

You Might Have Vein Disease and Not Even Know It

Vein Specialist Dr. David Draughn offers answers, hope, and lasting relief for patients suffering from chronic, vein-related leg pain.

Fifteen years ago, his wife, Kim, a nurse, complained of leg pain. Although she suffered from severe arthritis in her knees, she believed the discomfort was vein related. She began getting spider veins on her ankles in college. Kim described her legs as feeling heavy, like she had “already walked 10 miles within minutes of waking up.” She realized she was frequently wanting to sit down and put her feet up. Her legs itched when she exercised, she says, and sometimes her lower legs looked discolored.

According to Dr. Draughn, there were no visible signs of bulging varicose veins, just normal reticular veins seen through the skin.

Undeterred, Kim searched for answers and found a “vein clinic.” At the time, veins were a new and largely unrecognized medical niche. Through ultrasound testing, she was diagnosed with extensive venous reflux in several of the major veins in both legs.

Venous reflux—caused by nonfunctioning one-way valves that result in the reverse flow of blood in the lower legs—is the most common vein disorder. Symptoms include achiness, heaviness, cramping, numbness, swelling, itching, skin discoloration, restlessness, and even ulcers on the lower legs.

“As even I’ve learned, you don’t have to have the unsightly visible varicose veins to have venous reflux,” Dr. Draughn says.

The Right Test

Typically, people with these symptoms see a primary care physician who then sends them for an ultrasound. But most ultrasounds only rule out deep vein thrombosis (DVT).

Virtually no facility performs ultrasounds looking for venous reflux. And in a DVT ultrasound, the



“I can’t believe how much I didn’t know about veins. Great doctors can be very well-trained and still know very little about the venous system. I was one of them.”

—David Draughn, MD,
Vein Specialists of the Carolinas

Life After Venous Reflux

After the procedure, many patients report immediate symptom relief. The rest see major improvement within one to two weeks. Ninety percent of patients resume normal activities within a day, and 98 percent who’ve received the treatment would recommend it to friends and family.

patient lies down. To find venous reflux, the patient must stand so gravity can pull the blood through the defective valves. Such ultrasound studies require four times as much effort and time to perform.

“If your legs are bothering you, go to a vein specialist. When the problem is with your veins, the right test must be administered to get answers,” Dr. Draughn says.

Fortunately, the treatment for venous reflux is straightforward. Procedures are virtually painless, can be performed in office, and take about an hour. Patients are back to their regular activities within a day or so, and insurance covers most reflux-related procedures.

Following Kim’s experience, Dr. Draughn completely changed the focus of his practice. Together, they now run the successful Vein Specialists of the Carolinas, with

offices in Charlotte and Gastonia.

Practitioners are currently pushing for venous and lymphatic medicine to become its own formally recognized specialty. Dr. Draughn says he looks forward to that day.

“I’m as enthusiastic about veins now as I was wrong about them in the past,” he says. “I’ve spent the last decade focusing exclusively on everything veins.”



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