



**San Diego Vein Specialists, Inc.**  
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## VARITHENA

**Patient:** RomellPamintuan  
**Birthdate:** 12/12/1966  
**Referring Physician:** IyaboDaramola, MD  
**Provider:** Mehran Moussavian, D.O.,FACC/Lyndsay Silver, NP  
**PCP** LyndsaySilver,  
**Sonographer:** AnnShaba,  
**Assistant:** May, Yahaira  
**Date:** 02/12/2021 09:32 AM

**ICD10 Code(s):**I83.11VARICOSE VEINS RT LOW EXTREM INFLAM

**CPT Code(s):**36465Injection of non-compounded foam sclerosant w/ ultrasound compression maneuvers; single incompetent extremity truncal vein

### Vitals:

H: 5 (ft) 5 (in).

### Diagnosis:

Hyperlipidemia, unspecified (E78.5)  
Asymptomatic varicose veins of bilateral lower extremities (I83.93)  
Chest pain, unspecified (R07.9)  
Family history of ischemic heart disease and other diseases of the circulatory system (Z82.49)  
Pain in leg, unspecified (M79.606)  
Lack of physical exercise (Z72.3)  
Personal history of nicotine dependence (Z87.891)  
Venous insufficiency (chronic) (peripheral) (I87.2)  
Varicose veins of bilateral lower extremities with pain (I83.813)

**Procedure Introduction:**Diagnosis: Symptomatic Reflux Right GSV

Operation/Procedure Performed: Varithena Right GSV distal calf to knee

Estimated Blood Loss: None

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Operation/Procedure Performed: Varithena Right GSV distal calf to knee

Estimated Blood Loss: None

**Procedure Treatment:**Patient was seen today for administration of Varithena® to the incompetent great saphenous vein/accessory saphenous veins/visible varicosities of the great saphenous vein (GSV system) below the knee of the right leg.

The patient was given an explanation of the protocol for the administration of Varithena. We went over the potential adverse reactions and what to do in the event that one or more occur. After agreement, the patient was positioned on the examination table to examine and measure the veins requiring treatment -the [GSV/accessory saphenous veins/visible varicosities of the GSV system] 26 cm below the right knee. Lidocaine was administered locally, the vein was then cannulated using ultrasound guidance, and venous access was confirmed. Using aseptic technique and following manufacturer's guidance on product use 2 mL of Varithena was withdrawn from the drug canister using the Varithena® Transfer Unit to a sterile syringe, injected into the cannula slowly, and monitored using duplex ultrasound. Venospasm of the treated vein was confirmed using ultrasound. The catheter was removed from the treatment site and a compression bandage and stocking were applied to the treatment area. The patient was monitored and observed for anaphylactic reaction without incident while walking in the office for 10 minutes and instructed to schedule a follow up visit with in the next 1 to 2 weeks to re-examine the treatment site, using duplex ultrasound, and address potential additional treatment, if necessary. The patient was advised to keep post treatment bandages dry and in place for 48 hours, avoid heavy exercise for one week, wear compression stockings on the treated leg continuously for two weeks, avoid extended periods of inactivity, walk daily for 10 minutes over the next month.

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Electronically signed by Lyndsay Silver, Mehran Moussavian, D.O.,FACC/ NP on 2/12/2021 10:02:33 AM.

