

- Pregnancy or having recently given birth, especially by C-section
- Varicose veins, which are swollen, twisted and painful
- A history of heart attack, stroke, or congestive heart failure

How team work helps to treat vein problems

To understand and treat veins diseases, one need to get opinion and inputs both from the interventionalist and vascular surgeon. Team work always helps to treat any types of vein disease in proper manner.

We have a dedicated interventionalist and vascular surgeon with special training and interest to treat veins related problem. Over the years, we have learnt and gained experience to treat vein diseases as a team.

Newer techniques

Just like great advancement in arterial interventions, there are many new techniques and newer technology have emerged to treat these types of problem effectively. At CIMS hospital, we have latest equipment and technologies to treat venous related problems.



What if one does not get treatment for veins problem



Before & After Varicose Vein Treatment

The most unfortunate long-term sequelae of DVT and other vein relate problem is post thrombotic syndrome (PTS), which presents with chronic venous insufficiency and edema, ulceration, claudication,

pain, discoloration, and varicose veins. These symptoms can be severe, sometimes necessitating amputation. PTS occur in more than 10% of all patients with DVT at 1 year with the incidence increasing over time.

CIMS VEIN CLINIC TEAM

Vein Program Director : Dr. Satya Gupta

VEIN PROGRAM CO-DIRECTORS

CARDIOLOGISTS

Dr. Satya Gupta
 Dr. Vineet Sankhla
 Dr. Vipul Kapoor
 Dr. Tejas V. Patel
 Dr. Gunvant T Patel
 Dr. Keyur Parikh
 Dr. Milan Chag
 Dr. Urmil Shah
 Dr. Hemang Baxi
 Dr. Anish Chandarana
 Dr. Ajay Naik
PAEDIATRIC CARDIOLOGISTS
 Dr. Kashyap Sheth
 Dr. Divyesh Sadadiwala
 Dr. Milan Chag

VASCULAR SURGEONS

Dr. Pranav Modi

CARDIAC SURGEONS

Dr. Dhiren Shah

Dr. Dhaval Naik

Dr. Amit Chandan

PAEDIATRIC & STRUCTURAL HEART SURGEON

Dr. Shaunak Shah

CARDIAC ANAESTHETISTS

Dr. Niren Bhavsar
 Dr. Hiren Dholakia
 Dr. Chintan Sheth

Vein Clinic Time

Monday - Friday (4.00 pm to 5.00 pm)



CIMS Hospital

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CIMS VEINS CLINIC



Get vein treatment at dedicated “CIMS Veins Clinic”

Why Vein Clinic?

Artery carries oxygenated blood from lungs via left side of the heart to the rest of the body while veins bring back deoxygenated blood back to the lungs via right side of the heart. Arterial problem usually becomes life threatening and needs immediate attention; venous disease is critical but may not be life threatening. Chronicity of venous problem may lead to chronic venous insufficiency and edema of limbs, ulceration, claudication, pain, discoloration and varicose veins.

Lack of structured training program dedicated to veins is the main reason for underdiagnosis of vein-related problems. Any venous problem and treatment needs close interaction between cardiologist, vascular surgeon and radiologist. At CIMS we have a developed team of highly skilled interventionist, vascular surgeon and radiologist who are ready to take care of any problem related to veins.

Types of venous diseases

Chronic venous insufficiency (Venous stasis ulcers)

1. Disorder involving stasis of blood in lower extremities as a result of obstruction & reflux of venous valves
2. Long standing stasis of venous blood leads to poor circulation of limbs resulting into chronic venous ulcers.



Varicose Veins

1. Irregular, tortuous veins with incompetent valves
2. May develop anywhere in the body, but most develop in lower extremities



3. Vein in legs most often affected: Long Saphenous
4. Occurs in 1 out of 5 people; more common females > 35
5. Can be due to severe damage or trauma to saphenous vein or effects of gravity produced by long periods of standing

Deep Vein Thrombosis (DVT)

1. Most likely to occur in deep veins of the calf (80%)
2. 25% of thrombi that occur in calf will extend to the popliteal & femoral veins
3. PE may be the first sign of DVT
4. Deep vein thrombosis (DVT) occurs when a blood clot forms in a vein deep inside a muscle. It usually happens in legs, but can also develop in arms, chest, or other areas of the body. The clot can cause severe organ damage and even death within hours if it migrates to other vital organs of the body.



Venous thromboembolic diseases (Acute Pulmonary embolism, CTEPD)

1. Some times thrombus from the lower limb may migrate to pulmonary circulation and can reach up to pulmonary artery called pulmonary embolism.
2. Symptoms will depend on the size of the thrombus and the extent of pulmonary circulation involved. Pulmonary embolism is a serious diagnosis with high mortality rate.

Presentation of venous disorders

- Lower leg edema
- Itching
- Brown pigmentation/ Cyanosis of skin of lower leg/foot
- Fibrosis / hardness of subcutaneous tissues
- Stasis ulcers over ankle, most often medial



Risk factors for venous disorder

- Major surgery on a hip, knee, leg, calf, abdomen, or chest
- Sitting or inactivity for a long time
- Long plane flights or long car trips
- Over weight (Obesity)
- Current use of birth control pills or patches, hormone replacement therapy
- Smoking
- An injury that reduces blood flow to part of the body, such as a broken hip or leg
- Cancer- even during treatment
- A previous history of deep vein thrombosis or pulmonary embolism
- An inherited condition that increases blood clotting
- Paralysis from a spinal cord injury

