HARRISON HEART
VEIN &
VASCULAR CENTER

ARKANSAS' MOST COMPREHENSIVE VEIN TREATMENT CENTER

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HarrisonHeart.com

Practice Information

Harrison Heart Vein & Vascular

Largest, Most Comprehensive Vein Center in Arkansas

Harrison Heart, Vein & Vascular Center is the premier provider of interventional cardiology, treatment of veins both superficial in the office or deep veins in the hospital, arterial revascularization, and amputation prevention in Arkansas. Dr. Harrison is respected across the country for his advanced techniques and procedures and is known locally for caring for his patients on a personal level. Dr. Harrison evaluates your particular cardiac, venous, and vascular needs and provides the best possible solution. You can feel confident all of your questions will be answered. Dr. Harrison's expertise and excellence in Heart, Vascular, and Vein advancement combined with the comfort and patient-centered treatment you'll receive is a win-win scenario.

Our Physician

Lonnie Harrison, M.D. practices Interventional Cardiology, Endovascular surgery, thermal and non-thermal venous ablation, Phlebectomy, and cosmetic Sclerotherapy. Except for complex vein work such as removal of blood clots from the legs and lungs, stenting the deep veins in the pelvis, etc., the treatment is performed in the office. More complex work and arterial vascular work is performed at the Saline Hospital in Benton.

Dr. Harrison obtained his B.A. Degree in Theology at Central Bible College in Springfield, Missouri. He attended the University of Arkansas for 4 years majoring In Analytical Chemistry at which time he achieved a 4.0 average and was chosen Analytical Chemist of the year. He began course work in the Masters program and was then accepted into the M.D.,PhD programs at UAMS. After completing his M.D. Degree he completed a 3 year Residency in Internal Medicine followed by a 3 year Fellowship in Cardiology and later an Interventional Fellowship in Cardiology and Vascular Intervention. He elected to not pursue the PhD degree in Anatomy. He did further training in Vascular intervention and was certified in complex Endovascular Intervention. He began treating both complex arterial and venous disease and later added treatment of superficial venous disease.

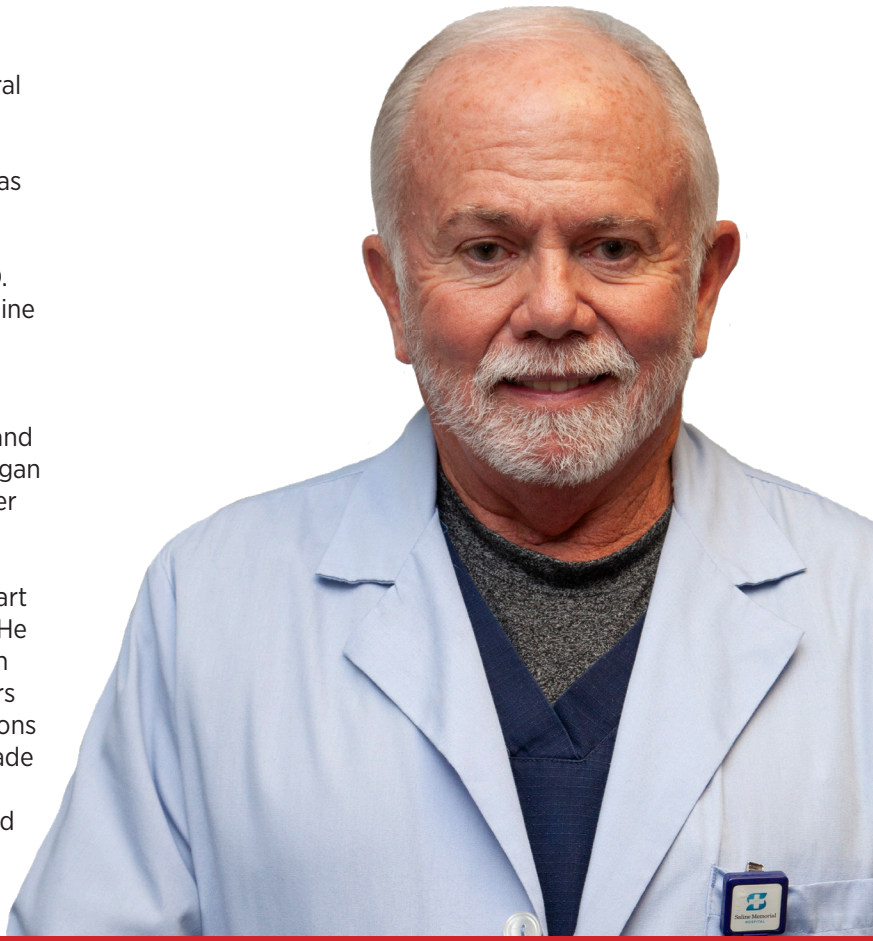
He co-founded the Stem Cell program at the Arkansas Heart Hospital and co-directed the Vascular Stem cell program. He also performed the first stem cell transplant in the world in the heart using the Mercator device. Over the past 30 years he has performed more than 8 first in the world interventions in arteries of the heart and legs. He pioneered the retrograde pedal approach to open closed arteries in the legs under ultrasound in Arkansas. He has been an Investigator or lead Investigator in multiple large cardiac and vascular trials including the LIBERTY trial, the most recent published in 2018 which is the largest trial in the world looking at critical limb ischemia and intervention.

Dr. Harrison has trained more than 200 physicians in vascular and coronary intervention, also trained cardiac fellows in the training program at the University Medical Center, published articles and research papers in major medical journals, presented at International conferences and sits on the faculty of several Interventional companies. He is currently program director of the Arkansas Amputation Prevention Center. He recently published (2019) a first in man research pilot study enrolling patients into a protocol looking at low frequency ultrasound treatment coupled with stem cell implantation in the legs of patients with the most severe vascular disease scheduled for amputation. This first in man study was in conjunction with the NIH and paralleled their study of animals which showed very promising results.

Dr. Harrison is a member of the American College of Phlebology, International Society for Endovascular Specialists, Society for Vascular Medicine, and the International Society for Stem Cell Research.

He currently resides in Benton, Arkansas with his wife Renee. The have 5 grown children and 3 grandchildren. He resigned from the Arkansas Heart Hospital in 2015 to begin solo practice in Benton. His hospital practice now is with Saline Health System in Benton, Arkansas.

His hobbies in the past have been flying including flying aerobatic fighter jets, martial arts, and fishing.



Lower Extremity Venous Disorders

Issues with leg veins are among the most common conditions experienced by Americans. Approximately 80 million people in the US have vein disease. For some, these veins are simply a cosmetic issue, but for others, these veins are causing symptoms affecting their daily activity. The following information will help explain the conditions and treatment options available.

80 million people in the US have vein disease.

What are the Function of Veins?

Veins are blood vessels that return blood back to the heart from all parts of the body. A major challenge for leg veins is that the blood needs to get back to the heart against the force of gravity when standing. In this position, blood is pumped upward by calf muscle contractions when you walk. The leg veins have one-way valves to keep blood moving upward. When valves do not close properly, they allow blood to flow backwards and pool in the veins of the lower leg. This pooling leads to increased pressure and volume within the veins which, over time, causes them to dilate (get wider) and elongate (get longer). Significantly bulging varicose veins are often due to leaking veins higher in the leg and located beneath the skin surface; most often, this underlying vein is the saphenous vein, which is only visible with the aid of an ultrasound. These dilated and elongated veins in the skin are known as telangiectasia (or spider veins) and dilated and elongated veins below the skin are known as varicose veins. Spider veins appear as small diameter red, purple or bluish web like veins. Varicose veins are larger deeper veins that can protrude resulting in a rope-like appearance.

Treatment Options for Veins

During your consultation, your physician will determine the best treatment plan based on your condition and health history. This may include one or a combination of the following treatments:

Endovenous Laser Treatment (EVLT)

Endovenous laser treatment, (EVLT), also known as Endovenous laser ablation (ELA), is a minimally invasive technique to eliminate varicose veins. The procedure is performed in the office using local anesthetic. Our patients experience little to no pain or scarring and a short recovery period. The laser is inserted through a small IV and seals closed the vein that causes the varicose veins. The procedure takes about 1 hour and patients are instructed to immediately walk and resume most of their usual activities.

Non-Thermal Approaches for Saphenous Ablation

Non-thermal ablation is a method of minimally invasive vein closure utilizing glue or an irritant drug. The options include; Venaseal™, Clarivein®, and Varithena® and are procedures that are at the forefront of varicose vein care. The procedures are performed in the office. A tool is inserted through an IV in the vein and used to treat the vein that causes varicose veins. The procedure takes about 1 hour and patients are instructed to immediately walk and resume most of their usual activities. Advantages of non-thermal techniques include fewer needlesticks during the procedure and less post procedure pain and bruising.

Microphlebectomy

Ambulatory phlebectomy, also known as microphlebectomy is a minor procedure that can be used to eliminate larger varicose veins. This procedure is performed in the office. The veins are removed through tiny nicks in the skin and can be done at the same time as EVLT. No stitches are necessary, the scars are barely visible and patients are extremely satisfied with the aesthetic outcomes. The procedure takes about 1 hour and patients are instructed to immediately walk and resume most of their usual activities.

Sclerotherapy

Sclerotherapy is performed as an in-office procedure to eliminate spider veins and small to medium size varicose veins. Injections with needles smaller than those used for flu-shots are performed directly into the abnormal veins. Following this 15–20 minute treatment, the patient can resume nearly all activities. A support stocking is worn during the daytime for one week after the procedure which aids in the closure of the veins.

EVLT, CLARIVEIN, MICROPHLEBECTOMY AND VARITHENA

Important Procedure Information

How Should I Prepare?

- Eat a regular breakfast and/or lunch before coming to our office.
- You do not need to have anyone come with you to the procedure. Unless you elect to take a light sedative.
- Bring the stockings that were prescribed at the time of your consultation. You can purchase these stockings from our staff. Do not wait until the day of the procedure to purchase the stockings since we may not have your size in stock.
- You may want to bring a pair of flip flops or casual sandals with you to the office and a warm sweater, as the room will be cool. Please note that we will use betadine soap to clean the area prior to the procedure, and light clothes and underwear may be stained.
- If you take aspirin, Plavix, or a blood thinner, please continue to take them as normal. We generally recommend that you do not stop taking your regular medication.
- The procedure may take 30 minutes to an hour, during which you will be laying down in one position.
- Be prepared to walk 10 minutes each hour for four hours after the procedure.
- You should be prepared to purchase Dermaka cream to apply to the legs for two weeks twice daily after the procedure. Cost is $35.

What Should I Expect During The Procedure?

Please note: more detailed information about each procedure can be found on the specific procedure pages in this booklet.

- In our preparation room, we will have you change into a pair of loose-fitting shorts.
- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- The marked area will be cleaned and sterile drapes will be placed on your legs.

Important Post-Procedure Information

What Should I Expect After The Procedure?

- Your leg that was treated will be wrapped for 72 hours.
- You will continue walking throughout the rest of the day in smaller intervals, avoiding any long periods (30–45min) of sitting or standing.
- You should continue walking throughout each day for 2 weeks, avoiding long periods of idleness. On average, you will be walking a total of at least one or two hours a day.
- Should pain medication be needed on the day of the procedure and for the following days, Tylenol or Ibuprofen can be taken.

How Long Do I Need to Wear The Leg Wraps?

- The leg wraps may be removed in 72 hours and you may take a regular shower after. Some secretion of numbing fluid along the area of the treated vein should be expected. After your shower, simply pat those areas dry. If the ACE bandage is too tight, you may loosen it.
- After a shower, a fresh stocking should be put on and worn for a total of two weeks, except to sleep and shower.

What Are My Activity Restrictions And Recommendations?

- After the procedure, you may immediately resume all of your usual activities except for vigorous gym workouts, heavy weight lifting or long hot baths for the first 2 weeks following the procedure. You may swim after the entry site of the catheter and skin nicks have closed (approximately one week).
- Frequent walking is strongly recommended for at least 2 hours a day, spread out throughout the day, the first 2 weeks following the procedure.
- Prolonged idleness for more than 30 minutes should be avoided. Walking around the office and standing up on your toes is recommended at work.
- Regular exercise routines may be resumed 2 weeks after the procedure.
- You should not fly in an airplane for a couple of weeks after the procedure. If you must fly please let us know; we will ask you to come in for an ultrasound to ensure that you can do so safely.
- Avoid sun exposure until the skin nick is fully healed to prevent pigmentation Covering the skin nick with a band-aid is suggested if you decide to go into the sun before it's fully healed. Sun-block is not sufficient to prevent skin staining.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Will I Feel Any Discomfort After The Procedure?

- Bruising after the procedure is expected and will last several weeks.
- Some soreness over the treated vein may occur after the procedure for about 1–3 days which may require at most some Tylenol or Advil. Warm compresses can be used if necessary.
- In most cases, the treated vein will develop a pulled muscle feeling, with some stiffness. This pulled muscle feeling usually develops 5 days following the procedure, and improves in about one week. The pain you will feel is normal and indicates that the vein is closing properly.
- The soreness will be most apparent after sitting or lying for a period of time. Stretching the leg, wearing the stocking, and walking will be helpful. If necessary, to prevent pain, Advil or Motrin can be taken.
- It is normal to have soreness, slight swelling and redness along the treated area. These symptoms will disappear within the first few weeks.

Please note: more detailed information about each procedure can be found on the specific procedure pages in this booklet.

Endovenous Laser Treatment

What is an EVLT?

EVLT is a technique that uses laser energy to treat both superficial veins and varicose veins. It is a minimally invasive technique to eliminate those veins. Your leg is sterilized and a small catheter and laser fiber are inserted into the vein that needs to be treated. When the laser is turned on, it generates heat that seals the vein closed. The procedure is performed in the office with only local anesthetic, little to no pain or scarring and a short recovery period. The procedure takes about 1 hour and patients are instructed to immediately walk after the procedure and to resume most of their usual activities.

How Successful is EVLT?

EVLT is effective in more then 95% of patients. If it does not work it can often be repeated.

What is The Goal of EVLT?

- The goal of EVLT is to close the underlying saphenous vein in order to decrease the pressure and/or alleviate symptoms/heal wounds.
- EVLT allows precise delivery of laser energy into the faulty vein to seal it closed.
- Once the reflux (leak) within the underlying vein is corrected, the remaining visible varicose veins may then be treated with either Microphlebectomy (vein removal procedure sometimes coupled with EVLT) or sclerotherapy (injection therapy usually at follow-up visits).
- Since EVLT depends on being able to insert the laser fiber within the vein itself, only relatively straight vein segments are amenable to this treatment.

Does My Body Need The Vein That is Being Sealed Closed With EVLT?

No, the vein that is being sealed closed is an abnormal vein. The abnormal vein is causing your normal veins to work harder to return the leaking blood back to your heart. Eliminating abnormal veins enables normal veins to work more efficiently.

What Should I Expect During The Procedure?

- In our preparation room, we will have you change into a pair of loose-fitting shorts.
- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- The marked area will be cleaned and sterile drapes will be placed on your legs.
- Local anesthetic will be administered at the site where a tiny catheter (like an IV) will be placed into the vein. Through this IV, the laser fiber will be inserted. You may feel a slight pinch and pressure when the numbing medicine is administered and a slight vibration as the laser fiber is passed within the vein.
- After the laser is positioned with ultrasound, the entire area to be treated is numbed with additional local anesthetic. This is the longest part of the procedure and does involve several additional needle pinches, but it ensures that EVLT will be safe and painless.
- At this point, the laser is activated and withdrawn through the entire vein, sealing the vein closed.

What Should I Expect After The Procedure?

- After the procedure, you legs will be wrapped. The wrap should stay on for 72 hours.
- You will likely have a small bruise where the catheter was placed and may have a small amount of discomfort, itching or redness over the length of the treated vein for about one week.
- You may take any over the counter pain reliever for pain and Benadryl pills or cream for the itching or redness if you feel it is necessary. We suggest using Dermaka cream for two weeks.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Please see pages 4 and 5 for pre and post procedure instructions and information.

VenaSeal™

What is VenaSeal™?

Venaseal is a new technique that uses a medical adhesive to treat varicose veins. It is a minimally invasive alternative to the traditional surgery i.e. ligation, vein stripping, heat induced vein closure using an endovenous laser.

What is The Goal of VenaSeal™?

The goal of VenaSeal is to close the saphenous vein. During the procedure, small drops of the adhesive are placed along the length of this vein to seal it closed. The adhesive permanently remains inside the vein much like a surgical suture. Once the faulty vein is closed, the remaining visible varicose veins may be treated with either microphlebectomy (vein removal procedure sometimes performed at the same time) or sclerotherapy (injection therapy usually at follow-up visits).

Does My Body Need The Vein That is Being Sealed Closed?

No, the vein that is being sealed closed is an abnormal vein. The abnormal vein is causing your normal veins to work harder to return the extra leaking blood back to your heart. Once the abnormal veins are eliminated, the normal veins will work more efficiently.

How Successful is VenaSeal™?

Results from the clinical trial of the device demonstrates 95% vein closure at two years with very rare complications.

25%

of the global adult population is afflicted with venous insufficiency

What Should I Expect During The Procedure?

- We will have you change into a pair of loose-fitting shorts. An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a marker. The marked area will be cleaned and drapes will be placed on your legs.
- Local anesthetic will be administered at the site where a tiny catheter (like an IV) will be placed into the vein. Through this IV, the Venaseal catheter will be inserted.
- Once the catheter is appropriately positioned, the drops of glue will begin to be delivered along the length of the vein and pressure will be applied over those areas to seal the vein closed. You will feel a periodic tug as we treat the vein.

What Should I Expect After The Procedure?

- After the procedure, you will walk for 10 minutes. A stocking is not required unless otherwise directed.
- You will likely have a small bruise where the catheter was placed and may have a small amount of discomfort, itching or redness over the length of the treated vein for about one week. You may take any over-the-counter pain reliever for pain and Benadryl pills or cream for the itching or redness if you feel it is necessary. We suggest Dermaka cream to be applied to the treated leg for two weeks.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Clarivein

What is ClariVein™?

Mechanicochemical ablation is a new technique that uses a catheter to deliver an irritant drug (sclerosant) to the vein intended to be closed. The catheter utilizes a rotating wire to induce spasm in the vein and produce a better response to the sclerosant drug. It is a minimally invasive alternative to the traditional surgery known as ligation and vein stripping and heat induced vein closure using endovenous laser.

What is The Goal of ClariVein™?

- The goal of Clarivein is to close the underlying saphenous vein and decrease the pressure creating the visible varicose veins.
- Mechanicochemical closure involves the delivery of small amounts of sclerosant along the length of the saphenous vein in order to seal the faulty vein closed.
- Once the reflux (leak) within the underlying vein is corrected, the remaining visible varicose veins are then treated with either microphlebectomy (vein removal procedure sometimes performed at the same time) or sclerotherapy (injection therapy usually at follow-up visits).

Does My Body Need The Vein That is Being Sealed Closed?

- No, the vein that is being sealed closed is an abnormal vein.
- The abnormal vein may be causing your normal veins to work harder to return the leaking blood back to your heart.
- Once the abnormal veins are eliminated, the normal veins will work more efficiently.

How Successful is ClariVein™?

- Results from the early trials of the device demonstrate 97% vein closure at 1 year post procedure.

What Should I Expect During The Procedure?

- In our preparation room, we will have you change into a pair of loose-fitting shorts.
- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- The marked area will be cleaned and sterile drapes will be placed on your legs.
- Local anesthetic will be administered at the site where a tiny catheter (like an IV) will be placed into the vein. Through this IV, the delivery catheter will be inserted. You may feel a slight pinch and pressure when the numbing medicine is administered and a slight vibration as the catheter is advanced within the vein.

- Once the catheter is appropriately positioned, the rotating wire will be initiated and a small amount of sclerosant will begin to be delivered along the length of the vein to seal the vein closed.

What Should I Expect After The Procedure?

- After the procedure, your legs will be wrapped for 72 hours.
- You will likely have a small bruise where the catheter was placed and may have a small amount of discomfort, itching or redness over the length of the treated vein for about one week.
- You may take any over the counter pain reliever for pain and Benadryl pills or cream for the itching or redness if you feel it is necessary. We do suggest you apply Dermaka cream to the treated leg for two weeks.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Please see pages 4 and 5 for pre and post procedure instructions and information.

Varithena Foam Ablation

What is Varithena?

Varithena is a specialized foam that is injected into the vein to be treated. Varithena foam strips the inside lining of the vein. This results in the vein collapsing and finally being absorbed by the body.

What is The Goal of Varithena™?

The goal of Varithena is like all treatments and that is to cause collapse of the treated vein. Once the vein is treated, over time, it will disappear causing the good veins to return blood to the heart naturally. This is all done without pain.

Does My Body Need The Vein That is Being Sealed Closed?

- No, the vein that is being sealed closed is an abnormal vein.
- The abnormal vein may be causing your normal veins to work harder to return the leaking blood back to your heart.
- Once the abnormal veins are eliminated, the normal veins will work more efficiently.

How Successful is Varithena?

- Results from clinical trials show 95% vein closure rate at one year.

What Should I Expect During The Procedure?

- In our preparation room, we will have you change into a pair of loose-fitting shorts.
- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- The marked area will be cleaned and sterile drapes will be placed on your legs.

- Local anesthetic will be administered at the site where a tiny catheter (like an IV) will be placed into the vein. Through this IV, the delivery catheter will be inserted. You may feel a slight pinch and pressure when the numbing medicine is administered and a slight vibration as the catheter is advanced within the vein.
- Once the catheter is appropriately positioned, Varithena foam is injected while manual pressure is held at the groin. The injection takes about 20 seconds.

What Should I Expect After The Procedure?

- After the procedure, your legs will be wrapped for 72 hours.
- You will likely have a small bruise where the catheter was placed and may have a small amount of discomfort, itching or redness over the length of the treated vein for about one week.
- You may take any over the counter pain reliever for pain and Benadryl pills or cream for the itching or redness if you feel it is necessary. We do suggest you apply Dermaka cream to the treated leg for two weeks.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Please see pages 4 and 5 for pre and post procedure instructions and information.

Microphlebectomy

What is Microphlebectomy?

Microphlebectomy is a minor procedure used to eliminate larger varicose veins. This procedure is performed in the office using only local anesthetic. The veins are removed through tiny skin nicks with no stitches usually needed. After healing, the scars are barely visible and patients are extremely satisfied with the aesthetic outcomes.

What Should I Expect During The Procedure?

- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- The marked area will be cleaned and sterile drapes will be placed on your legs.
- Local anesthetic will be administered over the area(s) to be treated.
- A small nick will be made in the skin over a varicose vein.
- The vein is removed through the skin nick using a very small tool. This process is repeated until the varicose veins are thoroughly removed.
- During the procedure you should feel only a small pinch and some pressure when the numbing medicine is administered and then some pushing and pulling. If you feel any pain, let us know and we will stop and give you additional local anesthetic
- The procedure may last between 30 minutes to 2 hours depending on how many veins are going to be removed. The procedure is essentially painless.

What Should I Expect After The Procedure?

After the procedure, we will put a triple leg wrap on that should stay on for 72 hours.

- You should wear the stocking for one to two weeks, except to sleep or shower, unless otherwise directed.
- You will have bruises where the veins were removed for about one week and mildly tender small lumps over the length of the treated veins for a few weeks. You may take any over the counter pain reliever if you feel it is necessary. We suggest Dermaka cream to be applied twice daily for two weeks to decrease inflammation.
- We would like to see you in follow up about 1 month after the treatment to assess your response.

Please pages 4 and 5 for pre and post procedure instructions and information.

Sclerotherapy

What is Sclerotherapy?

Sclerotherapy is a simple and safe treatment to eliminate varicose and spider veins for medical and cosmetic reasons. Since sclerotherapy also relieves symptoms caused by these abnormal veins, many patients who undergo treatment for cosmetic reasons may also notice some improvement in the way their legs feel after treatment. Sclerotherapy is also used as a follow up to endovenous laser, adhesive, mechanicochemical or foam saphenous ablation to eliminate residual varicose and spider veins. Sclerotherapy is usually repeated every three weeks until the treatment goals are met.

How Should I Prepare For Sclerotherapy?

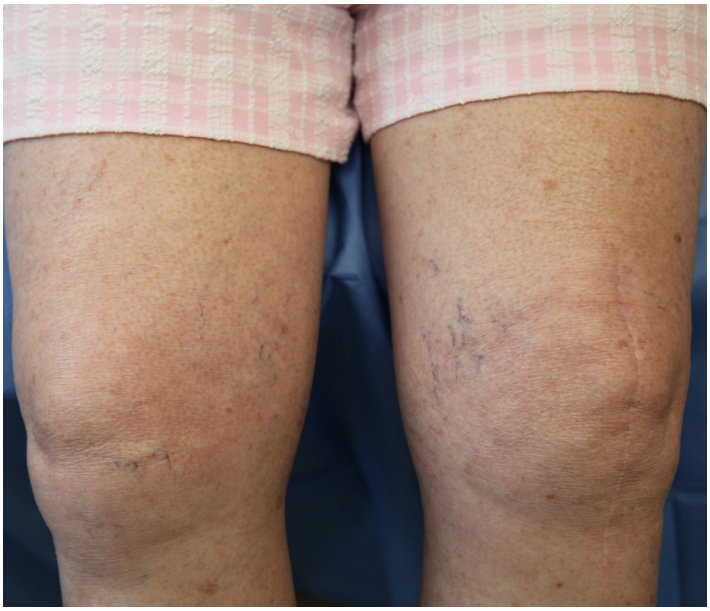
There is no special preparation needed. However, you will need to bring the compression stocking you were prescribed to wear immediately after the treatment. These are usually thigh high or panty hose style. Avoid putting any lotion or cream on your legs.

What Should I Expect During The Procedure?

During sclerotherapy a very small needle, smaller than that used for flu-shots, is used to inject a medication into an abnormal vein. Two different medications are approved for this purpose; Sodium Tetradecyl Sulfate (STS, "Sotradecol®") or Polidocanol (PD, "Asclera®"). Polidocanol is the medication most often used in our office. Once the sclerotherapy medication is injected, the inner lining of the vein wall becomes irritated by the medication. The irritation then causes the vein to scar down and close. Eventually the closed vein is reabsorbed by the body, thereby becoming no longer visible from the surface of the skin.

What Should I Expect After The Procedure?

Wearing compression stockings immediately after sclerotherapy treatments and for one week may reduce the amount of pigmentation that will occur over the veins. Some people experience skin staining that usually lasts a few weeks to a few months. The duration and intensity of the pigmentation depends on your skin type, vein size, and your individual healing pattern. After injections, the veins can close unevenly, leaving isolated pockets of trapped blood within the veins that can be tender. The body will eventually reabsorb the trapped blood but often at the expense of skin staining. To minimize staining and to eliminate any discomfort, a follow up procedure, termed the "removal of trapped blood," occurs about three weeks after each treatment. This trapped blood is expressed from the body by poking these areas with a small needle and squeezing the trapped blood out. This can be modestly tender but most



patients agree that it is worthwhile in limiting the extent and duration of pigmentation and expediting the resolution of the tenderness at the site of the trapped blood. Wearing the compression stocking is not necessary after the removal of trapped blood but doing so for about an hour afterwards may help reduce bruising.

During Treatment

The injections are done in different positions while you are lying down. There is little or no pain during sclerotherapy. You will feel a small pinch when the needle is inserted. There is little to no burning associated with the injections of these medications.

How Safe is Sclerotherapy?

Sclerotherapy is very safe. The main side effect of this treatment is skin pigmentation. This can be minimized by the removal of trapped blood and avoiding purposeful tanning on those areas. In most cases, skin staining will resolve in a few weeks.

NOTE: If you are nursing or pregnant, your physician will review treatment options with you.

NOTE: Insurance and Medicare usually do not cover cosmetic vein treatments. For pricing please ask, as it varies for each person depending on how extensive the spider veins are.

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