



**Patient Education
Handbook**

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Our Physicians



Bruce E. Fearon, MD

Dr. Fearon has been serving the Lee's Summit area for almost 20 years. He received his medical degree from the University of Kansas, and performed his residency training at Baptist Hospital in Kansas City, Missouri.

Dr. Fearon is a Diplomate of the American Board of Phlebology and Board Certified in Family Practice.



Adriana Rascanu, DO

Dr. Rascanu received her medical degree from Kansas City University of Medicine and Biosciences and performed her residency at the University of Missouri Hospital in Columbia, Missouri.

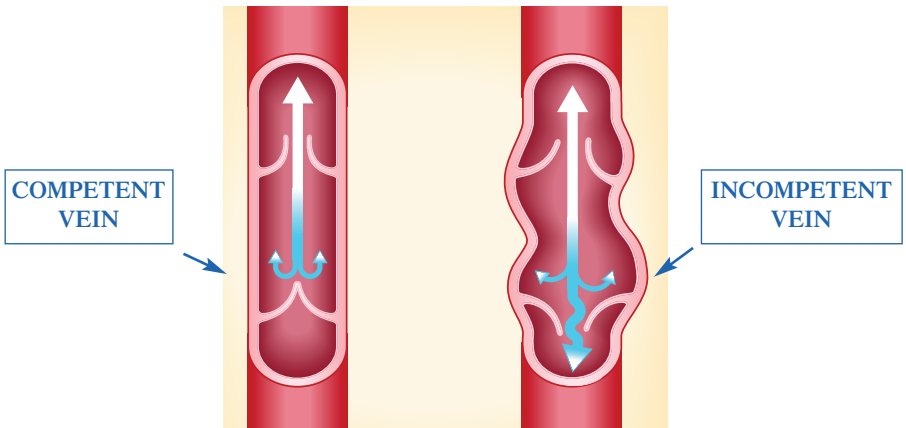
Dr. Rascanu is a Diplomate of the American Board of Phlebology.

Together, they have performed over 7500 Endovenous Laser Ablations, 4500 Endovenous Chemical Ablations and 500 Ambulatory Phlebectomies using the latest state of the art equipment.

Our staff always strives to provide the best in vein and skin care.







What are Varicose Veins?

Arteries bring oxygenated, nutrient rich blood from the heart down to the extremities. Veins, which have one-way valves, normally bring used blood back up to the heart. If the vein valves don't function well, the used blood doesn't flow up efficiently, the veins begin to swell and symptoms develop. Over time, the veins become visibly and permanently enlarged especially while standing. These enlarged veins are commonly called varicose veins. The vein disease itself is called Venous Insufficiency, also known as, Venous Reflux.



Six Stages of Venous Insufficiency

What do your legs look like?

<p><input type="checkbox"/> Stage 1:</p> <p><i>Spider Veins?</i></p>  <p>A photograph of a person's lower leg and ankle. Two small, red, spider-like veins are circled in red. Blue arrows point to each of these veins.</p>	<p><input type="checkbox"/> Stage 2:</p> <p><i>Varicose Veins / Ropey Veins?</i></p>  <p>A photograph of a person's lower leg and ankle. Two larger, twisted, and bulging veins are circled in red. Blue arrows point to each of these veins.</p>
<p><input type="checkbox"/> Stage 3:</p> <p><i>Edema (Swelling) without Skin Changes?</i></p>  <p>A photograph of a person's lower leg and ankle. The leg appears noticeably swollen. A red circle is drawn around the ankle area, and a blue arrow points to it.</p>	<p><input type="checkbox"/> Stage 4:</p> <p><i>Skin Discoloration?</i></p>  <p>A photograph of a person's lower leg and ankle. The skin around the ankle is discolored, appearing brownish. A red circle is drawn around the discolored area, and a blue arrow points to it.</p>
<p><input type="checkbox"/> Stage 5:</p> <p><i>Skin Changes with Healed Ulceration?</i> (12/28/09)</p>  <p>A photograph of a person's lower leg and ankle. The skin is discolored and shows signs of healed ulceration. A red circle is drawn around the area, and a blue arrow points to it.</p>	<p><input type="checkbox"/> Stage 6:</p> <p><i>Skin Changes with Active Ulceration?</i> (8/18/09)</p>  <p>A photograph of a person's lower leg and ankle. The skin is discolored and shows signs of active ulceration. A red circle is drawn around the area, and a blue arrow points to it.</p> <p style="text-align: center;">← Same Patient →</p>

Symptoms & Signs of Varicose Veins

Do YOU have one or more?

- Tired and / or heavy legs
- Restless legs
- Achy legs
- Swelling of the legs and / or feet especially at night
- Cramping of the legs and / or feet
- Burning
- Itching
- Numbness of the legs and / or feet
- Discoloration of the skin at ankles and / or legs
- Open sores or ulcers on the lower leg
- Leg pain

If you have one or more of these symptoms,
then you may meet requirements for medical necessity.

Causes of Varicose Veins

Do any apply to you?

- Family or Medical History?
- Trauma to legs?
- Pregnancy, if applicable?
- Weight gain?
- Occupation requiring prolonged sitting or standing?
- Increasing age?
- Hormonal changes?

Approximately 55% of women and 45% of men over age 50 have venous disease, but venous disease can occur at any age. About one in three people are symptomatic.

Timeline of Patient Care

- Positive Quick Scan (Screening Only)**
Not all patients have this screening
- Initial Visit - Vein Eval with the Doctor & Comprehensive ultrasound of your leg(s)**
Venous Reflux found in one or both legs
- Insurance Approval Submitted for vein(s) that are medically necessary**
- If not approved by your insurance company, you may have cosmetic treatments and pay out-of-pocket**
- If approved by your insurance company**
- Pre-Op – May not be required if information was covered at your initial visit**
** If you have additional questions or concerns after your initial visit, we will schedule a Pre-op*
**Purchase compression stockings*
**Purchase any medication(s)*
**Pay deductible and / or co-insurance, needs to be paid prior to EVLA procedure*
- EVLA Procedure**
Laser Ablation of the vein(s)
- Post Surgery Scan**
Ultrasound of your leg(s)
- 1 Month Post Surgery Scan**
Ultrasound of your leg(s)
- Insurance Approval for Sclerotherapy** OR **Cosmetic Sclerotherapy and / or Yag**
For vein branches that are medically necessary *For vein branches that are not medically necessary*
**Insurance company requirements will vary on medical necessity*
- If approved by your insurance company**
- Sclerotherapy**
**Sclerotherapy sessions are usually done in one month intervals*
**How many we do is determined by your insurance company and the size of the vein*
**An ultrasound of your leg(s) will usually be done prior to injection(s)*
- 6 Month Post Surgery Scan, if needed**
Ultrasound of your leg(s)

May require additional approvals for sclerotherapy, if needed
- 1 Year Post Surgery Scan, if needed**
Ultrasound of your leg(s)

May require additional approvals for sclerotherapy, if needed

Frequently Asked Questions for EVLA

- 1. Are varicose veins dangerous?** In some cases, varicose veins can lead to more serious health problems including sores or skin ulcers, bleeding, or blood clots. In most cases, this is an elective, non-emergent procedure. You will need to decide if the procedure is right for you. Due to the symptoms that varicose veins can cause, many patients will elect to have the procedure to help with the discomforts of the symptoms and to help prevent possible further damage to the system.
- 2. What is Endovenous Laser Ablation (EVLA)?** It is a minimally invasive laser procedure performed in our clinic. It is a better alternative to the surgical stripping of years past. A thin laser fiber is inserted through a small catheter that is placed in the vein through a tiny opening. The laser fiber delivers heat to the vein wall, causing it to collapse and seal shut.
- 3. Can varicose veins return after treatment?** Current treatments for varicose veins have very high success rates. Over 90% of treated veins remained closed. Once the vein is treated, that vein will not come back. Over a period of years, however, more abnormal veins can develop because there is no cure for weak vein valves.
- 4. Is the procedure painful?** Patients report feeling little, if any, pain during and after the procedure. Most people state it is a 1 – 3 on a pain scale of 10.
- 5. Will the procedure require any anesthesia?** We use a local anesthetic to numb the treatment area prior to the procedure. The physician may give you a mild oral sedative to relax you.
- 6. How long does the procedure last?** The actual laser portion of the procedure takes approximately 15 – 30 minutes, though patients normally spend 1 – 1 ½ hours at the clinic due to normal pre- and post-treatment prepping.
- 7. Why can't both legs be done on the same day?** We are limited to the amount of lidocaine (numbing medicine) that is used in the procedure. If too much is used, someone could have a reaction.
- 8. What happens to the treated vein left behind in the leg?** The vein simply becomes fibrous tissue and will gradually be absorbed by the body. Your body, naturally, reroutes the blood through the remaining healthy veins.
- 9. What happens to the blood flow if you close off my vein?** The vein being treated is already not working and is making other healthy veins take up the extra burden. Once the diseased vein is closed, these healthy veins can work more efficiently and will essentially improve your circulation.
- 10. What if I need the vein for bypass surgery in the future?** Enlarged diseased veins are not appropriate for bypass surgery. Physicians will use healthy, much smaller veins from other areas of your body.

Frequently Asked Questions for EVLA

- 11. Do I need a driver?** If ANY oral sedation is taken, we will require that a driver is present to pick you up after the procedure. If you choose to have the procedure with no oral sedation, we will still ask that you have a driver when performing the procedure(s) on your right leg due to the numbing medicine that is injected into the leg. You may have some mild numbness, and we will not want you to drive. If you have no one to drive you, and we are performing the procedure on your right leg, we will ask that you stay for a couple of hours and allow the numbing medicine to wear off prior to you driving. If you choose to have the procedure with no oral sedation, and we are performing the procedure on your left leg, you may choose to drive yourself.
- 12. How quickly can I resume normal activity, i.e. work, exercise?** Patients are walking immediately following the procedure, and typically, resume normal activities within one day. We recommend that you stay active with a walking regimen of two 20-minute walks a day to avoid any complications. You may continue exercise classes and gym routines, as long as it is comfortable to you. Don't work through any pain (discomfort), but allow it to be your guide. You may need to take it easy for a day or two. You cannot undo what we have done with the laser.
- 13. How long do I have to wear compression stockings?** For 10 days after treatment, we recommend wearing gradient compression stockings which offer the greatest amount of pressure. Compression stockings put helpful pressure on your veins. You will need to be fitted for them by someone who has been trained to do this. You cannot wear them too much.
- 14. Do I need to bring my compression stockings and shorts to each visit?** Yes, please bring your compression stockings and shorts to each visit. We ask that you bring old, loose fitting shorts. We use different medical products that may stain or get on shorts.
- 15. Do I need to wear undergarments or can I just use my undergarments as shorts?** Undergarments are not considered shorts. We ask that you please wear undergarments in addition to the shorts.
- 16. What if I don't have shorts?** We have disposable paper shorts that are available for your use. Please wear undergarments under these shorts also.
- 17. What are the red, tender lumps forming on my leg(s) after the procedure?** These are what we call "SVT's" (Superficial Venous Thrombosis). After the vein is treated, it is damaged. The body's first response is inflammation – warm, red spots are common. In approximately 1 – 3 weeks, these spots will likely harden and feel like lumps or knots as they are healing. Eventually, these areas will decrease in size and tenderness. This is a normal response to the vein closing down.

Frequently Asked Questions for EVLA

18. How soon will my symptoms improve? Many patients notice an immediate relief of symptoms such as pain, heaviness and fatigue. The full benefits of the procedure may take longer depending on the individual.

19. What happens if I need to travel within the time that is recommended not to travel? You will need to wear your compression stockings while traveling. If traveling by car, stop and walk every 90 minutes or so. If traveling by plane, walk hourly, if possible.

20. Why are we doing another ultrasound? Each time we do a procedure, things change and we need to know what we are working with each time you come in.

21. What is a “butler” and how much does it cost? The butler is an apparatus that helps with the application of the compression stockings on your leg(s). We keep these in stock and are available for you to purchase or rent. If you choose to rent, you will pay for the butler in full, at the time of purchase. If you have kept the butler for the entire year, it is yours to keep. If you choose to return the butler within the year of purchase, you can receive a credit back for the month’s you didn’t use it.

Example:

Purchased butler in January	Appx. \$60.00 + tax (12 months at \$5 / month)
Used butler until end of March	<u>-\$15.00</u> (used for 3 months at \$5 / month)
Returned butler for credit	\$45.00 (Receive credit for 9 months at \$5 / month)

22. Can I reschedule? We have a 48 hours cancellation policy in place. We reserve the right to bill your account a \$50.00 cancellation fee if you cancel within that 48 hours window. However, we know that emergencies do arise, and we determine whether or not to charge the fee on a case by case basis. The cancellation policy is in place because we do have time reserved for your appointment.

23. Who am I seeing?

- Initial visit - an MA, the doctor, patient educator, and an ultrasound tech
- EVLA - an MA, the doctor, and an ultrasound tech
- Sclerotherapy treatments - an MA, an ultrasound tech, and a nurse or the doctor
- Follow-up scans – typically, only an ultrasound tech; but, occasionally the doctor or nurse

We realize that you do get accustomed to certain ultrasound techs. However, all of our ultrasound techs are extremely competent in what they do. Because of our schedule, you may not see the same ultrasound tech at each visit.

Please also note that our nurse(s) frequently perform sclerotherapy treatments. They are highly trained and competent to perform this procedure.

Frequently Asked Questions for Sclerotherapy

- 1. What is sclerotherapy and what is it used for?** Sclerotherapy is the injection of a sclerosing solution into an abnormal vein. The solution that is injected destroys the vein wall which causes the vein to collapse and shut down. Sclerotherapy is a form of chemical ablation, while laser treatment is a form of thermal (heat) ablation. A small needle is used to inject the liquid chemical into the vein. Sclerotherapy is typically performed on very curvy varicose veins, bluish reticular veins, and reddish-purple spider veins.
- 2. What is the difference between ultrasound guided and traditional sclerotherapy?** The procedure of injecting a sclerosing solution is the same for both. The difference is we use an ultrasound machine to be our eyes for the deeper veins while traditional sclerotherapy is performed using a vein light to light up the superficial veins directly under the skin.
- 3. Is the procedure painful?** Patients report feeling a small stick with mild burning during the procedure. You may also develop a slight histamine effect, similar to a bee sting. Hydrocortisone cream is applied to help. This will usually go away shortly after treatment. Generally, the procedure is well tolerated. Please let the provider know if you are having severe or moderate pain.
- 4. Will the procedure require any anesthesia?** This procedure does not require anesthesia and is performed in our office.
- 5. How long does the procedure last?** We usually allow 15 – 45 minutes for sclerotherapy.
- 6. Why can't both legs be done on the same day?** We are limited to the amount of sclerosing solution that is used in the procedure. If too much is used, someone could have a reaction.
- 7. How often will I need to have sclerotherapy?** The same vein may need to be treated more than once. Treatments are usually done every 4 weeks.
- 8. Do I need a driver?** You will not need a driver for sclerotherapy.
- 9. How quickly can I resume normal activity, i.e. work, exercise?** Patients are walking immediately following the procedure, and typically, resume normal activities immediately. We recommend that you stay active with a walking regimen of two 20-minute walks a day to avoid any complications. You may continue exercise classes and gym routines, as long as it is comfortable to you. Don't work through any pain (discomfort), but allow it to be your guide. You may need to take it easy for a day or two.
- 10. How long do I have to wear compression stockings?** For 10 days after treatment, we recommend wearing gradient compression stockings which offer the greatest amount of pressure. Compression stockings put helpful pressure on your veins. You will need to be fitted for them by someone who has been trained to do this. You cannot wear them too much.
- 11. Do I need to bring my compression stockings and shorts to each visit?** Yes, please bring your compression stockings and shorts to each visit. We ask that you bring old, loose fitting shorts. We use different medical products that may stain or get on shorts.

Frequently Asked Questions for Sclerotherapy

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These are what we call “SVT’s” (Superficial Venous Thrombosis). After the vein is treated, it is damaged. The body’s first response is inflammation – warm, red spots are common. In approximately 1 – 3 weeks, these spots will likely harden and feel like lumps or knots as they are healing. Eventually, these areas will decrease in size and tenderness. This is a normal response to the vein closing down. You may apply topical ice and take anti-inflammatory medications to help with this and it should quiet down within 3 – 5 days.
- 13. Why do I have bruising and how long will it last?** Bruising near the site of injection can occur and usually resolves with 7 – 10 days.
- 14. When will I see results?** Large veins may take approximately 6 – 9 months or even more to dissolve, while small veins may take approximately 2 – 3 months or even more to dissolve.
- 15. Why are we doing another ultrasound?** Each time we do a procedure, things change and we need to know what we are working with each time you come in.
- 16. What happens if I need to travel within the time that is recommended not to travel?** You will need to wear your compression stockings while traveling. If traveling by car, stop and walk every 90 minutes or so. If traveling by plane, walk hourly, if possible.
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- 18. What if I don’t have shorts?** We have disposable paper shorts that are available for your use. Please wear undergarments under these shorts also.
- 19. Can I reschedule?** We have a 48 hours cancellation policy in place. We reserve the right to bill your account a \$50.00 cancellation fee if you cancel within that 48 hours window. However, we know that emergencies do arise, and we determine whether or not to charge the fee on a case by case basis. The cancellation policy is in place because we do have time reserved for your appointment.
- 20. Who am I seeing?**
Initial visit - an MA, the doctor, patient educator, and an ultrasound tech
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Frequently Asked Questions for Insurance/Billing

- 1. What insurance companies are you in network with?** We are in network with most major insurance companies including Medicare. You may visit our website at www.summitskinandveincare.com for a current list or call our Insurance / Billing Department.
- 2. How much will this cost?** We call your insurance company to get benefit information prior to your coming to our office and prior to procedures. We will do our best to give you the closest approximate amount you will need to bring with you. Because this is an approximate amount, there may be an additional amount that is due after services are provided. You should receive a monthly statement for any additional amounts that may be due. If there is any refund due to you, we will issue this amount back to you once you have completed all treatment and all dates of service have been settled out with your insurance company(s).
- 3. Why didn't the large amount I paid on my surgery day cover everything?**
 - We bill for each date of service. We do not bill a global fee.
 - The amount we collect prior to your procedure (EVLA) is an **ESTIMATE** of what your insurance company says is your responsibility for those date(s) of service only.
 - The amount collected will be applied to those date(s) of service.
 - If there is additional money left after the insurance has settled out for those dates of service, we will apply any leftover balance to future dates of service.
 - As you continue through treatment with sclerotherapy, we check benefits and inform you of additional amounts your insurance company says may be your responsibility. These payments are expected on the date of service prior to treatment. These estimated amounts are expected to be paid on the date of service prior to treatment.
 - Because these are estimated amounts, any additional amounts will be billed to you after your insurance pays.
 - We check benefits before your initial visit and ultrasound, before the procedure (EVLA), and before sclerotherapy.
- 4. What is a deductible?** The deductible is an amount that has to be paid by you, as the policyholder, before insurance will pay on any date of service. This amount will be collected prior to or on the date of service.
- 5. What is out-of-pocket maximum?** Out-of-pocket maximum is the amount that you will need to spend or reach before your insurance company will cover dates of service at 100%.
- 6. What is a co-pay?** Co-pay is the amount that is sometimes shown on the front of your insurance card. It may have one for PCP, one for specialist, one for ER. This amount is usually for office visits, but it is really up to your insurance company as to what they determine to be the patient responsibility.

Frequently Asked Questions for Insurance/Billing

- 7. What is co-insurance?** Co-insurance is a percentage your insurance company may require you to pay even in addition to your co-pay. The most common are: 70% / 30%, or 80% / 20%, or 85% / 15%, or 90% / 10%. For example, the first percentage, say 70%, is what your insurance company is responsible for and the second percentage, say 30%, is your responsibility as the patient.
- 8. Will I have a deductible, out-of-pocket maximum, co-pay, and co-insurance?** It is possible. We will do our best to inform you of your benefits. Your insurance company is the one that determines how much you pay. Due to our contractual agreement with the insurance companies, we have no control over what is the patient responsibility. We will request payment for the amount your insurance company states is your responsibility. We encourage you to call your insurance company and check your benefits.
- 9. Why won't my secondary cover what Medicare doesn't cover?** Secondary plans, or retirement plans, are different from supplemental and Medicare replacement plans. Because they are a retirement plan, premiums are typically paid by the former employer and not the retiree, or offered to the retiree at a discounted amount. These plans are usually catastrophic plans for devastating illnesses or accidents. They usually don't cover the additional 20% amount that Medicare doesn't except in these catastrophic situations. Because this is not considered catastrophic, you may be responsible for the 20% that Medicare doesn't cover.
- 10. Why won't my insurance company pay?** We don't always know. We make every effort possible to get your claim paid for you. This may take some effort on your part as well. You are your best advocate.
- 11. Can you check my benefits again?** We check benefits prior to new patient visit, EVLA, and sclerotherapy. If you feel or know that your benefits or the amount of the patient responsibility may have changed prior to your appointment, you will need to provide something in writing when coming to our office. Otherwise, we will expect the payment amount that you were notified of at that date of service. Due to the volume of patients and the time that is required for checking benefits, we cannot recheck benefits over and over again.
- 12. What does it mean to have a procedure pre-approved, pre-authorized or pre-determined?** To have a procedure pre-approved, pre-authorized or pre-determined simply means we have verified with your insurance company and they have stated the procedure is an "approved" or covered benefit under your specific insurance plan. This, DOES NOT mean, by definition, it will be **paid in full** by your insurance company. You may still, **and mostly likely will**, have a monetary patient responsibility for an "approved" or covered procedure.

In fact, insurance companies state on letters of approval that the "approval does not guarantee payment". We have no control over a patient's individual insurance policy and how it will actually pay since this is an agreement between you and them. We can only tell you what they have told us.

