



Dr. Gordon Gibbs, MD, and chief medical officer and founder of American Vein & Vascular Institute (left); and Fellows Emma Stout, MD, and Timothy Cawfield, MD.

## Israel's Syneron acquires CoolTouch, New Star Lasers Inc.

Israel's Syneron Medical Ltd., a global aesthetic device company, entered into an agreement in February to acquire New Star Lasers Inc., which conducts business as CoolTouch Inc., for approximately \$11 million in cash and earn-out based on certain milestones of up to \$4 million until end of 2015. The deal, which was to close in March, opens the venous market to the Israeli aesthetic laser company.

New Star Lasers develops, manufactures and markets the CoolTouch family of aesthetic devices. CoolTouch's 2013 unaudited revenues were approximately \$8.9 million. Syneron anticipates the acquisition will be accretive to the company's GAAP earnings per share starting next year.

The acquisition diversifies Syneron's product portfolio, broadens its customer base, and provides entry into significant new markets, including varicose veins and reimbursable procedure in vascular surgery and core (plastic surgeons and dermatologists) aesthetic markets.

**COOLTOUCH**  
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## Providing education in a private phlebology practice

By Gordon Gibbs, MD

Venous disease is an extremely common medical problem that is easily diagnosed and readily treated with contemporary technology. Good clinical outcomes are expected. When you take a common problem and apply a good solution, demand for your services tends to increase.

At American Vein & Vascular Institute,

we took this scenario and anticipated a problem: Sooner or later, I would no longer be able on my own to accommodate the volume of patients seeking care at our single private practice vein clinic. One of our solutions to this problem was to create a fellowship pathway to recruit and train new phlebologists within our practice.

Prior to launching the Fellowship, our options for recruiting and hiring a new phlebologist included finding a previously trained new graduate, hiring a previously trained phlebologist already in practice, or hiring a physician and training him or her to become a phlebologist. Each option has advantages and disadvantages.

When hiring a new graduate, we encountered smart, ambitious physicians who generally wanted a broader scope of practice than just vein care, but we needed practitioners who focus entirely on vein care. When interviewing previously trained phlebologists coming from another practice, we discovered their style of

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## Covidien resurrects patent litigation

Covidien LP, owner of VNUS Medical Technologies, has filed another patent lawsuit against biolitec U.S. Inc. in the Northern District of California San Francisco Division alleging infringement on five of its patents acquired with the purchase of VNUS.

This court action involves the same asserted patents and some of the same accused products

as VNUS Medical Technologies Inc. v. biolitec Inc., (CASE C08-03129 MMC (VNUS I), assigned to the Honorable Maxine M. Chesney.

Covidien is a Delaware corporation having its principal executive offices in Mansfield, Mass., and is a successor-in-interest to VNUS.

**PATENT SUIT**  
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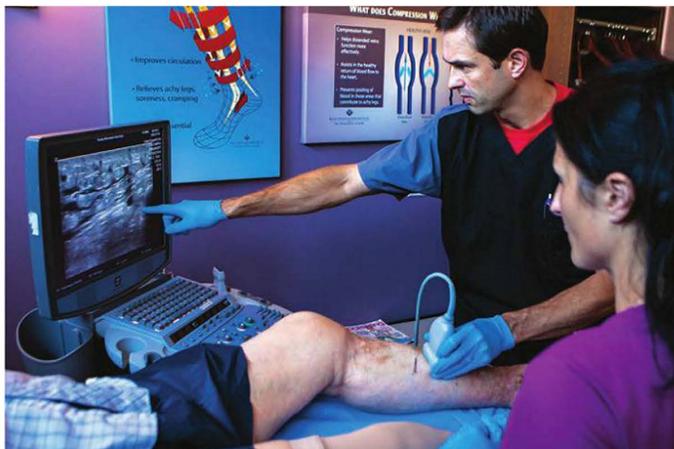
patient care and personality might not mesh with our own. That said, hiring a previously trained physician meant we could immediately place that doctor into the patient schedule to become a productive, revenue-producing member of the team.

At Ametitan Vein, patient care, patient satisfaction and optimal outcomes are paramount concerns. The patient always comes first. From the first phone call to the final follow-up visit, we want our patients to feel valued and know that we cater to their needs. We have a team environment where everyone answers the phone, takes out the trash, cleans up the break room and, of course, participates in premier patient care.

Accommodating this culture takes a unique physician personality, one that may not readily be found in physicians with a long-established style, engrained habits and tendencies. With that in mind, it became clear that we should create our own training pathway to build and shape the team we wanted and to ensure everyone was comprehensively and properly trained.

Our Phlebology Fellowship includes didactic studies, observation, hands-on training, and, immensely important, immersion into a practice culture that is based on customer service. We call it "the Ameritan Vein Way." Our goal is to train our fellows to become board-certified phlebologists who are specialized in our way of care so they can be contributing members of a team, and who will grow with the company and eventually become productive, well-trained caregivers and leaders.

For the practical academic and didactic training, we lean heavily on the excellent work of physicians from the American College of Phlebology who have previously outlined a 12-month core curriculum for an ACP accredited fellowship. Our new fellows are given access to study materials, online lecture series, books from our library and phlebology boards review course. New fellows are introduced to patients as trainees, and their



Dr. Gordon Gibbs discusses an American Vein & Vascular Institute patient with Fellow Emma Stout, MD.

presence and participation gradually increases commensurate with their knowledge base and competency.

Fellows learn office operations and flow, computer and phone systems. They become familiar with the variety of ultrasound studies offered in our diagnostic center, and they are gradually introduced to procedures, starting with observation, then cosmetic sclerotherapy to volunteer patients, ultrasound-guided venous access, assisting during ablations and phlebectomies and, finally, solo procedures. Other American Board of Venous & Lymphatic Medicine (ABVLM) diplomates in the practice and I provide supervision. All fellows are encouraged to pass the ABVLM exam once they meet exam prerequisites and become training physicians to new fellows.

The better we train and teach our staff, the better teachers they become for our future staff. To more formally comply with the core curriculum, we recently appointed a fellowship administrative director to oversee the process from start to finish, to track procedures and educational milestones, and to assist with job

placement and integration.

As our field becomes more crowded with providers integrating vein care as an ancillary service into their practice, we believe it is important to distinguish our practice as experts solely in the field of vein care. The problem is ubiquitous and nuances of treatment recommendation can become complicated just as in most specialties. The better you get, the more there is to know. And the more you know, the better you can treat your patients.

We have discovered that training in a busy clinic benefits trainees (and staff) because repetition creates muscle memory, creates habit and leads to more rapid procedural competency. It also helps fellows recognize the wide variety of clinical presentations vein patients tend to have. Our staff recognizes their part to play in teaching and training, and everyone celebrates as our fellows progress.

The Fellowship has helped our clinics thrive and offers hard-earned recognition by our staff phlebologists. Over the years, we have grown from a single site clinic to multiple clinics in two states. Each new provider brings

established professional relationships that are great educational opportunities to create new referring practices.

There also becomes an economy of scale, where each new phlebologist is able to participate in community outreach and educational events for local physicians or direct marketing to patients. And because each physician was taught in a similar way, they generally communicate in the same way to physicians and formulate treatment plans for patients in a similar way, as well. As a team, we share presentation materials, interesting cases and complications.

Our fellows come from a multidisciplinary background, and combining the professional history of each specialist creates a synergy that allows our collective experience to grow more rapidly than if practicing alone. It has created unity and has strengthened the culture within our company. Importantly, non-physician staff knows what to expect and in turn, patients know what to expect and enjoy their care.

**VTN**



*Gordon Gibbs, is founder and CMO of American Vein & Vascular Institute, a world-class network of medical facilities with a multi-disciplinary team of professionals on the forefront of technology. Featuring mini-*

*ally invasive vein disease treatments, American Vein houses state-of-the-art, full-service and IAC-accredited vascular diagnostic labs and is a Premier Center of Excellence by Best Vein Care. We are comprised of expertly trained and board certified staff, including a medical con-cierge specialist dedicated to patient satisfaction. Facilities include the latest in electronic medical record keeping, immediate reports to referring physicians, and modern, soothing designs in every location. Locations are in Pueblo, Parker, Canon City and Vail, Colo., as well as Arlington, Texas.*

**SMART STEP**

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condition and worsen, the strength of compression stockings is higher to combat the venous pressure building in the limb. The goal of wearing compression stockings is to reduce that pressure and bring it to within a more normal range.

Manufacturers of compression stockings usually list cautions and contraindications in their packages.

You should be aware that the main conditions that raise a caution or contraindication warning are tied to the arterial condition and ABI and also tied to the strength of the stocking. For example, any compression stocking over 30mmHg should not be worn with an ABI of 0.05 or less.

Uncontrolled congestive heart failure is also a noted contraindication.

Some skin conditions, such as eczema, hyperdermatitis,

dermasclerosis, are considered cautions and compression may be used following treatment for the condition. Diabetes and advanced neuropathy are also considered a caution.

Patients should find relief from wearing compression stockings. If a patient is experiencing pain there could be another underlying condition, and stockings should be removed.

**EVERY DAY IN COMPRESSION**

Graduated compression stockings should be an important part of your patient's daily attire. Statistics show that up to 50 percent of adults suffer from symptoms of venous insufficiency.

If you decide to carry product in your institution, it is important that your staff be trained on measuring, sizing, fitting and education for your patients. If you prescribe out, be sure the store employees are well trained and work with you as

true partners in your patient's care. Leverage your relationship with your vendor(s) as well.

You can make a difference in your community by simply asking people to "change their socks"! **VTN**



*Judith Brannan, is the education manager for SIGVARIS in the United States. Each year she travels across the country to train certified fitters on how to measure, fit and provides tips on how to more easily put on and take off graduated compression. For questions, she may be e-mailed at Judith.Brannan@sigvaris.com.*