

Zimmet Vein and Dermatology Clinic

Steven E. Zimmet, M.D.

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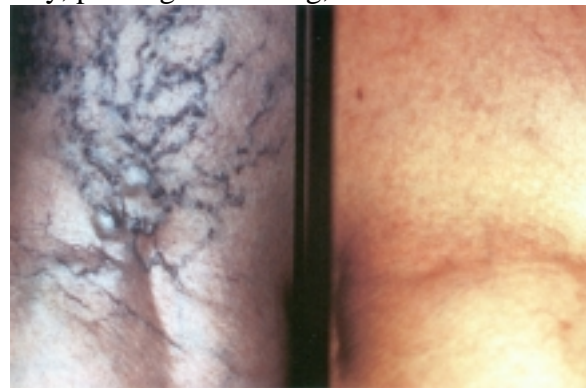
Over the past decade or so, life has become easier for Americans suffering from venous disorders. Doctors here are now using techniques pioneered in Europe to treat varicose veins, spider veins and even venous leg ulcers. Phlebology, the study of venous diseases, is a specialty well developed in Europe, but relatively unheard of in the U.S. One Austin physician in particular has made phlebology an important part of his practice. Dr. Steven E. Zimmet, of the Zimmet Vein and Dermatology Clinic, felt "that this medical field had much to

offer patients suffering from these very common conditions, who previously were offered no treatment or multiple-incision stripping."

Contrary to the common notion that varicose veins are an affliction of just elderly women, the problem often begins in adolescence and can affect men. It is an extremely common condition; "if you include spider and varicose veins, probably 40 to 50 percent of adult women are afflicted." The major predisposing factors are heredity, pregnancy, and female hormones. Other contributing factors include a sedentary lifestyle, obesity, prolonged standing, and trauma.

The veins of the lower extremity are divided into two axially oriented systems. The deep venous system is comprised of those veins within the muscular component of the limb below the deep fascia. The superficial system veins lie within the skin and subcutaneous tissue, above the deep fascia. The major superficial system veins (long and short saphenous veins) empty into the deep veins at the saphenofemoral junction in the groin and the saphenopopliteal junction behind the knee. Perforating veins also connect the two systems at multiple points in the leg.

Dr. Zimmet explained that spider veins are small dilated intracutaneous veins. A varicose vein is a dilated subcutaneous vein of the superficial venous system. Valvular dysfunction allows reflux which causes congestion of blood in the varicose vein; the vein is dilated because it is filled with blood. Varicose veins usually form because of incompetence of one or more of the junctions with the deep system or an incompetent perforator. Incompetent pelvic veins can also cause distal varices. Dr. Zimmet noted that "for the patient, varicose veins can be



Spider veins and varicose veins before and after sclerotherapy. Photo courtesy of Zimmet Vein and Dermatology Clinic.



Varicose veins before and after sclerotherapy. Photo courtesy of Zimmet Vein and Dermatology Clinic.

more than just unsightly. Symptoms are common and can include aching and heaviness of the legs, pruritus, dermatitis, restless leg syndrome, superficial thrombophlebitis, and bleeding. The nutrition of the skin can become so compromised that ulceration develops."

Each patient with varicose veins or a venous leg ulcer has their own particular venous map or pattern. Venous leg ulcers may originate with disease in their deep, superficial and/or perforating venous systems. A common misconception that persists is that a venous leg ulcer indicates the patient suffers from a post-thrombotic syndrome. This often is not the case; superficial disease alone is a common cause of venous leg ulcers. Dr. Zimmet says, "It is imperative to properly evaluate patients with varicose veins and venous leg ulcers." In addition to a routine history and physical, duplex ultrasound enables the physician to evaluate venous anatomy and function. A precise map can be drawn for each patient's varicose condition. Treatment is individualized based on that particular patient's situation.

The introduction of sclerotherapy in the mid-1800s occurred soon after the development of the hypodermic needle. Sclerotherapy, the injection of medication into diseased veins in order to bring about vein sclerosis, has been pioneered and refined in Europe over the last five decades. The availability of non-invasive ultrasound techniques has greatly hastened the development of the field over the last 15 years.

Now most patients, even those with large varicose veins, can be treated with sclerotherapy or ultrasound-guided sclerotherapy. This new technique enables the physician to treat deeper varices safely and effectively. This procedure is done in the office under simple local anesthesia and takes about 15 minutes to perform. Although several treatment sessions may be necessary, it's an easy procedure for patients to undergo. They are encouraged to get up, walk and be active immediately.

For those patients with very large varicosities, ambulatory phlebectomy can be very helpful. This procedure, first described by Dr. Robert Mueller from Switzerland about 30 years ago, is performed in the office under dilute local anesthesia. The veins are extracted through needle punctures. General anesthesia is avoided, and often it's difficult to find the incisions through which the vein was removed. Dr. Zimmet, who learned this technique from experts in Rome and Paris, has been "extremely pleased with the results. My patients have done very well, and we've avoided the expense of a surgicenter, the risks of general anesthesia, and the scarring of standard incisions. I sometimes cannot see where I made my needle puncture incisions, and my patients have been very happy." Only a small percentage of patients with varicose veins need stripping, and this can often be done through just two incisions.

Dr. Zimmet has had publications on venous disease in several peer-reviewed medical journals. He received the 1992 research award of the North American Society of Phlebology. The NASP, a multidisciplinary society with about 800 physician members, is devoted to improving the treatment of venous disease. Dr. Zimmet has been an invited faculty member/ speaker on venous disease at medical conferences in the U.S., Canada, England and Australia. He was recently elected to the board of directors of the NASP and chairs the Public Education Committee.

Other important facets of Dr. Zimmet's practice include cutaneous laser surgery and cosmetic dermatology. He has had extensive training in the use of laser-based treatments for vascular conditions such as port wine stains, hemangiomas, and telangiectasias, for tattoos, pigmented lesions, scar revision, warts, hair removal and facial resurfacing for photoaging and acne scarring. The cosmetic dermatology services he offers include superficial and medium-depth chemical peels, collagen injections and Botox® (botulinum toxin type A). In particular, he is very enthusiastic about Botox.



"Botox injections are a wonderful treatment for frown lines, crow's feet, and forehead lines. It's safe, effective and very well tolerated by patients."

On a personal note, when Dr. Zimmet is not up late refining a handout, adding to his Web site (www.skin-vein.com), or developing a presentation, he enjoys the struggle of golf and concert-going with his wife Adrienne and their 10-year-old son, Max, who is studying classical guitar.