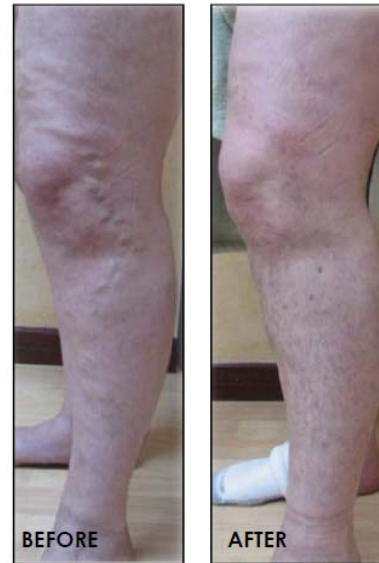


Ablation and microphlebectomy after 6 weeks

Monitoring and Sedation

Our facility has fully equipped operating rooms for absolute patient safety.

Procedures are performed with local anesthesia along with light to moderate sedation, depending on each patient's needs. Minimal sedation is usually required except during injection of tumescent local anesthesia. At that time, most patients usually prefer additional sedation for complete comfort.



Ablation and microphlebectomy after 4 weeks

Cosmetic Sclerotherapy

Patients with varicose vein disease often also have extensive spider veins. Although their appearance usually improves after endovenous ablation, the spider veins typically do not entirely go away without specific treatment. Many women are still bothered by their appearance and avoid wearing shorts, skirts and bathing suits.

We usually perform the first session of cosmetic sclerotherapy at the time of endovenous ablation.



Ablation and microphlebectomy after 4 weeks

About Us

Los Angeles Varicose Vein Center Director, Maged S Mikhail, MD, RVT, has over 24 years of experience in private and academic practice, where he earned the rank of Professor of Anesthesiology and Surgery at the University Of Southern California Keck School Of Medicine.

He is a graduate of the University Of Florida College Of Medicine. His postgraduate training includes internal medicine, anesthesiology, critical care medicine, and phlebology. Dr. Mikhail is board certified in critical care medicine, pain management, and anesthesiology.

He is also certified in cardiac ultrasound and among only a few physicians to achieve the designation of Registered Vascular Technologist. An internationally recognized anesthesiologist and critical care specialist, he has written four editions of *Clinical Anesthesiology*, a textbook that has been translated into five other languages, as well as numerous articles in critical care medicine, cardiovascular anesthesia, pain management, and surgery.

Dr. Mikhail's extensive background in vascular access, nerve blocks, needle and catheter injection techniques, and ultrasound imaging makes him uniquely qualified in phlebology. He specifically trained in endovenous ablation, ambulatory phlebectomy, and ultrasound-guided sclerotherapy at the Alabama Vascular and Vein Center with Dr. John Kingsley, an internationally recognized pioneer in phlebology with the largest clinical experience in the world with endovenous ablations.

Dr. Mikhail is one of few physicians in Southern California who are trained in the CoolTouch endovenous laser. His expertise, passion, and commitment to phlebology provide his patients individualized treatment to obtain the best possible result.