

Laser Ablation Treatment Pearls and How to Do it in Under an Hour



**LOWELL S. KABNICK, MD, RPhS,
FACS
New York, New York
USA**

NYU
SCHOOL OF
MEDICINE



Typical Office Operating Room in the USA as Seen on TV



Typical Office Operating Room



Laser Procedure

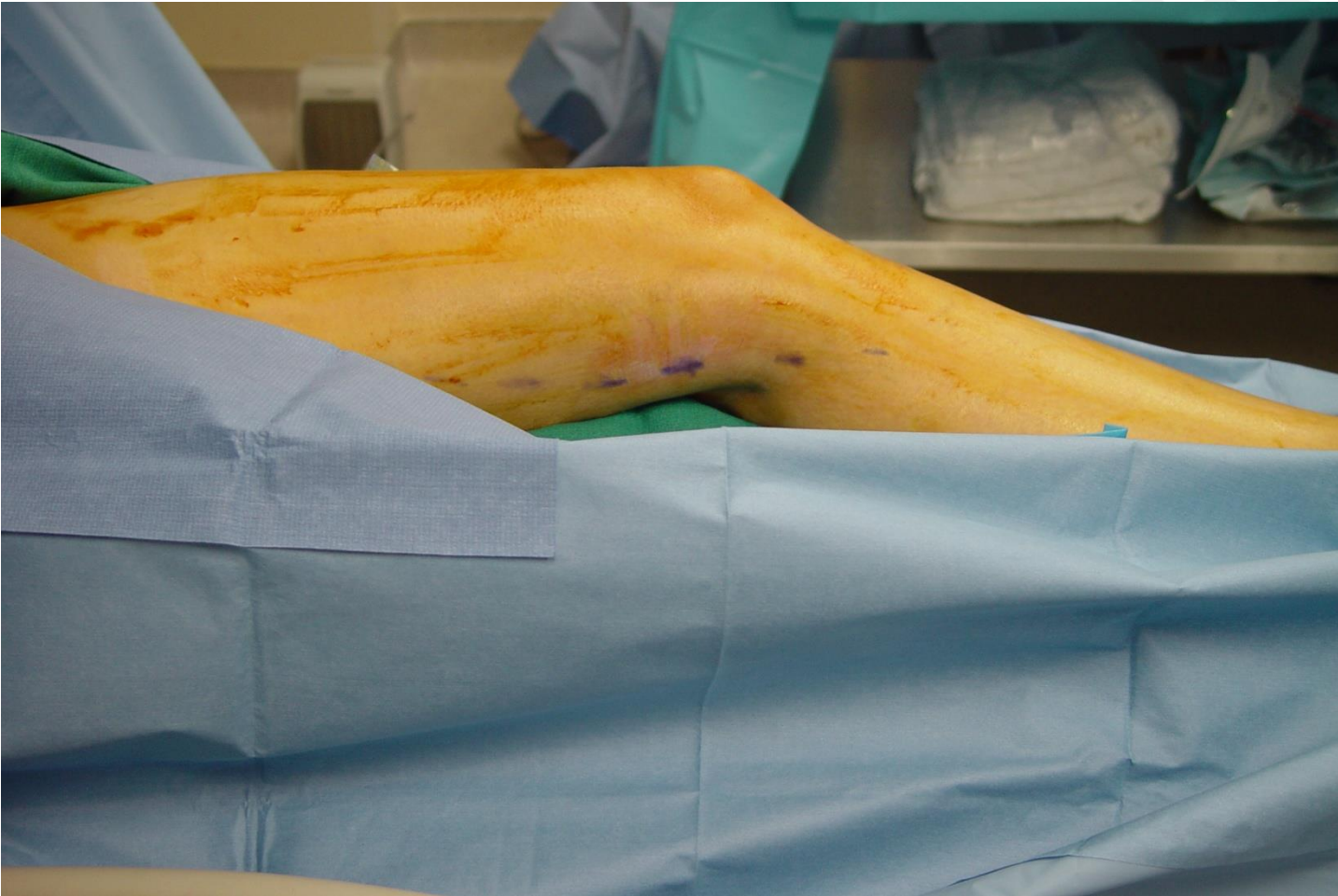
810nm 940nm 980nm 1319nm 1320nm 1470nm



Ultrasound Mapping



Preparation of the Patient





08/30/2012 12:30

Insertion of 21 g Needle



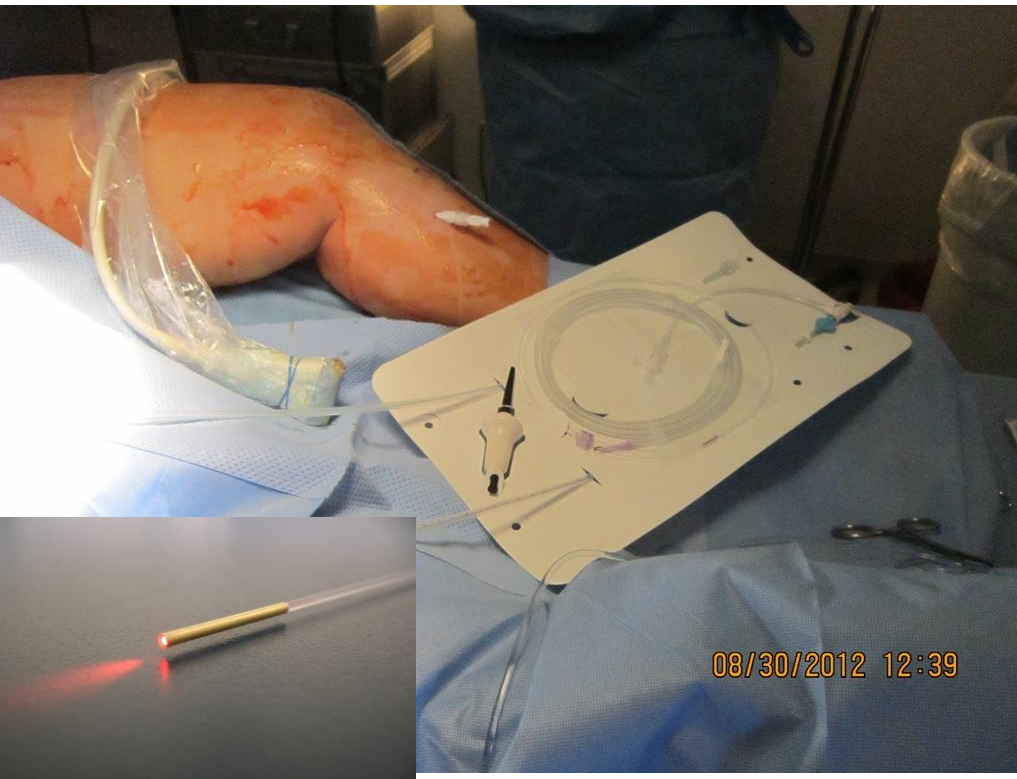




08/30/2012 12:37

















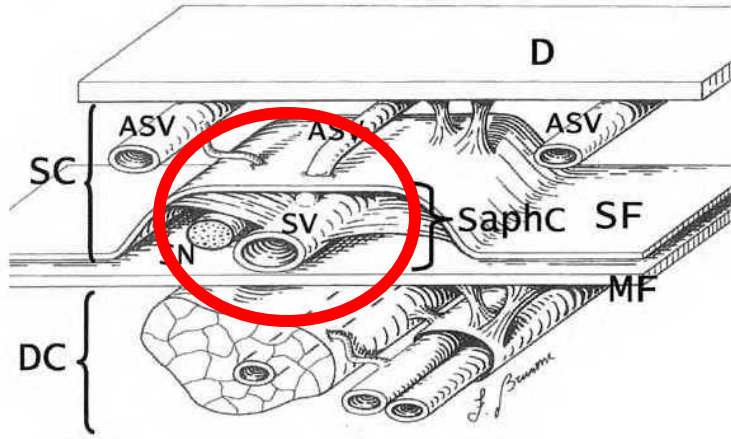




Tumescent Anesthesia



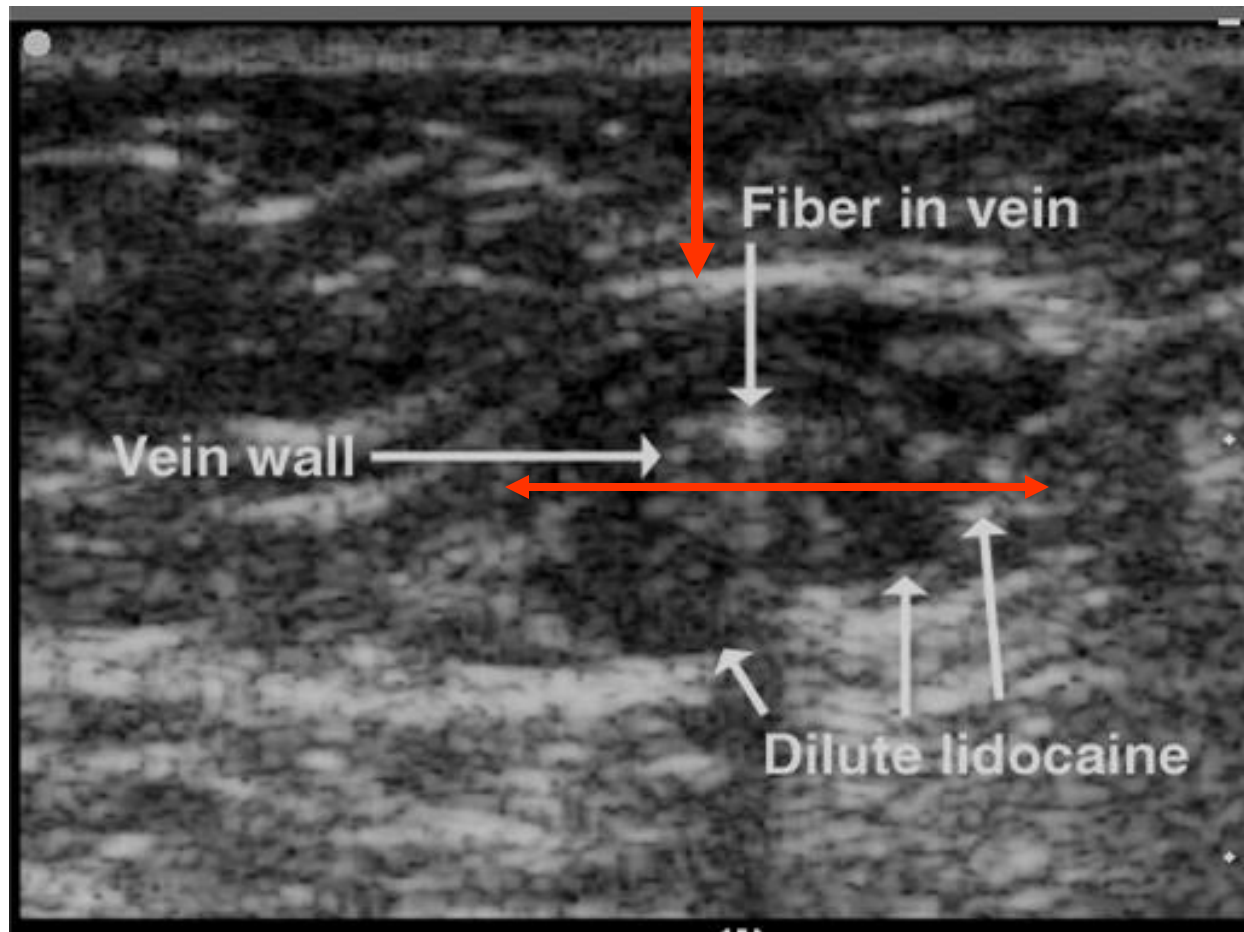
Contents of the Saphenous Compartment



Saphenous Eye



K's 10mm Rules*



Purpose of Local Anesthesia

- Protect against thermal skin injury
- Provide local anesthesia along the treatment vein pathway
- Contact with Closure Fast Catheter

Tumescent Anesthesia Recipe

- 500cc of Normal Saline
 - Remove 60cc of fluid
 - Add 50cc of 1% Lidocaine with epinephrine 1:100,000
- Add 10cc of Sodium Bicarbonate

Manual Tumescient Anesthesia



Tumescent Anesthesia



Class 2 Compression Hose

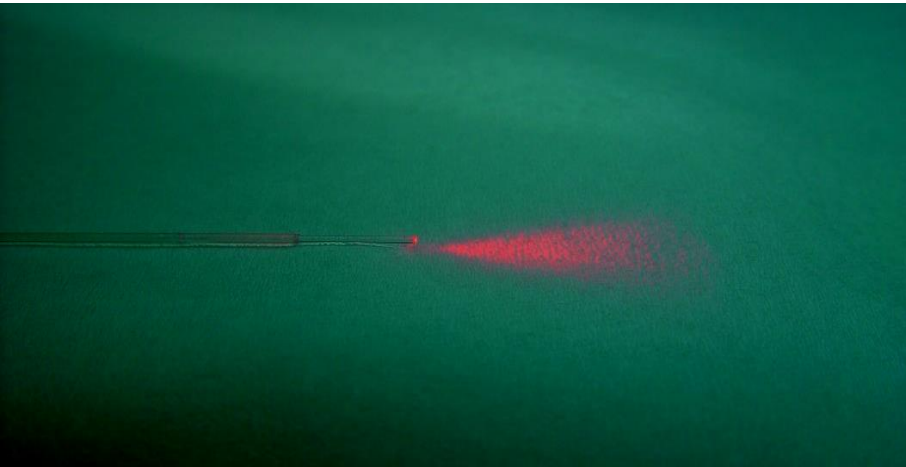


Tips

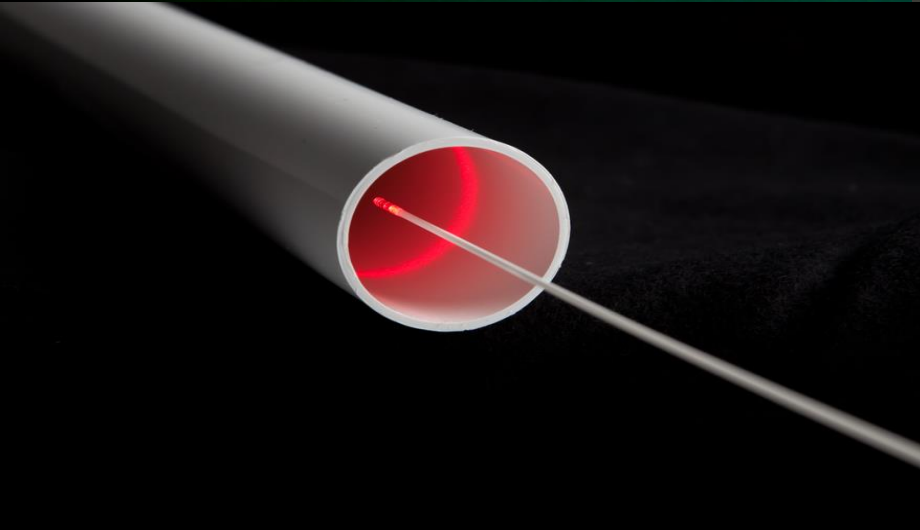
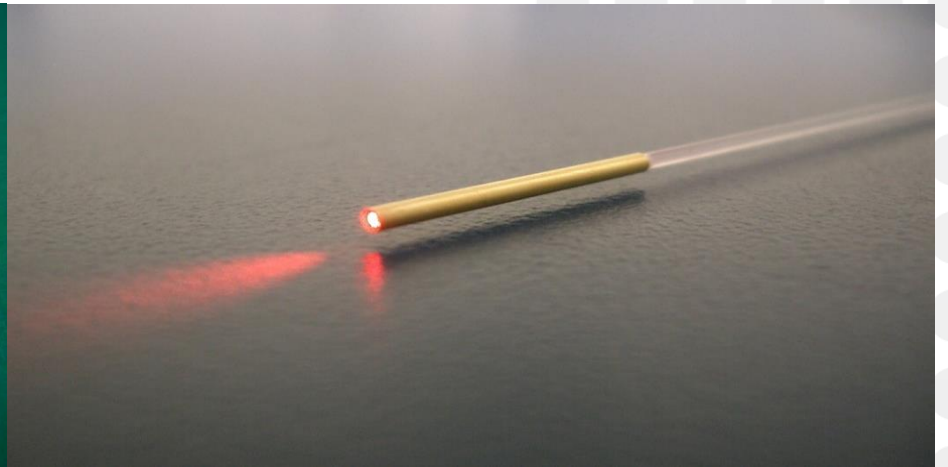


is it the fiber?

Bare



NeverTouch



Radial Fiber

Direct/Radial



Tips

- Procedure Room
 - Pleasant, Inviting, Clean and Warm,
 - pleasant music



Staff

- Friendly, pleasant and outgoing
- Able to make patient at ease
- Able to provide verbal anesthesia-distraction
- Demonstrates confidence and knowledge



Drugs

- Oral medication
 - xanax, valium, ativan



Tips and Tricks

1. access

2. catheter placement

3. tumescent anesthesia



Or 3 Areas of Time Consumption

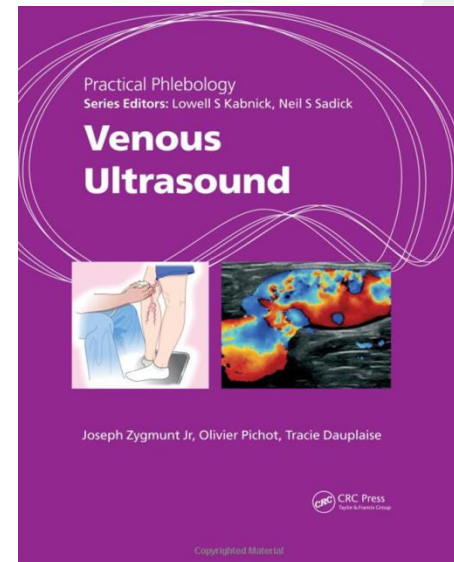
1. access

2. catheter placement

3. tumescent anesthesia

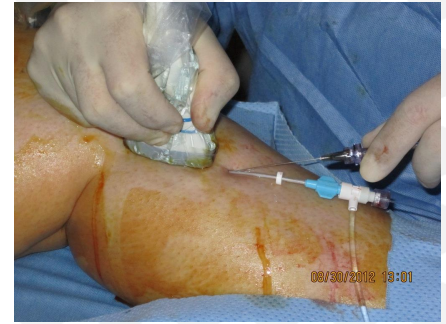


Access



Catheter Placement

- Tortuous Vessel
 - Leg manipulation, hand pressure, 035 glide wire, 2nd access
- At junction
 - Ultrasound at SFJ junction and push catheter to > 2.5 cms from junction



Placement of Sheath and Fiber

**Never Touch Fiber
placed**

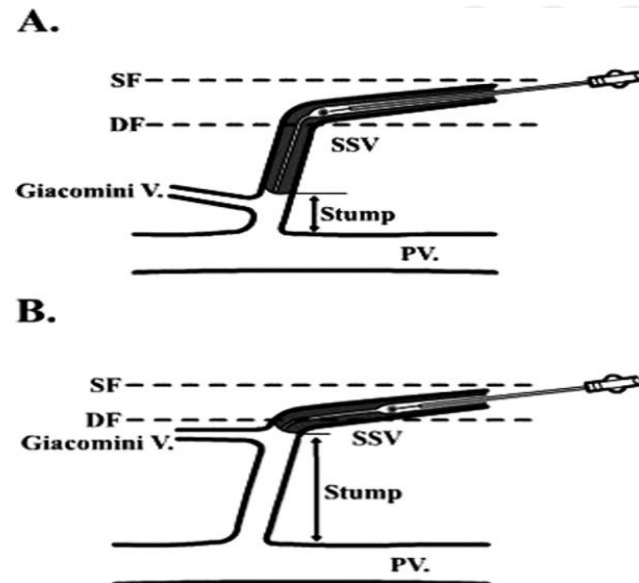
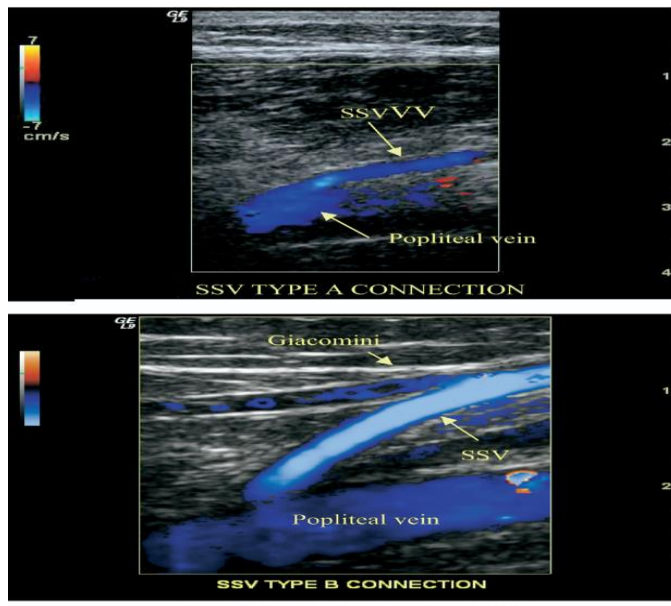
just before the SSV
“dives” to the popliteal
vein

2-3cms from the
Junction



Small Saphenous Vein

- 43% had type A anatomy
- 33% had type B anatomy
- 24% had type C anatomy.



Tumescent Anesthesia

- HYPODERMIC NEEDLE
 - 7cm, 22 guage
- NOT A SPINAL NEEDLE
- ANESTHESIA PUMP
- ULTRASOUND SKILLS
 - SCAN SHORT AND LONG AXIS

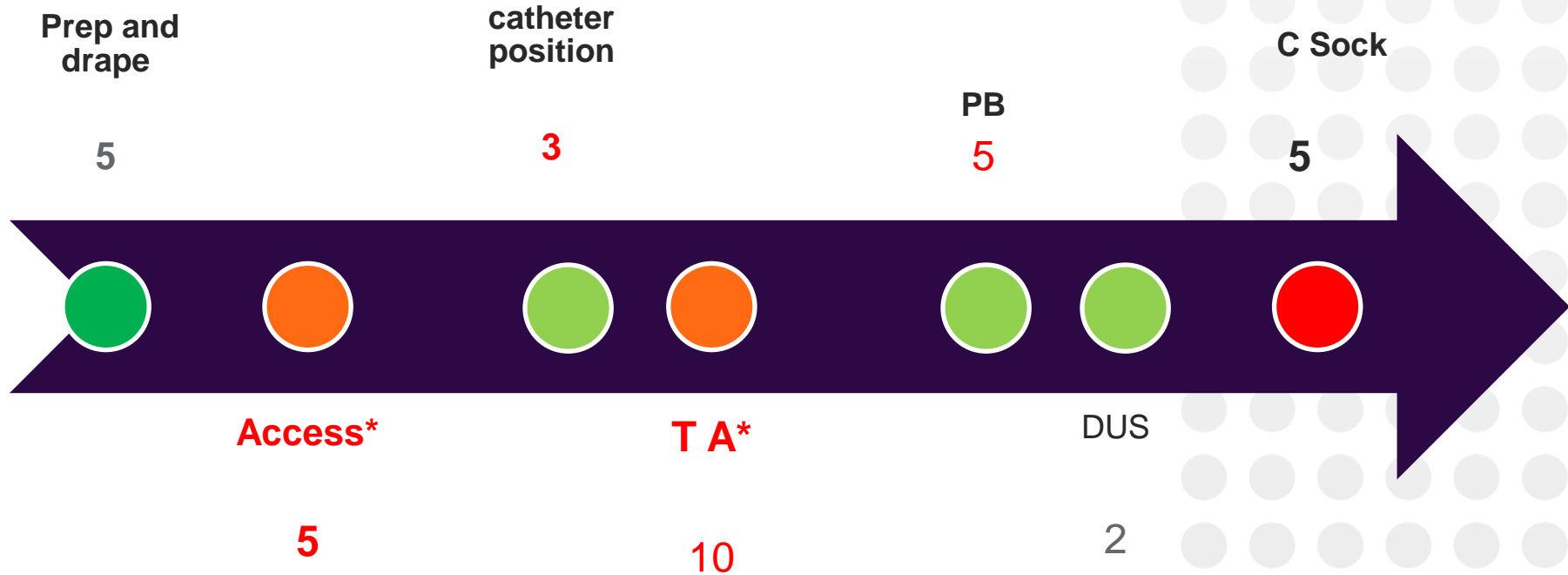


Team

- **A GREAT TEAM CAN SAVE YOU TIME.....**



Time line Rx 42cm GSV



~ 30 minutes to 50 Minutes



The 36th American Venous Forum

New Orleans, Louisiana
Hilton Hotel
February 2017



Email: lowell.kabnick@nyumc.org