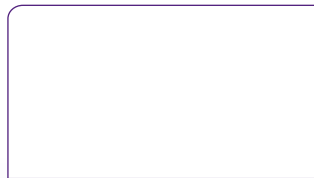
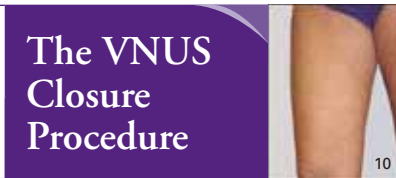



Compare Alternatives

	 The VNUS Closure Procedure	 Vein Stripping & Ligation	 Endovenous Laser
Method of action	Collagen contraction resulting in a fibrotic seal ¹¹	Surgical removal	Boiling of blood resulting in a thrombotic occlusion ¹²
Multi-center registry	84% reflux-free rate at 5 years ¹³	No multi-center studies	None
Number of comparative trials vs. vein stripping	3 published randomized trials ^{6,7,8}	n/a	None
Post-op bruising	4% ¹⁴ 2% ⁶	n/a 19% ⁶	38% ¹⁴ n/a
Return to normal activities within 24 hrs.	89% of patients ¹⁵ 81% of patients ⁶	n/a 47% of patients ⁶	70% of patients ¹⁵ n/a

➤ *Contact us to receive a complimentary copy of the educational CD, “Healthy Legs: The Truth About Venous Disease”*



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VN20-65-A 03/05



THE VNUS[®] Closure[®] PROCEDURE

For your patients suffering from varicose veins and underlying superficial venous reflux disease, the VNUS Closure procedure provides a minimally invasive treatment alternative to vein stripping surgery

Your patients who suffer from superficial venous reflux disease may present symptoms of:

- > Varicose veins
- > Pain
- > Swollen limbs
- > Leg heaviness and fatigue
- > Skin changes and ulcers

Recommend the VNUS® Closure® Procedure

The VNUS® Closure® System occludes diseased veins and thereby eliminates reflux in an outpatient or office setting. Patients resume normal activities typically within 1 day with minimal to no pain or bruising following treatment.



Disposable catheter advanced to furthest treatment site

Electrodes deployed, RF energy initiated

Catheter withdrawn, closing vein

The VNUS Closure Procedure Versus Vein Stripping & Ligation

Three randomized trials comparing the VNUS Closure procedure to vein stripping and ligation surgery demonstrated quicker return to activity, less post-operative pain, and overall higher quality of life scores for patients treated with the VNUS Closure procedure.^{6,7,8} In each trial, every statistically significant difference favored the VNUS Closure procedure. Results at two-year follow-up showed significantly better quality of life and pain scores for patients who underwent the VNUS Closure procedure.⁹

Upon your referral, appropriate patients will receive an ultrasound examination to determine their candidacy for the VNUS Closure procedure.

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Clinical Evidence At-A-Glance

The VNUS Closure procedure is validated in multiple single center studies:

Reference	Follow-Up Term	Occlusion/Reflux-Free Rate
Weiss ¹	2 years	90.5%
Rosenblatt ²	2 years*	95.7%
Kistner ³	1 year	97%
Whiteley ⁴	1 year	99.2%

*Up to 2 years

The VNUS Closure procedure also has long-lasting results: of patients reflux-free at 1 year, 92% remain reflux-free at latest follow-up out to 5 years.⁵

REFERENCES

- Weiss RA, et al. Controlled radiofrequency endovenous occlusion using a unique radiofrequency catheter under duplex guidance to eliminate saphenous varicose vein reflux: a 2-year follow-up. *Dermatologic Surgery*, Jan 2002; 28(1): 38-42
- Rosenblatt, M. Treatment of venous insufficiency due to greater saphenous vein reflux with endovenous radiofrequency ablation, abstract presented at the Society of Interventional Radiology, March 27-April 1, 2003, Salt Lake City, UT.
- Kistner RL. Endovascular obliteration of the greater saphenous vein: the Closure procedure. *Jpn J Phlebology* 2002; 13:325-33.
- Whiteley, MS, Holstock JM, Price BA, Scott MJ, Gallagher TM. Radiofrequency ablation of refluxing great systems, giacomini veins, and incompetent perforating veins using VNUS Closure and TRLOP technique. Abstract from *Journal of Endovascular Therapy* 2003; 10:4-46.
- Data on File - VNUS Medical Technologies, Inc.
- Lurie F, Creton D, Eklof B, Kabnick LS, Kistner RL, Pichot O, Et Al. Prospective randomized study of endovenous radiofrequency obliteration (Closure) versus ligation and stripping in a selected patient population (EVOLVES study). *J Vasc Surg* 2003; 38:207-14.
- Stötter L, Schaaf I, Fendl R, Bockelbrink A. Randomized study to compare the Closure procedure, invagination stripping and cryo stripping for treatment of the greater saphenous vein. Presented at annual meeting of German Society for Phlebology, Sept. 2003, Numberg, Germany.
- Rautio T, Ohinmaa A, Perälä J, Ohtonen P, Heikkinen T, Wiik H, Et Al. Endovenous obliteration versus conventional stripping operation in the treatment of primary varicose veins: a randomized controlled trial with comparison of costs. *J Vasc Surg* 2002; 35:958-65.
- Lurie F, Creton D, Eklof B, Kabnick LS, Kistner RL, Pichot O, Et Al. Prospective randomized study of endovenous radiofrequency obliteration (Closure) versus ligation and vein stripping (EVOLVES): two-year follow-up. *Eur J Vasc Endovasc Surg* 2005; 29:67-73.
- 10 Procedures performed at regional ACP Meeting, June 2001.
- Pichot O, et al. Role of duplex imaging in endovenous obliteration for primary venous insufficiency. *J Endovasc Ther* 2000; 7:451-9.
- Proebstle TM, et al. Endovenous treatment of the greater saphenous vein with a 940 nm diode laser: thrombotic occlusion after endoluminal thermal damage by laser generated steam bubbles. *J Vasc Surg* 2002; 35: 729-736.
- Merchant RF, Pichot O, for the Closure study group. Long-term outcomes of endovenous radiofrequency obliteration of saphenous reflux as a treatment for superficial venous insufficiency. *J Vasc Surg* 2005, 42(3): 502-509.
- Morrison, N. Poster presented at American Venous Forum Meeting, February 2003.
- Morrison N. Presented at the Union Internationale de Phlebologie, Rome, September 2001.