

PERSPECTIVES

REAL CASES OF VEIN TREATMENT

VEIN HEALTHCARE CENTER
PATIENTS' EXPERIENCES



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Cindy Asbjornsen DO, ABPh
Founder, Vein Healthcare Center

INTRODUCTION

Approximately 80 million people in the U.S. have some form of venous disease, everything from spider veins or varicose veins, to leg ulcers or DVT. Fortunately, today there are many options for treatment, including minimally invasive procedures like endovenous laser ablation (EVLA), or even natural, conservative measures that one can do at home.

In this book, you'll read about several patients who sought help at the **Vein Healthcare Center**, where they had their vein disease diagnosed and treated. You will see how it has affected, not just their legs, but also the quality of their lives.

As a Fellow of Phlebology (the study of veins and vein disease) trained at the highest level, I am passionate about educating people about vein health. The stories in *One Patient's Perspective* were excerpted from *Vein Health News*, the vein magazine for primary care physicians that I started in 2012.

I hope that the perspectives you find here will help you take another step toward healthier legs.

A handwritten signature in black ink, appearing to read 'Cindy Asbjornsen', with a long horizontal flourish extending to the right.

Cindy Asbjornsen, DO, FACPh
Founder, Vein Healthcare Center

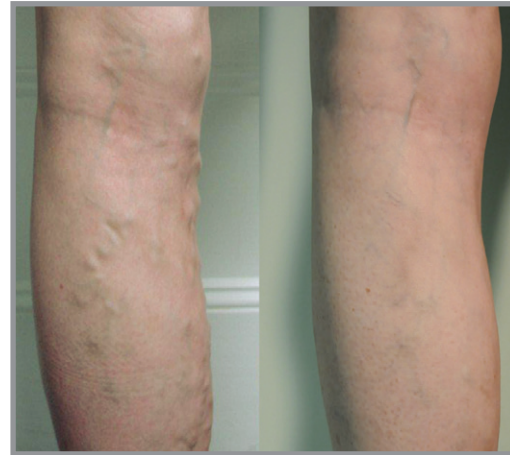
Healthy Style

CASE: 01

Jane S. has worked in retail for more than 40 years. Now in her late sixties, she manages *Carla's*, an upscale woman's clothing store in Kennebunkport and Portland. Being on her feet day after day for hours on end took its toll, and her legs needed help badly.

“I had very bulgy veins, particularly on my left leg,” Jane explained. “They were almost rope-like, that’s the only way I can describe them. They looked ropy and they weren’t just little spider veins, these veins were big. On my right leg a very big vein started up in my thigh area and went down almost the full length of the leg.”

Over the years, she sought treatment from three different vascular specialists. The first two attempts were unsuccessful. “One procedure was done long ago in the hospital,” she said. “It was day surgery. I got no results or relief.”



After treatment, Jane found physical relief and the confidence to wear skirts again.

About eight years later Jane had outpatient surgery on her lower left leg. “I had been developing ulcers

down in that area,” she described. “It does happen from being in this kind of business. He treated it, but I still managed to get one or two ulcers after that.”

Each time she developed an ulcer it took a long time to heal, hampered in part by standing on her feet all day. She also couldn’t exercise, walk her daily couple of miles, ride her bike, or cross-country ski.

And while always at the top of her game when it came to selling and wearing stylish clothing, Jane’s own options were limited. It was pants only, and under the heavy, expensive and not terribly attractive compression stockings she’d worn for the past 14 years, were two legs that not only looked bad, they often felt heavy and tired.

Relief finally came when Jane visited Dr. Asbjornsen, a certified phlebologist, in the fall of 2010. She had a series of laser and ultrasound guided sclerotherapy treatments and almost immediately, both legs looked and felt better.

The key, she discovered, is not to treat the noticeable bulges, but to find the leaky valves in the affected veins and plug them so they won’t leak anymore. When the source is treated, the bulging vein goes away, usually over a period of about six months.

It’s an approach that certainly worked for Jane. More than a year has passed and she continues to improve. “I am walking or riding my bike everyday,” she reported, “and I’ve had no ulcers in a year and a half. I am feeling fine.”

Jane is still in the style business selling clothes at *Carla’s* and currently planning a fashion show for her church. Not only do her legs feel better, they look better. No more being self-conscious about ropy, bulging varicose veins. And no more pants only for this high-fashion woman. Last summer she wore a skirt for the first time in decades. For her, it was more than a fashion statement; it was about how finally getting appropriate treatment for her varicose veins has made a significant difference in her life. ■

Exceeding Expectations

CASE: 02

Hugely swollen. Wormy looking. Hot to the touch. These are some of the words that Shaye R., 44, used to describe how her legs have looked and felt for years.

When Shaye was 19, bulging ½-inch-wide veins began appearing on her right leg and got progressively worse throughout her twenties; five years ago they started appearing on her left leg too.

“They were unattractive for sure, and they were uncomfortable,” said Shaye. “But I was so used to living that way that I didn’t know how uncomfortable I really was.”

Over the years Shaye spoke to numerous primary care doctors about her legs, but they all said that her condition was merely cosmetic. Their dismissive attitude caused her to dismiss them too, despite the obvious physical discomfort she continued to feel.



Shaye’s recovery was even quicker than expected.

By the time Shaye made an appointment with Dr. Cindy Asbjornsen at The Vein Healthcare Center, her legs were constantly achy and tired. The vein specialist assured her that she was going to feel much better, but after years of feeling “dragged down” Shaye said she couldn’t understand what ‘feel better’ meant.”

During her evaluation, Dr. Asbjornsen took down Shaye's complete medical history. Although Shaye learned that venous disease is primarily hereditary, she doesn't know anyone else in her family who suffers from vein problems.

Shaye's legs were treated— first her right leg, then her left leg two weeks later— using endovenous laser ablation (EVLA), a minimally invasive treatment to resolve large varicose veins. The procedure involves threading a small laser fiber into the vein at the location of the “leaky” valve. The laser heats the lining of the vein, causing it to collapse and eventually become absorbed by the body. Blood is then diverted to the other healthy veins in the leg.

For Shaye, recovery time was quick. She wore waist-high gradient compression stockings for four weeks and walked at least 30 minutes every day, per doctor's instructions. The change in appearance and feeling were gradual at first, but within a month, her legs looked smooth and no longer felt hot to the touch.

“At first there was a ropy feeling, and then suddenly it disappeared and my legs felt amazing— that was the most unexpected outcome for me,” said Shaye.

She no longer felt exhausted at the end of the day and even began looking forward to taking walks, an activity she used to loathe because her legs felt so heavy and sore.

A secondary goal for Shaye was to “just be able to look at [her] legs and not feel awful.” Now, almost nine months after the procedure, her legs are no longer swollen and “wormy looking.” This past summer was the first one in 25 years that she wore shorts and did not feel embarrassed.

Shaye is unreserved about recommending vein treatment to others. She even carries her before and after pictures in her wallet.

“Do the research, ask a lot of questions, and then go for it,” she said. “I can not get over the difference in how my body feels.” ■

An Educational Experience

CASE: 03

Joshua B. is a chef. Years in the restaurant business have kept him on his feet for extended periods of time, which—combined with a family history of varicose veins—was a recipe for unhealthy legs.

“I started getting varicose veins in high school, but as unsightly as they were, they never really bothered me,” said Joshua.

As the New Hampshire native got older, his veins got worse. They continued to get bigger and stay swollen for longer periods of time. Even crawling on the floor with his young kids was hard because of the varicose veins on his knees. But the self-proclaimed “tough guy” continued to live with the discomfort.

When he was about 27 years old, however, he started to experience undeniable medical issues.

The skin covering Joshua’s veins gradually got thinner and thinner, especially on the insides of his ankles. Eventually the skin got so thin on the inside of his right ankle that it ruptured and began spraying blood “like a squirt gun coming out of the side of his foot,” as Joshua described it.

“It was scary. I didn’t know what to do, so I rushed to the emergency room where they gave me a Novocaine injection and stitches that stayed in for a week,” he said.

That was the first emergency. Ten months later another bleeder opened up higher up on Joshua’s right leg. He began to take the problem seriously and went to two different doctors for treatment. One physician encouraged vein stripping. The other physician advised against it but offered no

alternatives. Joshua was confused: “I never really had a clear path of what to do.”

Finally, Joshua found his way to The Vein Healthcare Center. An ultrasound revealed the source of the problem, and Joshua worked with Dr. Cindy Asbjornsen on a treatment plan. He proceeded to have endovenous laser ablation (EVLA) on his right leg first, followed by his left leg two months later. Dr. Asbjornsen followed both EVLA procedures with sclerotherapy. As Joshua put it, the EVLA “dams up the river,” and then the sclerotherapy gets ride of the other streams leading up to it.

Joshua was nervous before the procedures, but found that it was a lot easier than he expected. The most difficult part of the experience has been the compression stockings required after any vein procedure. Though he admits the compression makes his legs feel better and more comfortable, it’s more than a little unpleasant to wear them in a hot kitchen.

He strongly suggests that anyone who has to wear compression to get their garments professionally

measured and tailored, because otherwise “you’re battling with them all day.”

Joshua’s goal was to restore healthy venous return in his legs, but he’s been surprised by how much more comfortable and confident he feels.

“I’m not as apprehensive about wearing shorts and showing off my legs now, because before they were gnarly and bumpy,” he said. “They’re not Tom Brady’s legs yet, but they look much better than they did.”

Overall, the experience has been an educational one for Joshua. Once he really understood what varicose veins were and what his specific problem was, he couldn’t wait to fix it. In fact, he wishes a vein exam could be part of every general physical.

“It’s a quick thing to look at someone’s legs to see if there are varicosities. There are a lot of possible treatments, and the earlier you start the better off you are.” ■

Exploring Options

CASE: 04

Lisa F. has been dealing with blood clots and compression stockings since she was 17 years old. When her doctors discovered clots in both legs the first time, ultrasound sonography wasn't widely used, as it is now. Lisa had a venogram, in which x-rays were taken after a contrast dye was injected into the distal parts of her legs and tourniquets were placed at various spots on each leg. She described the process as “awful and archaic.”

Lisa was given clot-dissolving medication and put on bed rest (outdated advice, since now patients are encouraged to get up and move, if they're able). She was discharged with a prescription for Coumadin, a blood thinning medicine, and compression stockings. While she took the medication faithfully as a college student, the stockings didn't “fit in with [her] routine or image.”



A vein screening is the first step toward treatment.

After taking Coumadin for one year, Lisa stopped and was promptly hospitalized again with blood clots. Although this time she wore the compression stockings more often, she thought it was more for her comfort, not for actual treatment or prevention.

Several years later, Lisa developed venous ulcers. That scared her enough so that she became “religious” about wearing compression.

“Before I sought help for my veins, I would put on the knee-high stockings in the morning, even if I was just making breakfast before getting in the shower.”

Now 45 years old and a medical-surgical nurse, Lisa is on her feet all day and continues to cope with her leg problems. It affects her endurance, so she can’t work her 12-hour shift three days in a row.

About a year ago, Lisa went to a vein screening at the Vein Healthcare Center and came away surprised—and elated. She said she almost didn’t believe the physician when she heard about the possible treatments.

“I had no idea that the symptoms I was experiencing, like itching and swelling, were related to venous insufficiency, and I didn’t know there was anything you could do for veins,” said Lisa.

Lisa spoke to Dr. Asbjornsen about her goals to in-

crease endurance and relieve leg pain. They agreed on a plan to do endovenous laser ablation (EVLA) on her left leg and then, eventually, on her right leg.

It has been about eight months since Lisa had the EVLA procedure on her left leg and she is on her way toward her goals of increased endurance and less pain.

Despite the fact that when she was 30, Lisa “gave up caring about what her legs looked like,” the vein treatment has had an added benefit: “You can see the shape of my leg again!”

During the 25 years she has dealt with blood clots, compression stockings and leg pain, Lisa had never been asked about her veins or how her venous issues affect her quality of life. She said while her doctors have been great with acute management, she was never told about the procedures that are available.

“I never thought there was anything that people could do for veins, so to learn that there was a physician who specialized in it: suddenly there were options,” she said. “Finding out your options is a great starting point.” ■

Life After DVT

CASE: 05

In 1983, Brian G. and a friend took a bus trip from Maine to Florida. By the time they got to the Carolinas, Brian started noticing six lumps in his left leg, all in one vein. When they finally arrived at their vacation destination, he went straight to the hospital where he stayed for two weeks.

Six deep vein blood clots had developed. Fortunately, none of the DVTs had broken free, and treatments of Heparin and heat therapy reduced them enough for him to travel safely home, this time by airplane.

Brian, who is now 53, had no noticeable problems before the long bus trip, with one exception. When he was in high school in the '70s he was growing too quickly and his hips were separating. He underwent several surgeries, including one to place pins in his hips and another to take them out. His last surgery was in 1977 and everything seemed fine.

Brian has another theory about what may have caused the clots: “I had been a toll collector at the turnpike for five years, and all that standing and sitting isn’t good for my legs. Could that have contributed? Possibly.”

Once Brian got back to Maine, his family doctor referred him to a local vascular surgeon who prescribed Coumadin to dissolve the clots, and then removed the entire vein. At that point, Brian started developing severe ulcers in his left leg (the leg where the DVTs were).

For the next twenty years he sought treatment from several vascular specialists in New England, including one doctor who gave him a vein valve transplant in the late 1990s, but nothing seemed to relieve his pain or heal his ulcers.

A few years ago, with encouragement from his wife, Brian went to a wound care clinic in southern Maine. At the clinic, he received excellent treatment, as well as a referral to Dr. Asbjornsen. She discovered the root of his problem: faulty perforator veins in his leg were causing his blood to flow backwards and pool in his legs, keeping his ulcers open.

The solution— after a thorough examination and detailed medical history— was to treat the troublesome veins at the source of the dysfunction, using ultrasound-guided sclerotherapy to seal the veins shut.

Since the sclerotherapy, Brian has begun to see light at the end of the tunnel. “The ulcers are slowly closing, and the results I’m seeing are unbelievable,” he said. “It’s the best my leg has felt in years.”

Brian continues to undergo sclerotherapy and will do so until his leg pain and ulcers are completely gone. Because of the DVT and venous reflux that followed, the skin on the lower half of his affected leg now appears to have a “woody” texture, but he’s receiving treatment for that too.



Venous treatments can help reduce the risks of DVT.

Before sclerotherapy, Brian’s pain was so bad he could barely walk, compounding the problem. Now he says that he and his wife go for walks on the beach together. What he’d really like to do is go swimming, something he hasn’t been able to do for more than fifteen years.

“My primary goal is no more pain, but my other goal is to go for a swim without any plastic bags or contraptions on my leg,” he said. “I think we can make that happen.” ■

Proactive Prevention

CASE: 06

Gary S. did not go to a vein specialist because his legs hurt, or to fix his foot issues, or even for cosmetic reasons. After being evaluated and treated by a vein specialist, however, both leg and foot problems were resolved—and his bumpy veins have disappeared, an unexpected side effect.

It all started when the 60-year-old engineering supervisor went to his family doctor for an annual physical. Gary had no leg pain, but the visible varicose veins on his legs gave him cause for concern.

“For me it was all about prevention,” he said. “I wanted to make sure that my legs were healthy.”

Gary’s doctor referred him to Dr. Cindy Asbjornsen who gave him a full venous evaluation, which included a physical exam and diagnostic ultrasound. Dr. Asbjornsen also collected a complete health history—



Venous issues can have a direct impact on the feet.

and took note that both of Gary’s parents had varicose veins, though they never sought treatment. (Significant research with gene mapping shows that there is a strong link between heredity and venous disease.)

In addition to varicose veins, Gary had been experiencing what he described as “a fair amount of trouble with both feet.” He suffered from plantar fasciitis, a common cause of heel pain, and Achilles tendinitis, a common condition that causes pain along the back of the leg near the heel. For the plantar fasciitis, he had been seeing a podiatrist annually for five years to get cortisone shots on the bottom of his feet. There were no effective treatments available for the tendinitis.

Dr. Asbjornsen suspected that the build-up of fluid in his feet was the result of poor venous return. In other words, his veins weren’t doing an adequate job of getting the blood from his feet to go up through his legs and back to his heart.

In December 2012, Gary had endovenous laser ablation (EVLA) performed on both legs. In the months that followed, he was surprised to see that not only had his varicose veins diminished, but also that the pain in his feet were gone.

“Fixing my foot problems wasn’t the goal, but it’s good when you fix one thing and the side benefit is you fix something else at the same time.”

Gary admits that since the EVLA procedure, he’s been “playing a bit more golf” than usual. He also enjoys walking and has had no complaints about his feet. Although he’s not sure if he’ll experience foot issues in the future, he admitted, “the prospects look good.” His goal is to retire in a few years, and preventative care helps increase the odds that his body will be in “relatively decent shape” when retirement comes.

Most vein patients seek treatment when they’re experiencing leg pain, swelling, or other symptoms. For Gary, it was a matter of maintaining his general health. And he wasn’t shy about bringing up the issue with his primary care doctor either.

“I think patients should be proactive with their health,” Gary said. “If they have any concerns regarding anything, they should discuss it with their family doctor— and get answers to their questions!” ■

All in the Family

CASE: 07

In the 1950s, most women wore dresses and skirts, but Priscilla F.'s mother always wore pants to cover up her bulging, unattractive veins. Her mother's legs were so swollen that her knees disappeared, her legs as wide at the bottom as at the top— what people used to refer to as “stump leg.”

“The worst thing was that when my mom got into her '70s and '80s, her varicose veins were so painful she could barely move,” said Priscilla. “She was a very active woman who became so limited because of her legs.”

Priscilla, who lives in New Hampshire, has had her own venous challenges. Shortly after her daughter Stacie was born, Priscilla sought treatment for her increasingly painful varicose veins. The only option available at the time was vein stripping, which she generously described as “quite a process.”



EVLA can provide physical relief as well as improve appearance.

The treatment proved effective for about 18 years, but then Priscilla's legs and ankles began to swell again, and the heaviness and discomfort returned. Sometimes the pain was so bad that she couldn't walk or stand for very long: "Every time I sat down I would have my legs raised. I'd get tired of telling people, 'my legs bother me today.'"

Priscilla knew she had to do something or risk ending up like her mother. After researching vein treatment online, she found The Vein Healthcare Center and made an appointment to be evaluated. She was fascinated to learn about the new technologies that were available.

"I was under the assumption that once veins are stripped you can't do anything else," she said. "I was elated to find out that I had other options and something more could be done!"

Priscilla determined that her main goal was relief from the pain and swelling. Together with Dr. Cindy Asbjornsen, she decided to have endovenous laser ablation (EVLA) for both legs, followed by

sclerotherapy. Since then she goes to the local Y to exercise "every single day," something she would never have dreamed of just a few years ago.

One small drawback, according to Priscilla, is bruising. She said her skin is very fair and sensitive, so after treatment, including sclerotherapy, she would get some bruising. Other than that, Priscilla has been thrilled with the outcome. Like mother, like daughter

LIKE MOTHER LIKE DAUGHTER

Since vein disease tends to run in families, "bad veins" didn't end with Priscilla. Her 42 year-old daughter Stacie also has chronic venous reflux. Stacie began to see symptoms in her mid-twenties, but because of her mother's (and grandmother's) family history, she was aware of the problem and did her best to take care of it. She started doing sclerotherapy, but when she got pregnant in her 30s, her veins got worse.

"The sclero would work for awhile, then the veins would come back," said Stacie. She then underwent radiofrequency (RF) ablation, but that didn't work

either, so she switched doctors. Her new doctor performed ligation for the purpose of shutting down both her saphenous veins. Post-surgery she felt instant relief, but almost six months later she experienced full reflux: “It felt like I’d had no treatment at all, and none of the valves in my veins seemed to work.”

A second round of RF also yielded results, but six months later “everything re-opened again.” After her doctor retired, Stacie visited a third doctor who removed both of her saphenous veins from ankle to groin. Yet, she still felt no relief.

“It’s disheartening when you’re veins are stripped and it’s still not taken care of,” shared Stacie. “There were nights I couldn’t sleep, it was so painful.”

Fortunately, Stacie’s mom had already started treatment with Dr. Asbjornsen and recommended that Stacie pay her a visit. After an ultrasound evaluation, they found the root of the problem. Since then she’s had EVLA on her left leg, along with a

significant amount of sclerotherapy and light-assisted sclerotherapy. The treatment will be ongoing because the past difficulties she’s had with her veins.

Both Priscilla and Stacie agree that anyone seeking treatment for their veins should look for someone who is trained in vein care specifically. Priscilla added that it helps to find a vein specialist who is passionate about what he or she does and “really understands how debilitating it can be.”

Stacie’s has some advice for younger women with vein problems: “I was in my mid-20s when I was first affected, so don’t think it’s just an ‘old lady’ kind of thing.”

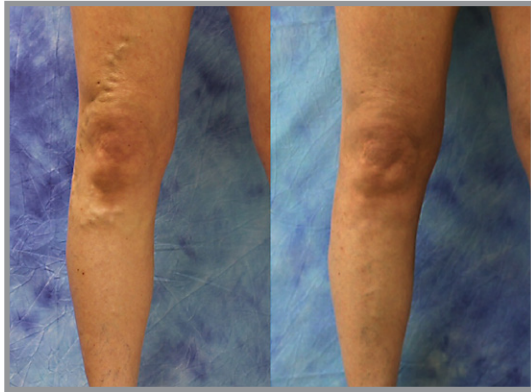
She also suggests that those who have relatives with vein disease take special care. “Don’t wait. It’s not something to put off, because it does get progressively worse and it won’t go away on its own,” she said. “If you have a family history, you need to stay on top of it.” ■

BEFORE AND AFTER

IMAGES OF VEIN TREATMENT RESULTS

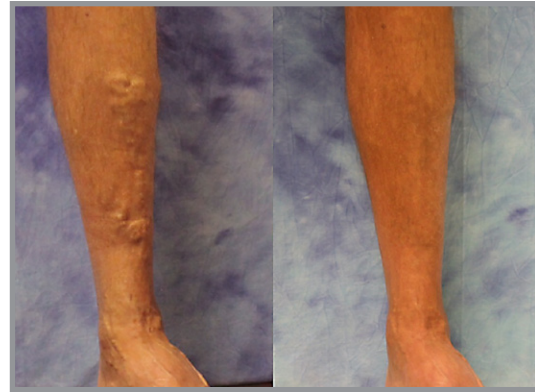


CASE: 08 Before and After



This 50-year-old woman experienced aching, cramping, throbbing, pain, swelling, itching and heaviness in her legs bilaterally (on both sides of her legs). After an EVLA treatment and one session of sclerotherapy, she found relief from her symptoms.

CASE: 09 Before and After



This physically fit 59-year-old man was bothered by the appearance of his bulging varicosities. The results seen here are after two sessions of sclerotherapy.

CASE: 10 Before and After



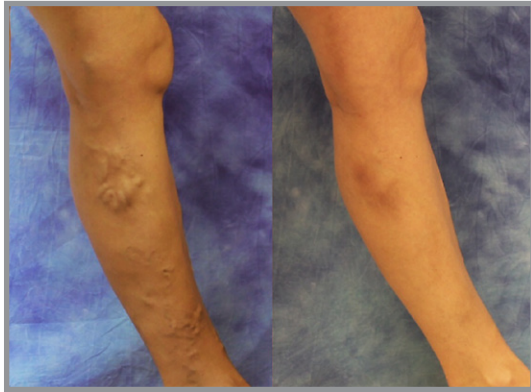
This 72-year-old woman presented with symptoms of venous disease, including aching and cramping in her left leg. She had the EVLA procedure, with follow-up appointments at two and six months. She requires no further treatment.

CASE: 11 Before and After



This 45-year-old woman's symptoms— aching, cramping, pain, heaviness, and numbness in her legs— started when she became pregnant more than two decades earlier. Two EVLA treatments and multiple sessions of sclerotherapy have alleviated all of her symptoms.

CASE: 12 Before and After



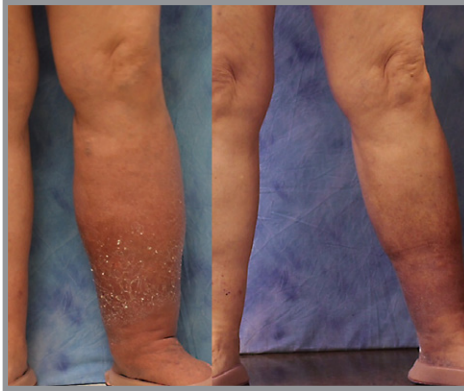
This 50-year-old woman experienced aching, cramping, throbbing, pain and numbness in her left leg for more than 30 years. After endovenous ablation on her left great saphenous vein and one session of ultrasound-guided sclerotherapy, she looks and feels much better.

CASE: 13 Before and After



This 56-year-old woman had all the typical symptoms of venous disease, in addition to a history of ulcers at her ankle, bleeding from her varicosities, and a past vein stripping. EVLA treatment, followed by five sessions of sclerotherapy, resolved all of her issues.

CASE: 14 Before and After



This 70-year-old man had a long history of swelling in all of his extremities, with more significant edema in his left leg. He has suffered with Milroy's disease since birth. EVLA treatment decreased the swelling, as well as the cramping and itching, and he is now walking comfortably.

CASE: 15 Before and After



This 65-year-old woman sought help because of veins in her right leg. At her initial evaluation it became apparent that both legs were affected—and she didn't realize the disease was worse on her left leg than her right. She had EVLA treatment on both legs, followed by ultrasound-guided sclerotherapy.

PATIENTS' PERSPECTIVES

IN THEIR OWN WORDS

“It is hard to express the level of appreciation that I have for the treatment and care that Dr. Asbjornsen and the staff at the Vein Healthcare Center provided me. They explained what I needed to know—and moved mountains so that my insurance company understood what needed to occur.

I am way too young to be shying away from shorts, or always putting my feet up just to get through the day. I cannot believe how good I feel now. What a difference!”

– Shaye R., 44, Portland, ME

“I work at a daycare and when I came home at the end of the day, my legs were like cement. I could not move them. It was affecting me tremendously but because it didn't hurt, I had no idea my veins were the problem. I had EVLA done in both legs, and they felt much lighter right away.

Dr. Asbjornsen's reassuring manner put me at ease before, during and after the procedure. You just don't realize how much better you can feel until you understand that your legs don't have to feel tired all the time.”

– Sue M., 63, North Yarmouth, ME

“I had blood pooling and dark spotting on both my legs, plus an open ulcer on one leg that kept itching and not healing. It was terrible. Dr. Asbjornsen suggested an EVLA, and about a week later, the discoloration went away and my legs felt ten pounds lighter— and now the ulcer and itching are both gone too.

The best part was that Dr. Asbjornsen didn’t give me any treatment I didn’t need. She was honest and extremely professional. Very seldom do I find a doctor I like and trust so much. She runs a fantastic office, and I’d recommend the Vein Healthcare Center to anyone.”

– Mike S., 57, Wells, ME

“I was having a lot of pain and swelling in my legs, especially if I was on my feet for more than four or five hours. Plus, they were just ugly to look at. I work in a hot kitchen and I’d always wear something that covered my legs. Even golfing in the summer I couldn’t wear a golf skirt. I’ve had a drastic change since the sclerotherapy procedure. The pain is gone, I don’t have swelling, and my legs look so much better.

I can’t believe how miserable I was for twenty years. I wish I’d done it sooner. Everyone who worked with me at the Vein Healthcare Center was incredibly professional and kind. I felt very well taken care of.”

– Nichola H., 51, Brunswick, ME

“My legs were a mess. I had varicose veins on the front of my left leg that started in the back, upper part of my thigh and wound around toward my shin. My lower legs often felt heavy and sore. Dr. Asbjornsen evaluated my legs and recommended a treatment plan. Now my legs look great, and I don’t have any more achiness, throbbing, or tightness.

I chose Dr. Asbjornsen because she listened to what I wanted and gave me other options, like compression stockings and tips to alleviate my discomfort. I felt like she was looking out for me, not just pushing to have a procedure done. I thought everyone there was exceptional. Every time I called the office with a question, they knew who I was and made me feel important.”

– Christina J., 40, Lisbon Falls, ME

“I’m a nurse, and in the last few years I did some training with wound care where I saw a lot of venous ulcers, which can be difficult, or even impossible, to heal. Since I had itching and swelling in my legs, plus a history of lymphedema in my family, I thought I’d better do something about it. Dr. Asbjornsen suggested sclerotherapy, even taking the time to investigate the best sclerosing agent to use because I have a mild blood disorder. It went very smoothly, virtually painless.

I appreciated how sensitive the doctor was about any anxieties I had. The whole staff is approachable and they seem genuinely concerned about the work they do and the patients they care for. It really is quite refreshing.”

– Joe K., 54, Jay, ME

Contact the Vein Healthcare Center for more information.



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