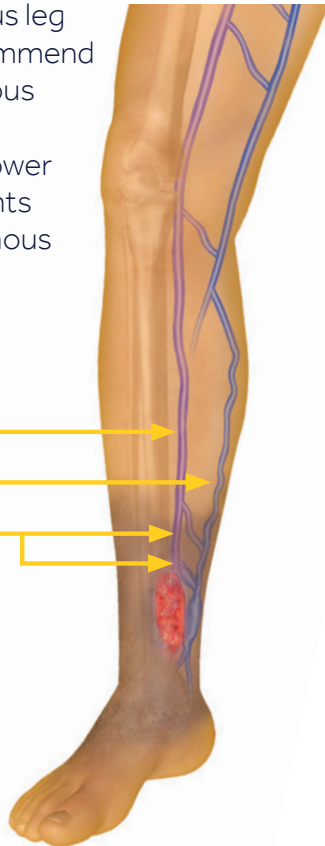


IDENTIFYING VENOUS LEG ULCERS

Venous leg ulcers can be caused by chronic venous insufficiency (CVI).¹ This can be caused by reflux in any of the venous systems - whether superficial, perforator, or deep - when the valves of the veins have failed or the vein has become obstructed.²

2014 SVS/AVF venous leg ulcer guidelines recommend comprehensive venous duplex ultrasound examination of the lower extremity in all patients with a suspected venous leg ulcer, in order to identify the cause.

DEEP VEIN
SUPERFICIAL VEIN
PERFORATING VEIN



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* Data on file † For 7 cm RF catheter

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ADVANCING FROM WOUND CARE TO WOUND HEALING



Treating patients with **venous ulcers** is not easy. You want to provide not only the best care possible—but also a chance for your patients to heal and live without the pain of these wounds.

Early intervention is key.

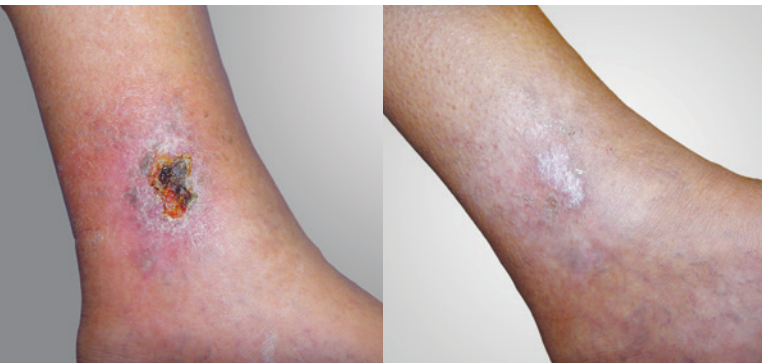
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Further, Together

THE BENEFIT OF EARLY INTERVENTION

Making sure your patients with leg ulcers receive early intervention and treatment may give them the potential to heal.

Venous ulcers cause pain, disability, and embarrassment for patients.¹ Yet there is a minimally invasive treatment option available that can provide healing for these patients.

With early intervention – beyond standard compression therapy alone – patients can experience improvements in their mobility, pain, and quality of life and even relief from leg ulcers permanently.^{2,4}



**BEFORE
treatment**

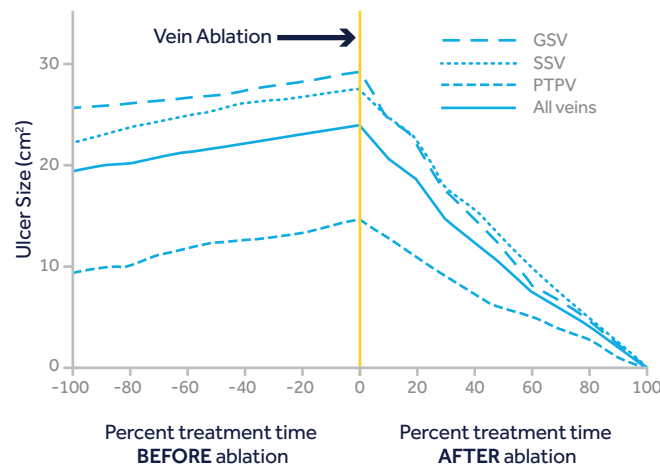
**AFTER
treatment**

ABLATION A PROVEN SOLUTION FOR PATIENTS WITH LOWER EXTREMITY ULCERS

2014 SVS/AVF venous leg ulcer guidelines recommend and suggest ablation of the incompetent veins in addition to standard compression therapy to prevent recurrence and improve ulcer healing.

Ablation – using controlled heat to close off the abnormal vein – is the standard of care for patients with venous leg ulcers.³ The procedure is minimally invasive, eliminating the need for surgery and allowing patients to quickly resume normal activity.⁵

Data shows that healing is possible for leg ulcer patients.



Six-month patient follow-up demonstrates a significant change in ulcer size and healing rate from pre- to post-ablation. Early intervention and treatment with compression and ablation can significantly improve quality of life for patients with this condition.

The ClosureFast™ Procedure

The ClosureFast™ procedure, offered by Medtronic, uses radiofrequency to precisely and effectively treat patients suffering from chronic venous insufficiency.⁶ Five-year trial results demonstrated a 91.9% occlusion rate, and a 94.9% reflux-free rate with the ClosureFast™ catheter.^{6,7†}

Studies show that the ClosureFast procedure is associated with lower rates of pain, bruising and complications and a faster improvement in patients' quality of life when compared to 980 nm laser ablation.⁵



Compression therapy alone only treats the symptoms of venous ulcers, which can lead to ulcer recurrence.⁴ However, compression therapy in conjunction with ablation is a proven treatment option that provides measurable and significant reduction in ulcer size and results in ultimate healing.⁴