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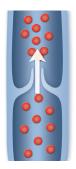
Relief from varicose veins is possible.



Understanding the cause

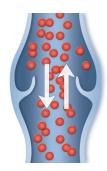
About venous reflux

Healthy leg veins have valves that keep blood flowing to the heart.



Normal vein

Valves ensure blood flows in one direction



Diseased vein

Valves that cannot close allow blood to drain and pool

Venous reflux

develops when valves stop working properly and allow blood to flow backward, or reflux, and pool in the lower leg veins.

Healthy leg veins have valves that keep blood flowing to the heart.

Chronic venous insufficiency

If venous reflux is left untreated, it may worsen over time and develop into a more serious form of venous disease called chronic venous insufficiency (CVI).1

CVI signs and symptoms in the legs or ankles^{2,3}

- Varicose veins
- Aching or pain
- Swelling
- Cramping
- Heaviness or tiredness
- Itching
- Restlessness
- Skin changes and/or discoloration
- Open sores or ulcers

CVI risk factors²

- Family history
- · Lack of exercise
- Leg injury or trauma
- Prolonged sitting or standing
- Obesity or excess weight
- Current or previous pregnancies
- Smoking
- Blood clot (deep vein thrombosis)

Using ultrasound to scan your leg(s), your physician will determine if you have venous reflux in your leg veins.



veins connect Leg vein anatomy superficial veins Skin to deep veins Front of leg Back of leg Deep veins are Superficial veins are close located deep to the skin in the leg . Saphenofemoral junction (SFJ) Femoral vein (deep vein, **Poplitea** located deep vein in the leg) (deep vein) Great saphenous vein (superficial vein, located close to the Perforator vein skin) (communicating vein) Small saphenous vein (superficial vein, located close to the skin) Varicose veins Reticular veins (feeder vein) Spider veins Representative of venous anatomy.

CVI and varicose veins are more common than you think. More than 30 million people in the United States are afflicted with venous reflux or the more serious disease, CVI.³

With proper treatment, your physician can help prevent the progressive symptoms of venous reflux.

Perforating

Without treatment, venous reflux may progress and significantly impact your quality of life, and lead to venous leg ulcers.¹

Treatment

The following may be prescribed to treat your superficial venous reflux disease. Your doctor can help you decide which treatment is best for you:

- Compression stockings
- Removing diseased vein
- Closing diseased vein (through thermal or nonthermal treatment)

Two treatment options

Thermal energy Traditional treatment option	VenaSeal closure system Innovative treatment option
Heat closes the vein	Adhesive seals the vein
Multiple needle sticks of numbing medicine	Only one needle stick of numbing medicine
Compression stockings required after procedure	No compression stockings after the procedure [†]

[†]Some patients may benefit from the use of compression stockings post-procedure.

VenaSeal[™] procedure nonthermal vein closure

Demonstrated outcomes

The VenaSeal closure system is a safe and effective treatment, providing significant improvement in quality of life.⁴⁻⁸

In a U.S. study, the VenaSeal system and thermal radiofrequency ablation treatments had similar clinical results at five years: 94.6% closure for the VenaSeal system⁹ and 91.9% for thermal energy.¹⁰

The VenaSeal system delivers a small amount of a specially formulated medical adhesive to close the diseased vein, rerouting blood to nearby healthy veins, which provides symptom relief.



Before VenaSeal procedure



Six weeks after VenaSeal procedure

Individual results may vary. Images courtesy of Dr. Kathleen Gibson.

A more comfortable experience

- Simple, outpatient procedure
- No tumescent anesthesia
- Less pain and bruising than thermal ablation^{7,11}
- Faster recovery time than thermal ablation^{7,11}
- Compression stockings not needed after the procedure^{†11,12}



The VenaSeal procedure may not be right for everyone. Your doctor can help you decide if the VenaSeal procedure is right for you.

The VenaSeal procedure is contraindicated for individuals with any of the following conditions:

- Thrombophlebitis migrans (i.e., inflammation of a vein caused by a slow-moving blood clot)
- Acute superficial thrombophlebitis (i.e., inflammation of a vein caused by a blood clot)
- Previous hypersensitivity reactions to the VenaSeal adhesive or cyanoacrylates
- Acute sepsis (i.e., whole-body inflammation caused by an immune response to an infection)

Potential risks

The VenaSeal procedure is minimally invasive and catheter-based. As such, it may involve the following risks. Your doctor can help you understand these risks.

- Adverse reactions to a foreign body (including, but not limited to, nonspecific mild inflammation of the cutaneous and subcutaneous tissue)
- Arteriovenous fistula (i.e., an abnormal connection between an artery and a vein)
- Bleeding from the access site
- Deep vein thrombosis (i.e., blood clot in the deep vein system)
- Edema (i.e., swelling) in the treated leg
- Embolization (i.e., blockage of a vein or artery), including pulmonary embolism (i.e., blockage of an artery in the lungs)
- Hematoma (i.e., the collection of blood outside of a vessel)
- Hyperpigmentation (i.e., darkening of the skin)
- Hypersensitivity or allergic reaction to cyanoacrylates, such as urticaria, shortness of breath, and anaphylactic shock
- Infection at the access site
- Pain
- Paresthesia (i.e., a feeling of tingling, pricking, numbness, or burning)
- Phlebitis (i.e., inflammation of a vein)
- Superficial thrombophlebitis (i.e., inflammation of a vein caused by a blood clot)
- Urticaria (i.e., hives), erythema (i.e., redness), or ulceration may occur at the injection site
- Vascular rupture and perforation
- Visible scarring



What can I expect from the VenaSeal procedure?

Answers to some common questions.

Before the procedure:

You will have an ultrasound imaging exam of the leg that is to be treated. This exam is important for assessing the diseased superficial vein and planning the procedure.

During the procedure:

Your doctor can discuss the procedure with you. Here is a brief summary of what to expect: You may feel some minor pain or stinging with a needle stick to numb the site where the doctor will access your vein. Once the area is numb, your doctor will insert the catheter (a small, hollow tube) into your leg. You may feel a pressure from the placement of the catheter. The catheter will be placed in specific areas along the diseased vein to deliver small amounts of the medical adhesive. You may feel a mild sensation of pulling. Ultrasound will be used during the procedure to guide and position the catheter. After treatment, the catheter is removed and a small adhesive bandage placed over the puncture site.

After the procedure:

You will be taken to the recovery area to rest. Your doctor will recommend follow-up care as needed

When will my symptoms improve?

Symptoms are caused by the diseased superficial vein. Thus, symptoms may improve as soon as the diseased vein is closed.

When can I return to normal activity?

The VenaSeal procedure is designed to reduce recovery time. Many patients return to normal activity immediately after the procedure. Your doctor can help you determine when you can return to normal activity.

Is the VenaSeal procedure painful?

Most patients feel little, if any, pain during the outpatient procedure.⁶

Is there bruising after the VenaSeal procedure?

Most patients report little to no bruising after the VenaSeal procedure.⁶

What happens to the VenaSeal adhesive?

Only a very small amount of VenaSeal adhesive is used to close the vein. Your body will naturally create scar tissue around the adhesive over time to keep the vessel permanently closed.

How does the VenaSeal procedure differ from thermal energy procedures?

The VenaSeal procedure uses an adhesive to close the superficial vein. Thermal energy procedures use heat to close the vein. The intense heat requires a large volume of numbing medicine, which is injected through many needle sticks. The injections may cause pain and bruising after the procedure.

Is the VenaSeal procedure covered by insurance?

As with any procedure, insurance coverage may vary. For more information, please contact your insurance provider.

Relief is just the beginning.

Learn more at: Medtronic.ca

References

- ¹ Eberhardt RT, Raffetto JD. Chronic venous insufficiency. *Circulation*. July 22, 2014;130(4):333-346.
- ² Chronic Venous Insufficiency. Johns Hopkins Medicine Health Conditions and Diseases. Available at: https://www.hopkinsmedicine.org/health/conditions-anddiseases/chronic-venous-insufficiency. Accessed March 2022.
- diseases/chronic-venous-insufficiency. Accessed March 2022.

 3 Gloviczki P, Comerota AJ, Dalsing MC, et al. The Care of Patients with Varicose Veins and Associated Chronic Diseases: Clinical Practice Guidelines of the Society for Vascular Surgery and the American Venous Forum. J Vasc Surg. May 2011;53(5 Suppl):2S-48S.
- ⁴ Almeida JI, Kaufman J, Göckeritz O, et al. Radiofrequency endovenous ClosureFAST versus laser ablation for the treatment of great saphenous reflux: A multicenter, single-blinded, randomized study (RECOVERY Study). J Vasc Interv Radiol. June 2009;20(6):752-759.
- ⁵ Proebstle TM, Alm BJ, Göckeritz O, et al. Five-year results from the prospective European multicentre cohort study on radiofrequency segmental thermal ablation for incompetent great saphenous veins. Br J Surg. February 2015;102(3):212-218.
- ⁶ Rasmussen LH, Lawaetz M, Bjoern L, Vennits B, Blemings A, Eklof B. Randomized clinical trial comparing endovenous laser ablation, radiofrequency ablation, foam sclerotherapy and surgical stripping for great saphenous varicose veins. *Br J Surg*. August 2011;98(8):1079-1087.
- 7 Hinchliffe RJ, Ubhi J, Beech A, Ellison J, Braithwaite BD. A prospective randomised controlled trial of VNUS closure versus surgery for the treatment of recurrent long saphenous varicose veins. Eur J Vasc Endovasc Surg. February 2006;31(2):212-218.
- Morrison N, Gibson K, Vasquez M, et al. VeClose trial 12-month outcomes of cyanoacrylate closure versus radiofrequency ablation for incompetent great saphenous veins. J Vasc Surg Venous Lymphat Disord. May 2017;5(3):321-330.
- Morrison N, Gibson K, Vasquez M, et al. Five-year extension study of patients from a randomized clinical trial (VeClose) comparing cyanoacrylate closure versus radiofrequency ablation for the treatment of incompetent great saphenous veins. *J Vasc Surg Venous Lymphat Disord*. November 2020,8(6):978-989.
 Proebstle TM, Alm BJ, Gockeritz O, et al. Five-year results from the prospective
- ¹⁰ Proebstle TM, Alm BJ, Gockeritz O, et al. Five-year results from the prospective European multicentre cohort study on radiofrequency segmental thermal ablation for incompetent great saphenous veins. Br J Surg. February 2015;102(3):212-218.
- for incompetent great saphenous veins. *Br J Surg*. February 2015;102(3):212-218. "Proebstle T, Alm J, Dimitri S, et al. Three-year follow-up results of the prospective European Multicenter Cohort Study on Cyanoacrylate Embolization for treatment of refluxing great saphenous veins. *J Vasc Surg Venous Lymphat Disord*. March 2021;9(2):329-334.
- Almeida JI, Javier JJ, Mackay EG, Bautista C, Cher DJ, Proebstle TM. Thirty-sixth month follow-up of first-in-human use of cyanoacrylate adhesive for treatment of saphenous vein incompetence. J Vasc Surg Venous Lymphat Disord. September 2017;5(5):658-666.

VenaSeal™ Closure System Brief Statement

Intended Use/Indications: The VenaSeal closure system is intended for the permanent, complete, endovascular adhesive closure of the great saphenous vein (GSV) and associated varicosities in the treatment of venous reflux disease. Contraindications: Separate use of the individual components of the VenaSeal closure system is contraindicated. These components must be used as a system. The use of the VenaSeal system is contraindicated when any of the following conditions exist: previous hypersensitivity reactions to the VenaSeal adhesive or cyanoacrylates, acute superficial thrombophlebitis, thrombophlebitis migrans, acute sepsis. Potential Adverse Effects of the Device on Health: The potential adverse effects (e.g., complications) associated with the use of the VenaSeal system include, but are not limited to, adverse reactions to a foreign body (including, but not limited to, nonspecific mild inflammation of the cutaneous and subcutaneous tissue), arteriovenous fistula, bleeding from the access site, deep vein thrombosis (DVT), edema in the treated leg, embolization, including pulmonary embolism (PE), hematoma, hyperpigmentation, hypersensitivity or allergic reactions to cyanoacrylates, such as urticaria, shortness of breath, and anaphylactic shock, infection at the access site, pain, paresthesia, phlebitis, superficial thrombophlebitis, urticaria, erythema, or ulceration may occur at the injection site, vascular rupture and perforation, visible scarring.

For a listing of indications, contraindications, precautions, warnings, and potential adverse events, please refer to the Instructions for Use.

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