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Foreword

The 21st century has opened the door to a better understanding of the pathophysiology of venous disease based on Doppler duplex findings of the late 20th century.

Now, exploitation of that knowledge is the promise of the future. Not only are the hemodynamic derangements of venous dysfunction better understood, but also the cellular mechanisms of injury in chronic venous insufficiency are being uncovered. Just as minimal invasion has come to general surgery, so has minimal invasion arrived at the treatment of venous disorders. Radiofrequency or laser thermal ablation and chemical ablation with sclerosant foam have been applied with increasing success as a means of taking dysfunctional veins out of the circulation. A greater number of patients with venous disease are being cared for by an increasing number of physicians who have mastered these new technologies. Especially in underdeveloped countries, sclerosant foam is

being used in the treatment of venous leg ulcers and even huge varicose veins. Physicians (and their patients, too) are finding that this method of delivering care is effective and affordable. More importantly, wider application of the principles contained in this volume will provide definitive therapy for a group of patients who, in the recent past, have been relegated to supportive or even no treatment because of the belief that they were afflicted with a chronic, unyielding disease.

And so the saga spins on, and as it does so, this book spreads knowledge and better care. That is the fervent desire of each of the authors of the following chapters. I join them in their desire to make the best care of venous disorders the general rule and not the exception reserved for a very few.

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Preface

The American College of Phlebology was formed some years ago by a small group of physicians with diverse specialty interests. They had one important thing in common – an interest in the care of patients with venous diseases. These physicians agreed that their medical education and training had been lacking in this area and that the medical community at large was unaware of the prevalence of these disorders and the significant impact that they have on the daily lives of afflicted individuals.

Over the years, the American College of Phlebology has grown to nearly 2000 members and has retained a broad scientific base, including physicians from diverse medical backgrounds, scientists, nurses, and ultrasound technologists. With the College's strong history of scientific, educational, and research development and programming, the American Medical Association recently recognized phlebology as a medical specialty. The rapid growth of this specialty has been supported by and has fueled the interest of many corporations, who have partnered with us to form the Foundation of the American College of Phlebology. Together, we remain dedicated to improving the care of patients with venous disorders by promoting research and education in the field of phlebology, the study of venous disorders. It was for this reason that *The Fundamentals of Phlebology: Venous Disease for Clinicians* was originally written, and the same motivation lies behind this second edition. We hope that the information in this manual will be interesting as well as helpful to clinicians, house staff, and medical students, and that medical educational programs at all levels will recognize the need to include these topics in their training and didactic curricula. In turn, we hope that this will further increase our understanding of the patho-

physiology and treatment options for all forms of venous disease and that these advances will become more widely available.

Venous disorders are generally not life-threatening, but they affect millions of people in the United States on a daily basis. They not only cause pain, disability, and hundreds of millions of dollars in healthcare costs, but also negatively impact the quality of life in afflicted patients. Fortunately, we now have the ability to treat nearly all affected patients with minimal invasion, little morbidity and a very high expectation of success.

I thank all of the contributing authors whose interesting work is displayed here and all of those active in the field of phlebology whose work has contributed to the impressive growth of this specialty. The Herculean efforts of our recent President, Dr Steven E Zimmet, have placed the American College of Phlebology in a stronger position to create a great impact in this field, guaranteeing that significant advances will continue to be recognized. Special thanks again go to Mr Christopher Freed, whose ever cheerful input and superb computer expertise have made the creation of both the first and second editions so smooth. This project, and all the many activities of the American College of Phlebology, have benefited from the excellent guidance and attention of Mr Bruce Sanders, our Executive Director. Through the dissemination of this volume, we hope that erroneous teachings and archaic treatments can be laid aside, to make way for new understanding, new techniques and new skills that will afford patients with venous disease healthier and more productive lives.

HELANE S FRONEK MD

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