



5 fast facts about vascular surgery

by RANDY DOTINGA - Special to Newsday

For many people, a trip to the vascular surgeon today is much less an ordeal than in the past. Treatments for conditions as varied as aortic aneurysms and varicose veins have become less invasive and also require less recovery time.

Here's what you need to know about new methods of vascular surgery

Dr. Robert Pollina says most aortic aneurysms are treated now by minimally invasive surgery.

1. IT'S BECOME SIMPLER TO TREAT AORTIC ANEURYSMS

An aortic aneurysm — a bulge in the wall of the aorta, the main artery in the body — can be a frightening condition. If an aneurysm bursts, a person can bleed heavily and die immediately.

However, ultrasound scans can detect aortic aneurysms before they become deadly, and symptoms, such as abdominal or back pain, may indicate their presence.

Before about a decade ago, vascular surgeons would have to open up the abdomen to fix an aneurysm, but now they can repair aneurysms with a wire coil sent up into the artery through small incisions in the groin — a so-called minimally invasive technique known as endovascular surgery. At least 75 percent of people with aortic aneurysms are being treated this way, said Dr. Robert M. Pollina, chief of vascular surgery at John T. Mather Memorial Hospital and St. Charles Hospital, both in Port Jefferson.

Vascular surgeons often use a similar approach to treat peripheral artery disease, a condition in which blood vessels, often in the leg, become blocked.

2. RECOVERY FROM ANEURYSM SURGERY IS QUICKER

After endovascular surgery, time spent in the hospital is often brief. “Most of the patients, even in their 80s and even their 90s, stay in the hospital for 24 hours and are being discharged after that,” said Dr. Apostolos K. Tassiopoulos, chief of vascular surgery at Stony Brook University School of Medicine. He said that about 70 percent of those who have an endovascular aortic aneurysm repair return to full activity within two weeks.

By comparison, Tassiopoulos said, those who undergo the traditional procedure that opens the abdomen may need to stay in the hospital for a week and require treatment in a rehabilitation facility. Their recovery generally takes six to 12 weeks, he said.

3. ‘STRIPPING’ OF VARICOSE VEINS HAS BECOME RARE

Pollina noted that patients often have had difficult experiences with surgical treatment for varicose veins, which makes them nervous about going back. The “stripping” of veins — the traditional surgery for

...vascular surgery

the condition, which involves pulling them out of the body — is often painful and requires extensive recovery time.

“That has scared off people with huge varicose veins and discolored legs,” Pollina said.

But the reality, he said, is that treatment for varicose veins has undergone a revolution in the past five to 10 years. Now, most people are treated in their surgeon’s office with procedures that aim to “close the vein down from the inside,” he said, often through the use of lasers or radio-frequency waves that burn the veins.

Tassiopoulos said that this newer treatment has resulted in “significantly less pain and a much shorter recovery time compared to vein stripping.”

4. NON-INVASIVE TECHNIQUES AREN'T ALWAYS POSSIBLE

From a patient’s perspective, a “minimally invasive” procedure may sound the most appealing because, as its name implies, the surgeon won’t be delving deeply into the body.

But minimally invasive techniques have not yet been perfected for the procedures that unblock the carotid arteries, which are in the neck. Tassiopoulos said that recent research has proved the benefits of the traditional approach, which requires surgeons to

operate through an incision in the neck itself.

The problem with the minimally invasive approach, which is similar to the procedure for an aortic aneurysm, is that it can set little particles free in the bloodstream, he said. They can head to the brain and cause a stroke.

Still, Tassiopoulos and Pollina agreed that the minimally invasive approach is appropriate for some patients. People who have problems with general anesthesia and those who’ve had previous carotid surgery or extensive neck surgery or radiation are often good

candidates, and it’s “preferred in patients who have plaques in parts of the carotid that are not accessible by a neck incision,” Tassiopoulos said.

5. NEWER PROCEDURES AREN'T FOR EVERYONE

“Complicated decision-making goes into deciding who is a candidate for different types of procedures,” Pollina said, adding that the newer, minimally invasive vascular procedures aren’t the right fit for every patient.

For example, he said, an aortic aneurysm may not be in an anatomically appropriate spot to be treated with the newer technique.

But whatever the case, “you certainly deserve to be evaluated by vascular surgeons who are up-to-date,” he said. “The whole field has moved in this direction, not just a couple of people.”

“...treatment for varicose veins has undergone a revolution in the past five to 10 years”

—Dr. Robert Pollina

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LINDENHURST OFFICE

100 East Sunrise Highway
Lindenhurst, NY 11757
Phone: (631) 226-1800

PLAINVIEW OFFICE

875 Old Country Road
Suite 200
Plainview, NY 11803
Phone: (516) 931-5552

LONG BEACH OFFICE

309 W. Park Ave.
Long Beach, NY 11561
Phone: (516) 889-7733

