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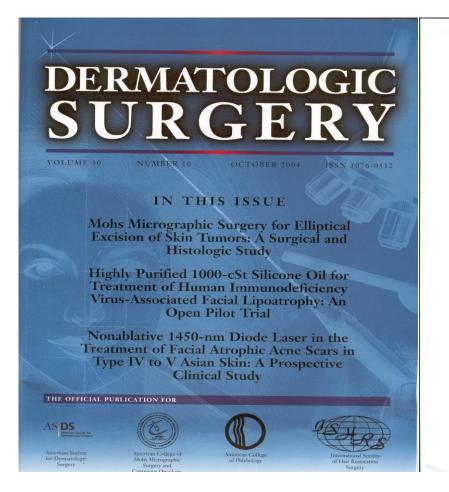
삼성흉부외과의원 network

- Varicose vein network
 - Since 2002
 - 대전, 청주, 평촌, 천안, 대구, 광주

평촌: GSV EVLT 600cases/year, SSV EVLT 300/year, Sclerotherapy 300/year

total: 12,000 varicose vein cases

하지정맥류 분야의 최고권위 저널인Dermatologic Surgery 와 Journal of Vascular Surgery에 연구와 치료결과가 개재



Re: Intravascular 1,320 nm Laser Closure of the Great Saphenous Vein: A 6- to 12-Month Follow-up Study

To the Editor

Endoverous laser treatment allows patients with varicose win to return to their normal daily activities immedately after treatment. But its main drawback is postoperative thigh pain and bruising. We were very impressed
when we read this article, which raises two questions.
First, did they use the same parameters (power, mode, pullback rate, fluence) and automated pull-back device when
they treated patients with an 810 nm diode laser? If not,
why? The laser power used in their study was very low (5
W). It might be possible because they used an automated
pull-back device during the procedure, which ensures consistent treatment. It is possible that the lower laser power
produces the least damage to surrounding tissues and pain.

produces the least damage to surrounding tissues and pain. Second, why did they access the great saphenous vein in the midrhigh? The great saphenous vein usually runs deeper in the midrhigh han in the lower thigh, around knee joint level. Therefore, it is more difficult to access the great saphenous vein in the midrhigh, especially in an obese patient. From our own experience with 810 nm and 980 nm diode laser systems, patients who had a deeply

located great saphenous vein complained less or had no postoperative thigh pain. Compression dressing can reduce postoperative thigh pain to some degree. Postoperative bruising does not lead to any serious complication other than a transient cosmetic problem. This is an excellent article that solves the major drawback of endovenous laser treatment and deserves further consideration. More basic science and a large clinical study will be needed to define the role of this new endovenous laser system, however.

DAE WON CHA, MD SOO BIN LIM, MD SEUNG JOON PARK, MD Daejeon, Korea

Reference

 Goldman, MP, Mauricio M, Rao J. Intravascular 1320-nm laser closure of the great saphenous vein: 6 to 12 month follow-up study. Deratol Surg 2004;30:1380-5.

Reply to Cha and Colleagues

One of the major problems in the development of the endoluminal laser ablation/closure of the great saphenous vein (GSV) was that lasers that were already developed for other treatments were used without thought as to was most appropriate. For example, the use of 810, 940, 980, and 1,064 nm laser wavelengths primarily targets oxygenated and deoxygenated hemoglobin (HbO2 and Hb). Although this may be an appropriate target for the treatment of small telangiectatic vessels < 1 mm in diameter, it is not appropriate for a 1 cm GSV that may have a variable amount of red blood cells contained within its lumen. It became clear after treating dozens of patients with the 810 nm wavelength that a nonspecific action was occurring, resulting in puncture of the GSV, with subsequent hemorrhage of red blood cells and perivascular damage. The 1,320 nm wavelength was chosen because it is not absorbed by Hb and HbO, and is absorbed only by water contained within the endothelial cells. Therefore, the use of the 1,320 nm wavelength is more specific for endothelial/endoluminal ablation and was not shown to result in perivascular damage.

The reason that relatively low powers are effective in

The reason that relatively low powers are effective in using the 1,320 nm wavelength is that we are targeting water, not Hb and HbO₂. In addition, the automated pullback system of 1 mm/s is far slower than the nonautomated pull-back by the surgeon, which is usually 3 to 5 mm/s. Thus, the energy/cm of pull-back and the specificity for endothelial water allow for a lower fluence to be used.

The reason why the midthigh was chosen was because this is an easier site to access by ambulatory phlebectomy. In addition, many patients went on to have ambulatory phlebectomy of the distal GSV and tributaries, and many of these patients requested the use of their veins as autologous implants for accentuation of the lips and/or nasolabial folds.¹

We appreciate the comments by Cha and colleagues and look forward to the continued advance of the minimally invasive treatment of the GSV and varicose vein disease.

MITCHEL P. GOLDMAN, MD

La Jolla, CA

Reference

 Blugerman G, Goldman MP. Autologous vein/collagen transplantation for correction of dermal atrophic changes. Dermatol Surg 2002;28:372–5.

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왜 흉부외과의사가 개업을 하는 가?

- Passive choice (m/c)- health, money, etc.
- Loss of competitiveness
- Old age retire
- Active choice d/t personal reasonhobby, money or time
- inevitable choice depend on various situations
- effect on number of applicants

개업의 여러 형태

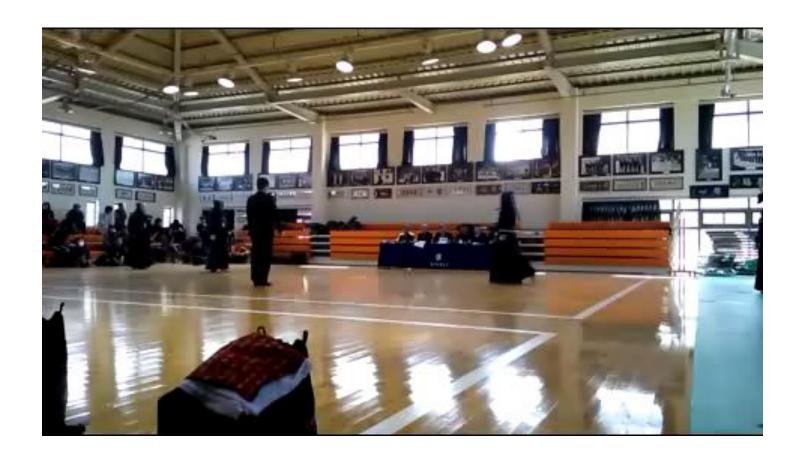
- 흉부외과관련 전문의원 :
 varicose vein(m/c), hyperhidrosis,
 호흡기클리닉, 심장재활클리닉, A-V shunt,
 Pneumothorax clinic
- 일반과 : GP, Functional medicine
- 미용의원 : Breast augmentation, PS
- until now, no hospital sized clinic or item(different from OS, NS, GS, PS)

개업의 장단점

• 장점 : 시간 - 여가시간(취미,운동, 가족, 음 악, etc.) 돈?

> Lifelong working place Ownership

단점: 낮은 정체성
 Fragility(돈, 시간)
 성격적합성여부



개업적합성(필수요소)

- Desperative mind
- Developing differentiating medical skill or know-how
- Open mind to patients & people
- Knowledge for Tax, basic legal problem, employment system & insurance system(national, private)

최근 개업Trend

- Less money
- Specialty
- Take over rather than newly open
- Apprentice training
- Online marketing learn by oneself
- Slow extension
- Location(상권분석, 경쟁병의원분석)

Preparation for Open Clinic

- Focusing on TS training
- Extending focus on other fields except
 TS
 - -consult
- Arrangement of medication(antibiotics, analgesics, HTN & DM, etc.)
- Making good human relationship
- Do not choose simple & easy way
- Taking advantage of many workshops

- 너무 서두르지 말고 현재에 최선을 다하면서 그때 그때의 상황과 자신이 중요하게생각하는것이 무엇인지 고민해서 결정하되 주위의견도 수렴해서 최종적으로 결정한후에는 결정한부분에 최선을다하면 좋은 결과가 나올수있다.
- 흉부외과의사로서 여러가지 길이 있을수 있음을 고려하자.
- 흉부외과수련을 잘마친 사람이라면 어떤일 을 해도 잘할수있다.

