AN INTERVIEW WITH:

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What kind of patients do you treat in your practice?

In my practice I typically see patients who have all sorts of peripheral vascular disease—superficial or deep venous insufficiency, peripheral arterial disease—along with lymphedema.

The lymphedema may be primary, affecting people from birth, and some of these patients can live with it for years and not even know what they have. It can also be secondary and ensue later in life, even when a patient is in their 50s, 60s or 70s. That's why it's important for us to keep lymphedema in mind as we start to notice swelling in our patients, since it can manifest at any time.

How does secondary lymphedema develop in CVI patients?

Phlebolymphedema is lymphedema caused secondary to venous insufficiency. If you think about it, as the vein starts to become more dilated, and blood starts to pool, venous hypertension ensues. As venous hypertension ensues, the fluid starts to get pushed more out into the interstitial space. Once that fluid is there it's the lymphatic system's job to try to get that fluid out and to recycle as much proteins as possible. If the lymphatic system starts to get overworked, overloaded, it will start to back up. Unfortunately, at that point those patients will have chronic swelling.

Many of your patients appear to have lymphatic issues. Why do some vein physicians say they rarely see lymphedema?

When I speak to my colleagues about lymphedema, many of them give me a blank stare. They'll ask me why I see all these patients with lymphedema when they've never seen lymphedema in their lives. When I ask how that could be they tell me they've never had a patient come through the clinic with elephant legs.

In other words, many clinicians still don't understand that all lymphedema is not just elephantiasis. In fact, there are many people with C0 or C1 insufficiency who have earlier stages of lymphedema that have not yet manifested. Clinicians should understand that as soon as they start to notice swelling in a patient's lower extremities they need to start thinking about the lymphatic system and getting that patient the help they need.

Why should vein physicians concern themselves with lymphedema?

I often tell my physician peers that if you're going to treat patients as a vascular expert you need to look at the full picture. If you're only treating the vein side you're only doing half the job, because these patients may not get better. There's a very intimate connection between the venous system and the lymphatic system. I like to treat the lymphatic system simultaneously with the veins, because as you're unloading the lymphatics the venous insufficiency will improve and these patients will feel symptomatic relief much sooner.

How early in treatment do you address lymphatics?

In our practice we want to make sure every patient who is symptomatic goes on to get further vein treatment. Once a patient is symptomatic, we make sure the patient follows conservative measures, simple things like compression, elevation, exercise and weight loss. We'll then evaluate to see if there is anything invasive we should do.

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But it's also important during that time that we start treating the lymphatic system and debulking fluid. I'll have the patient immediately start to see someone to help with manual lymphatic drainage. It's also very important to get them into the pneumatic compression device. The sooner you do this the better it will be for the patient because we need to stimulate the flow—we need to make sure that the lymphatic fluid is getting out from those areas.

Why is it important to clear fluids early on?

For one thing, when you stimulate the lymphatic channels and start to get the lymph fluid out you're improving immune cell circulation, you're getting the lymphocytes where they need to be to attack the infectious process. That means these patients are not going to have as much cellulitis and they're not going to be hospitalized as often. Evidence supports this. The Flexitouch® study published in JAMA showed that use of the device reduced rates of cellulitis, decreased hospitalization rates, and significantly decreased healthcare costs.[1]

It sounds as though clinical evidence has strongly influenced your decision to use the Flexitouch device.

Absolutely. If we're going to utilize any type of device or any treatment we need to have justification for it. In addition to cost-effectiveness, other studies have shown Flexitouch reduces limb volume,[2,3] *improves quality of life,*[3,4] *and increases compliance.*[2] *These days, when every healthcare dollar is scrutinized, it's very important for us to do our part to make sure patients are doing well and continue to do well long-term.*

How do you address lymphatic issues in your vein patients?

It takes a team approach. Our lymphedema therapist works very closely with our group. So do our wound care specialists, since research has shown that effective treatment of lymphedema can improve wound-healing time.[5] *I like to make sure everybody in our group feels they are equally important in the patient's treatment and care.*

Do you involve Tactile Medical in this team?

Very much so. I have my Tactile rep on speed dial. I'll call her when the patient is in the room with me, put her on speaker phone and say, I have a very nice patient here who is going to need your help. I'll then start explaining lymphedema treatment steps to the patient—phase one, the intensive phase, and phase two with on-going pneumatic compression support. At that point the patient feels very good because we're all on their team. They feel as though they're going to get better soon because there are people around them who care about them.

How else does Tactile help?

The Tactile rep goes to the patient's home to provide training on how to use the device. They will call our patients, and if they don't get through they'll make sure that the patient gets contacted somehow. If they cannot get through to the patients they'll communicate that to us. Very often, after the initial consultation, when it's the patient's responsibility to follow through, it won't happen unless we're staying on top of it. I like the fact that Tactile Medical makes that effort.

Having said that, Tactile is careful never to pressure patients to get the device—the patient always has the ability to say if they want it or not. It's our job to paint the picture to the patient that this is something that is going to help them—the more they use it, the better they're going to feel. There's no direct benefit to our clinic from any of this, it's the patient who benefits.

You mentioned evidence supporting Flexitouch. What do you think accounts for its greater effectiveness in comparison to other pneumatic compression devices?

I believe Flexitouch is more effective because its sequential chambers localize treatment. You cannot just put a product on somebody and have it squeeze and release and expect that patient to get better. You need a product that is very physiologic in the way that it performs, something that will gently squeeze distally and make its way up.

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Even more important, it has to clear the trunk. If you're squeezing lymphatic fluid from the leg it's working against gravity, and when the fluid reaches the pelvic area eventually it's all going to make its way down again if you don't drain the trunk. So it's important to utilize the trunk piece with the Flexitouch to ensure the patient is going to get the best relief possible in the fastest way.

Is it hard for patients to clear fluids without a pump?

It can be very difficult for patients to perform manual lymphatic drainage on themselves. This is particularly true with elderly patients, patients who have arthritis—it's very difficult for them to bend over and do that self-MLD technique to get the fluid out of the leg. Even if they do a good job, again, when that fluid reaches the trunk it will eventually make its way back down.

Patients with chronic swelling start to lose hope if they don't see results. Before I began using pneumatic compression devices I noticed that when we asked patients to do conservative measures—elevating their legs, wearing stockings—their compliance was very low because they rarely saw the benefit. They were actually more concerned about how darn ugly the stockings were or how uncomfortable they could be, especially on a hot day.

Why do you think compliance rates are high with the Flexitouch device?

It's very significant that they can use it in the comfort of their own homes. They don't have to take time off. They can use the Flexitouch while watching television or reading a book.

And they see results. In fact, I've had many patients come back and thank me because they feel as though they're starting to get their lives back. They have better self-confidence, they start dressing better, they start looking better. It just becomes this wonderful transformation. I've had patients who were on antidepressant medications because of chronic pressure they were having in their pelvis, in their lower extremities, it was difficult for them to do the things they like to do. Some actually had to quit their jobs. Lymphedema can be a very, very troubling thing to go through. So finding symptomatic relief can lead to a wonderful transformation in these patients, not only physically but in their mental health.

Some vein physicians may fear that treating lymphedema patients will burden their practice. Why do you feel otherwise?

It's true that with lymphedema compression devices there's really no direct financial benefit to the physician. But I believe you cannot call yourself a vascular expert if you're not going to treat the patient entirely. Peripheral circulation disorders are not only deep and superficial venous insufficiency, not only arterial insufficiency, but also very much lymphedema. And I'll tell you that once patients with lymphedema start getting better they will go out and tell everybody in the community.

So you think managing lymphedema patients is actually beneficial from a business standpoint?

Yes, and I'll give you an example. I had a lymphedema patient who went to her local grocery store and would literally hand out my business cards. Patients would come into my office and say, there's a very nice lady who showed us pictures on her cell phone of how her legs used to look and how they look now. She said you need to go see this guy. Being someone who actually cares about this disease will build your practice. We went from one practice to 72 by treating people as human beings and treating the complete disease process.

Any last thoughts about working with Tactile Medical?

I've had the good fortune to meet a lot of people at Tactile, from the executive level to the clinical level, and what really shows when you meet them is how much they care about patients. They are an equally important part of our team and are essential in helping us deliver good healthcare.

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1. Karaca-Mandic P, Hirsch AT, Rockson SG, Ridner SH. The Cutaneous, Net Clinical, and Health Economic Benefits of Advanced Pneumatic Compression Devices in Patients with Lymphedema. *JAMA Dermatol.* 2015;151(11):1187–1193.
2. Ridner SH, McMahon E, Dietrich MS, Hoy S. Home-based lymphedema treatment in patients with cancer-related lymphedema or noncancer-related lymphedema. *Oncol Nurs Forum*. 2008;35(4):671–680.
3. Muluk SC, Hirsch AT, Taffe EC. Pneumatic compression device treatment of lower extremity lymphedema elicits improved limb volume and patient-reported outcomes. *EJVES*. 2013;46(4):480–487.
4. Blumberg SN, Berland T, Rockman C, et al. Pneumatic compression improves quality of life in patients with lower-extremity lymphedema. *Ann Vasc Surg.* 2016 Jan 1;30:40–44.
5. Rasmussen JC, Aldrich MB, Tan IC, et al. Lymphatic transport in patients with chronic venous insufficiency and venous leg ulcers following sequential pneumatic compression. *J Vasc Surg Venous and Lymphat Disord.* 2016;4(1):9–17.

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