

INSTITUTE PHYSICIANS

Dr. Cheng graduated from Harvard with highest honors and training in surgery at UCSF. She was then named the first Phlebology fellow in the United States, through the UCSD/Scripps fellowship.

Dr. Cheng is one of just a few Southern Californian doctors to be a member of both the American College of Phlebology, which focuses on the treatment of varicose vein problems, and the American Venous Forum, the nation's most prestigious organization dedicated to the study of venous disorders.

In 2007, Dr. Cheng was awarded the ACP Walter deGroot Award for excellence in phlebology. She lectures nationally to physicians, and has published many articles on the treatment of varicose veins and other vein disorders. Dr. Cheng has written a definitive book on Foam Sclerotherapy that will come out in early 2008 (Royal Society Med press).

Dr. Cheng is a member of the San Diego County Medical society and is currently a Clinical Instructor of Surgery at UCSD. She specializes in treating all vein problems without surgery. Her experienced techniques have proven to be first rate, even for spider veins, unsightly hand and temple veins, varicose veins and the most advanced forms of venous insufficiency.



SAN DIEGO VEIN INSTITUTE

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SAN DIEGO VEIN INSTITUTE SDVI Introduces Dr. Cheng!



Whether you have symptomatic varicose veins or unsightly facial capillaries, we are committed to your needs. We will work with you to determine a course of action, and getting your concerns addressed. Your health is too important to leave to someone not specialized in venous disease.

Phone:760-944-9263

WHY OUR TECHNIQUES ARE SUPERIOR

VEINS

Varicose veins are extremely widespread within our population, since it is estimated that they concern 30 to 50% of women and 20 to 30% of men. This condition will be increasingly frequent because of the aging of the population and lifestyle changes.

CAUSES OF VARICOSE VEINS

Venous insufficiency is related to a weakness of the venous wall, probably hereditary. This weakness will worsen gradually by factors of risks: jobs involving prolonged standing positions, putting on weight, pregnancy, heat, etc... The venous wall dilates, causing its valves to separate. As a result, blood flow reverses. Instead of bringing blood back to the heart as a normal vein would, a weakened vein allows blood to become static in the lower extremity. This backward flow will involve an increase in pressure in the vein (hypertension). Dilation becomes permanent: it is a varicose vein. This phenomenon will extend gradually and, if allowed to continue, will affect an increasingly wide surface venous network.

WHAT WE DO:

If you have varicose veins, we perform a Duplex (color flow) ultrasound examination to determine the source of the problem. The advent of ultrasound imaging has taught that the entire Saphenous vein may not reflux, and rather, that a non-Saphenous-Accessory Saphenous vein may be responsible for the distal venous hypertension. A vascular surgeon in Nice, France has refuted the principle of Saphenous ablation by taking away the varicose tributaries to the Saphenous vein, thus decreasing its reflux flow and allowing the vein to decrease in diameter and regain competence. He observed that Saphenous vein reflux disappeared after correction of superficial vein reflux, with associated functional and aesthetic benefits.

Next, we inject a drug that sensitizes the inner vein walls, causing the vein to collapse in on itself. The patient's body eventually absorbs the shrunken vein. If you have telangiectasias (aka spider veins), we look for the source and treat the underlying reticular veins. If the source is not treated, the spider veins will soon return. For select cases of telangiectasias of the face and legs, we use a laser that has a patented cooling system that anesthetizes the skin before, during, and after treatment.

WHY OUR TECHNIQUES ARE SUPERIOR:

For a very long time, the methods of treatment of the

varicose veins evolved little. The aggressiveness of the surgical treatment (size of scars, duration to resume normal activities, etc) and the frequency of recurrence very often discouraged the patients. Later, electromagnetic energy (endovenous laser and radiofrequency) was used as a means of taking saphenous veins out of the circulation. Unfortunately, since energy can radiate outside the vein wall, cases of nerve damage were reported. In addition, reports of recurrent varices in ~30% of these cases are making some physicians look to alternatives in treating varicose veins.

Our medical treatment of varicose veins involves innovative techniques, and our objectives are to be preventative, less aggressive and more precise. This now makes it possible for the patients to be better treated, earlier, and with a better follow-up care.

