



Vein Healthcare Center

For Immediate Release

Dr. Cindy Asbjornsen of the Vein Healthcare Center offers tips to new patients explaining what to expect at a vein evaluation

August 28, 2012 (South Portland, ME) – Many people with vein disorders, such as [varicose veins](#) or [venous ulcers](#), have never been to a phlebologist's office. According to vein specialist [Dr. Cindy Asbjornsen](#), proper treatment of insufficient veins starts with the first consultation: a history, physical exam, and ultrasound assessment.

"Every part of the evaluation is critical to effective vein treatment," said Dr. Asbjornsen. "I'm treating the whole patient, not just his or her legs, so it's important to get the whole picture."

Here are some things first-time patients can expect from an evaluation:

- 1) Health history - Patients are asked to describe the current state of their veins, what makes their veins feel better, and how their quality of life is affected. [Board certified phlebologists](#) don't just stop at the legs but rather review all of the patient's systems from head to toe.
- 2) Other considerations – Past medical, family, and surgical histories are also taken into account, as well as a social history. Details about lifestyle— whether or not a patient smokes, runs marathons, or stands for his/her job all day, for example— are all relevant to good venous care.
- 3) Physical exam – The specialist will take a patient's vital signs, then look closely at the patient's legs and feet. The doctor will rate the patient's level of disease and health on universal standardized scales. Vein specialists use the "CEAP classification," which helps us categorize disease. (CEAP stands for: clinical severity, etiology or cause, anatomy, and pathophysiology.)
- 4) Ultrasound mapping – The veins of the lower legs are evaluated using ultrasound waves to see which veins have flow going in which direction. A healthy vein will only allow flow from the feet towards the heart. Faulty veins are often connected, and finding the "source" of the problem is a complicated, but critical, step in establishing the site where treatment should start.
- 5) The whole picture – Once the evaluation is complete, the whole picture should be taken into account before determining the best treatment for the patient. The doctor will present the patient with all of the potential options, including [conservative treatments](#). In the end, the patient decides how he/she wants to proceed.
- 6) Timing – Consultations generally take between 45 to 90 minutes, depending upon

the extent of the problem and whether or not an ultrasound occurs in the same visit.

7) Pre-visit paperwork – New patients can prepare for their first consultation by filling out any required paperwork ahead of time; filling it out at the office will just delay their appointment— and other patients too.

8) Removing socks and shoes – Patients should also know that they will be asked to wear a short garment and to take off socks and shoes. Doctors need to visually inspect the patient's legs and feet, so they must be adequately exposed.

9) Drink water – It's also helpful for patients to drink water before the exam; hydration can cause the veins to bulge, making it easier to see the problem.

While full consultations are not free, they are partially or completely covered by most insurance companies, especially if the policy covers specialist visits. Those with Medicare *and* supplemental coverage usually pay no out-of-pocket expenses.

Dr. Cindy Asbjornsen is the founder of the [Maine Phlebology Association](#) and the Vein Healthcare Center in Maine. Dr. Asbjornsen is certified by the American Board of Phlebology and cares for all levels of venous disease, including spider veins, varicose veins and venous stasis ulcers.

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