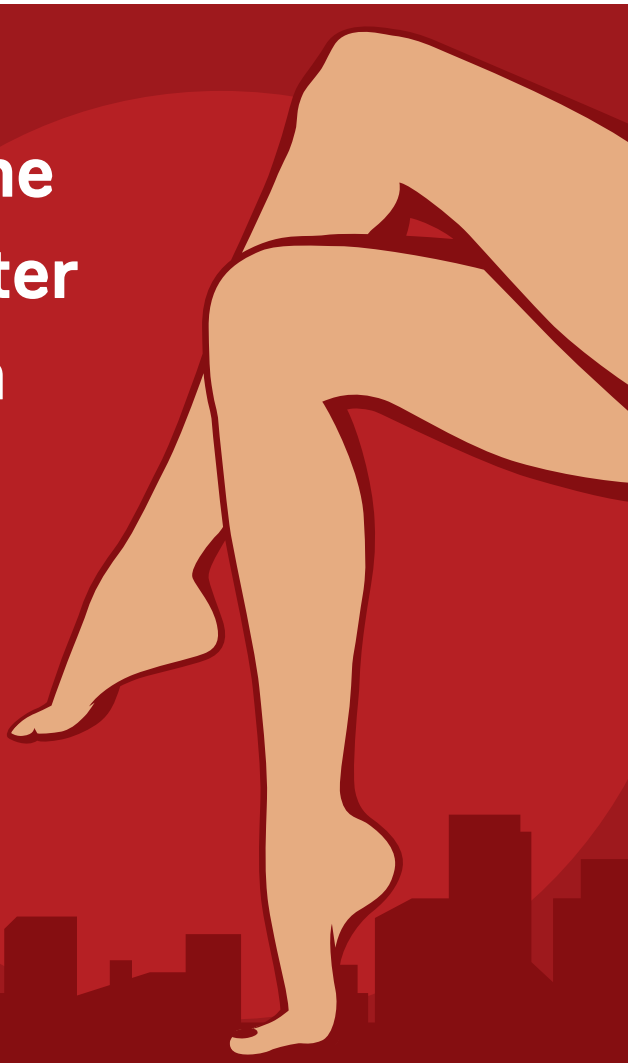
Weill Cornell Medicine

Weill Cornell Medicine Vein Treatment Center Comprehensive Vein Care Practice



veintreatment.weillcornell.org

Practice Information

Weill Cornell Medicine Vein Treatment Center

Internationally Recognized for Outstanding Care

Weill Cornell Medicine's Vein Treatment Center provides comprehensive, minimally invasive care for patients with all types of vein problems, including varicose and spider veins.

Founded in 1998 as Weill Cornell Vascular, our comprehensive vein care practice has consistently been recognized as one of the leading vein care centers in the world. The practice is part of Weill Cornell Medicine and our physicians are all full time faculty at Weill Cornell Medical College and NewYork-Presbyterian. Our medical center has been consistently ranked as the "Best Hospital in the NY Metropolitan Area" and one of the top 10 in the United States by US News and World Report. Our physicians are committed to personalized care and are known for outstanding clinical results and patient satisfaction. We utilize state of the art diagnostic technology in combination with cutting edge treatment procedures to obtain the best results while minimizing side effects and down time.

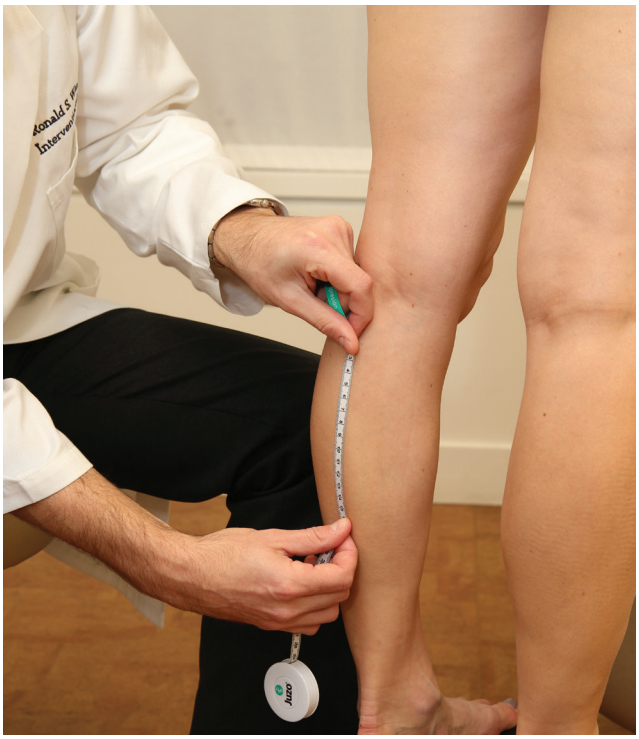
Endovenous Laser Treatment (also known as EVLT) was developed here and has become the most commonly used approach to treat patients with varicose veins around the world. Our physicians at Weill Cornell Medicine's Vein Treatment Center have the longest experience using this technique in the world. Treatments for varicose and spider veins are performed at our 2315 Broadway office on W84th Street in specially designed treatment rooms which are comfortable, bright and airy. Where you go first for your care has a significant impact on the outcome of your condition. Our Vein Treatment Center has a long history of success, starting with our presence as Weill Cornell Vascular, and is dedicated to making sure you get the correct diagnosis and the safest and most effective minimally invasive treatments that are available.

Our Physicians

Dr. Neil Khilnani graduated from Princeton University with a Bioengineering degree and received his MD from Mount Sinai School of Medicine. He completed his residency and fellowship training at NewYork-Presbyterian/Columbia University Medical Center. He has been at Weill Cornell Medicine since 1992 and is an Associate Professor at Weill Cornell Medical College. He has been exclusively caring for patients with venous disorders for over 15 years. He has published extensively and is a frequent speaker at national meetings. He is a leader in several medical societies dedicated to research and education of venous disorders. He is currently the President of the American College of Phlebology (the largest organization of vein care professionals in North America) and serves on the Executive Board of the Intersocietal Accreditation Commission's Vein Center Division (the organization responsible for accreditation of vein centers). He is ABMS Board Certified in Radiology and Vascular and Interventional Radiology and a Diplomatee of the American Board of Venous and Lymphatic Medicine.

Dr. Ronald Winokur graduated from Tulane University with a degree in Biomedical Engineering and earned his MD from Thomas Jefferson University. He completed his residency in diagnostic radiology at Thomas Jefferson University Hospital, where he served as Chief Resident in his final year. Dr. Winokur completed a fellowship in Vascular and Interventional Radiology at NewYork-Presbyterian Hospital-Weill Cornell and Memorial Sloan Kettering Cancer Center. As an Assistant Professor at Weill Cornell Medicine, he dedicates his time to caring for patients suffering from a wide range of venous disorders including varicose veins, spider veins, pelvic congestion syndrome, and deep vein thrombosis. He is ABMS Board Certified in Radiology and Vascular and Interventional Radiology.

Dr. Lisa Amatangelo graduated from the University of Michigan with a degree in Biopsychology and Cognitive Science. She earned her MD from Wayne State University in Detroit, Michigan and completed her residency at William Beaumont Hospital in 2005. She served as a Clinical Lecturer in Vascular Surgery and Co-Director of the University of Michigan Vein



Centers from 2007 to 2017. She is ABMS Board Certified in Family Medicine and a Diplomate of the American Board of Venous and Lymphatic Medicine. She speaks nationally and internationally about venous and lymphatic diseases and is currently the Treasurer of the American College of Phlebology. She is a Board Member of the American Board of Venous and Lymphatic Medicine and a member of the American Venous Forum, European Venous Forum, American Academy of Family Physicians, American Medical Association, and MENSA. Her clinical interests include sclerotherapy, compression therapy and facial cosmetic injectables. She also has a special interest in medical journalism and community medical education with extensive experience as a medical communicator and spokesperson.

Lower Extremity Venous Disorders

Problems with leg veins are among the most common medical conditions in Western societies. It is estimated that about 80 million people in the US have varicose and spider veins. Whether you are interested in relief from symptoms associated with leg vein problems or are hoping for an aesthetic improvement, the following information should help you understand the conditions and the currently available treatments.

What are Varicose and Spider Veins?

Veins are blood vessels that return blood back to the heart from all parts of the body. A major challenge for leg veins is that the blood needs to get back to the heart against the force of gravity when standing. In this position, blood is pumped upward by calf muscle contractions when you walk. The leg veins have one-way valves to keep blood moving upward. When valves do not close properly, they allow blood to flow backwards and pool in the veins of the lower leg. This pooling leads to increased pressure and volume within the veins which, over time, causes them to dilate (get wider) and elongate (get longer). Significantly bulging varicose veins are often due to leaking veins higher in the leg and located beneath the skin surface; most often, this underlying vein is the saphenous vein, which is only visible with the aid of an ultrasound These dilated and elongated veins in the skin are known as telangiectasia (or spider veins) and dilated and elongated veins below the skin are known as varicose veins. Spider veins appear as small diameter red, purple or bluish web like veins. Varicose veins are larger deeper veins that can protrude resulting in a rope-like appearance.

Treatment Options for Varicose and Spider Veins

During your consultation, your physician will determine the best treatment plan based on your condition and health history. This may include one or a combination of the following treatments:

Endovenous Laser Treatment (EVLT)

Endovenous laser treatment, (EVLT), also known as Endovenous laser ablation (ELA), is a minimally invasive technique to eliminate varicose veins. This procedure was developed by physicians at Weill Cornell Medicine's Vein Treatment Center who have performed EVLT longer than any other physicians in the world. The procedure is performed in the office using local anesthetic. Our patients experience little to no pain or scarring and a short recovery period. The laser is inserted through a small IV and seals closed the vein that causes the varicose veins. The procedure takes about 1 hour and patients are instructed to immediately walk and resume most of their usual activities.

Non-Thermal Approaches for Saphenous Ablation

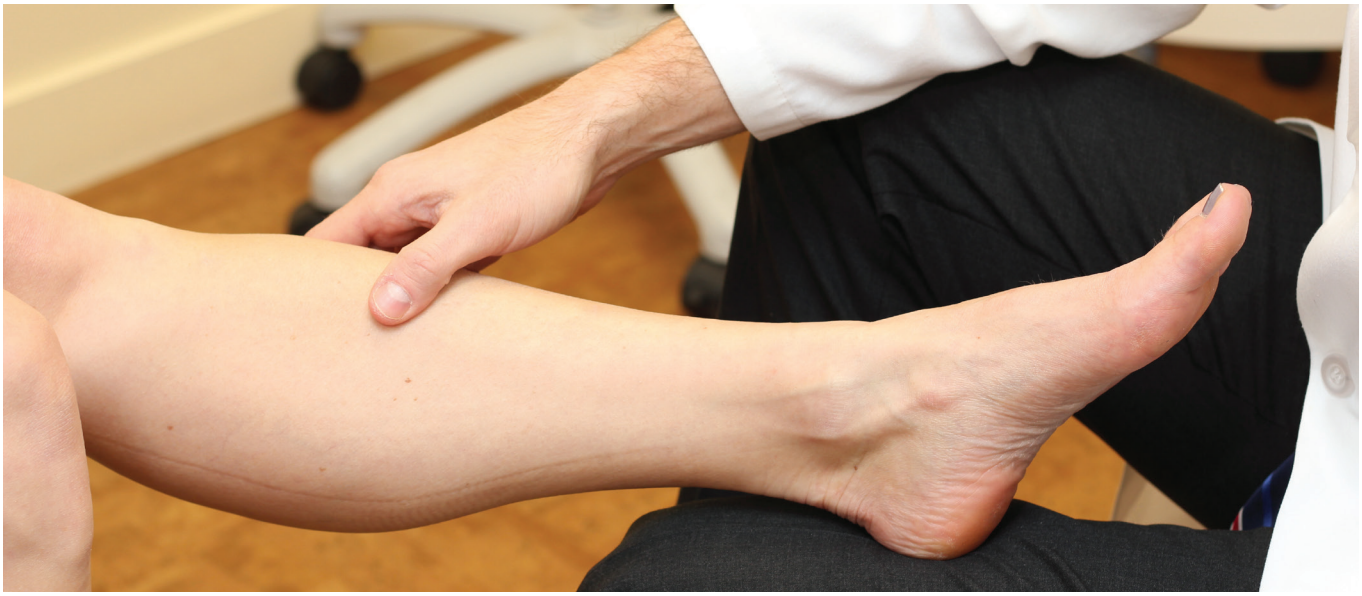
Non-thermal ablation is a method of minimally invasive vein closure utilizing glue or an irritant drug. The options include; Venaseal™, Clarivein®, and Varithena® and are procedures that are at the forefront of varicose vein care. The procedures are performed in the office using only local anesthetic. A tool is inserted through an IV in the vein and used to treat the vein that causes varicose veins. The procedure takes about 1 hour and patients are instructed to immediately walk and resume most of their usual activities. Advantages of non-thermal techniques include fewer needlesticks during the procedure and less post procedure pain and bruising.

Microphlebectomy

Ambulatory phlebectomy, also known as microphlebectomy is a minor procedure that can be used to eliminate larger varicose veins. This procedure is performed in the office using only local anesthetic. The veins are removed through tiny nicks in the skin and can be done at the same time as EVLT. No stitches are necessary, the scars are barely visible and patients are extremely satisfied with the aesthetic outcomes. The procedure takes about 1 hour and patients are instructed to immediately walk and resume most of their usual activities.

Sclerotherapy

Sclerotherapy is performed as an in-office procedure to eliminate spider veins and small to medium size varicose veins. Injections with needles smaller than those used for flu-shots are performed directly into the abnormal veins. Following this 15–20 minute treatment, the patient can resume nearly all activities. A support stocking is worn during the daytime for one week after the procedure which aids in the closure of the veins.



EVLT, CLARIVEIN, MICROPHLEBECTOMY AND VARITHENA

Important Procedure Information

How Should I Prepare?

- Eat a regular breakfast and/or lunch before coming to our office.
- You do not need to have anyone come with you to the procedure.
- Bring the stocking that was prescribed at the time of your consultation (generally thigh-high 30–40 mm Hg compression). Please ask our staff for the locations where you can purchase a compression stocking. They will need to take the appropriate measurements to custom-fit your stocking. Do not wait until the day of the procedure to purchase the stocking since they may not have your size in stock.
- **YOU MAY WANT TO** bring a pair of flip flops or casual sandals with you to the office and a warm sweater, as the room will be cold. Please note that we will use betadine soap to clean the area prior to the procedure, and light clothes and underwear may be stained.
- If you take aspirin, Plavix or a blood thinner, please notify us as soon as possible. If it is safe, we generally recommend that you stop taking the medication one week prior to the procedure.
- The procedure may take 1–3 hours, during which you will be laying down in one position.
- Be prepared to walk ***outside*** for one full hour immediately after the procedure.

What Should I Expect During The Procedure?

Please note: more detailed information about each procedure can be found on the specific procedure pages in this booklet.

- In our preparation room, we will have you change into a pair of loose-fitting shorts.
- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- After a 10 minute break, you and all of your belongings will be transferred to the exam room where the procedure will be performed.
- The marked area will be cleaned and sterile drapes will be placed on your legs.
- You may bring an iPod to plug into our speaker in the procedure room; most patients pass the time of the procedure chatting with us.

Important Post-Procedure Information

What Should I Expect After The Procedure?

- We will put on the compression stocking after your procedure, and you will go for an hour-long walk with the stocking on. You do not need to return to the office after your walk.
- You will continue walking throughout the rest of the day in smaller intervals, avoiding any long periods (30–45min) of sitting or standing.
- You should continue walking throughout each day to complete 2 weeks, avoiding long periods of idleness. On average, you will be walking a total of at least 2 hours each day.
- Should pain medication be needed on the day of the procedure and for the following three days, Tylenol can be taken. After three days it is safe to take Ibuprofen/Advil.

How Long Do I Need to Wear The Stockings?

- The stocking (30–40 mmHg) should be kept on until the following morning. If you are experiencing significant discomfort at your toes at night, try to roll up the foot of the stocking (foot swelling is common).
- The stocking and dressings may be removed the next morning and you may take a regular shower. Some secretion of numbing fluid along the area of the treated vein should be expected. After your shower, simply pat those areas dry.
- After a shower, a fresh stocking should be put on and worn for a total of two weeks, except to sleep and shower.

What Are My Activity Restrictions And Recommendations?

- After the procedure, you may immediately resume all of your usual activities except for vigorous gym workouts, heavy weight lifting or long hot baths for the first 2 weeks following the procedure. You may swim after the entry site of the catheter and skin nicks have closed.
- Frequent walking is strongly recommended for at least 2 hours a day, spread out throughout the day, the first 2 weeks following the procedure.
- Prolonged idleness for more than 30 minutes should be avoided. Walking around the office and standing up on your toes is recommended at work.
- Regular exercise routines may be resumed 2 weeks after the procedure.
- You should not fly in an airplane for 1 month after the procedure. If you must fly please let us know; we will ask you to come in for an ultrasound to ensure that you can do so safely.
- Avoid sun exposure until the skin nick is fully healed to prevent pigmentation. Covering the skin nick with a band-aid is suggested if you decide to go into the sun before it's fully healed. Sun-block is not sufficient to prevent skin staining.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Will I Feel Any Discomfort After The Procedure?

- Bruising after the procedure is expected and will last several weeks.
- Some soreness over the treated vein may occur after the procedure for about 1–3 days which may require at most some Tylenol or Advil.
- In most cases, the treated vein will develop a pulled muscle feeling, with some stiffness. This pulled muscle feeling usually develops 5 days following the procedure, and improves in about one week. The pain you will feel is normal and indicates that the vein is closing properly.
- The soreness will be most apparent after sitting or lying for a period of time. Stretching the leg, wearing the stocking, and walking will be helpful. If necessary, to prevent pain, Advil or Motrin can be taken.
- It is normal to have soreness, slight swelling and redness along the treated area. These symptoms will disappear within the first few weeks.

Please note: more detailed information about each procedure can be found on the specific procedure pages in this booklet.

Endovenous Laser Treatment

(also known as EVLT or Laser)

What is an EVLT?

EVLT is a technique developed by physicians at Weill Cornell Vascular that uses laser energy to treat varicose veins. It has become a standard treatment for many patients with vein problems around the world. It is a minimally invasive technique to eliminate varicose veins. Your leg is sterilized and a small catheter and laser fiber are inserted into the vein that needs to be treated. When the laser is turned on, it generates heat that seals the vein closed. The procedure is performed in the office with only local anesthetic, little to no pain or scarring and a short recovery period. The procedure takes about 1 hour and patients are instructed to immediately walk after the procedure and to resume most of their usual activities.

How Successful is EVLT?

EVLT is effective in more then 95% of patients. If it does not work it can often be repeated.

What is The Goal of EVLT?

- The goal of EVLT is to close the underlying saphenous vein in order to decrease the pressure creating the visible varicose veins and/or alleviate symptoms.
- EVLT allows precise delivery of laser energy into the faulty vein to seal it closed.
- Once the reflux (leak) within the underlying vein is corrected, the remaining visible varicose veins are then treated with either Microphlebectomy (vein removal procedure sometimes coupled with EVLT) or sclerotherapy (injection therapy usually at follow-up visits).
- Since EVLT depends on being able to insert the laser fiber within the vein itself, only relatively straight vein segments are amenable to this treatment.

Does My Body Need The Vein That is Being Sealed Closed With EVLT?

No, the vein that is being sealed closed is an abnormal vein. The abnormal vein is causing your normal veins to work harder to return the leaking blood back to your heart. Eliminating abnormal veins enables normal veins to work more efficiently.

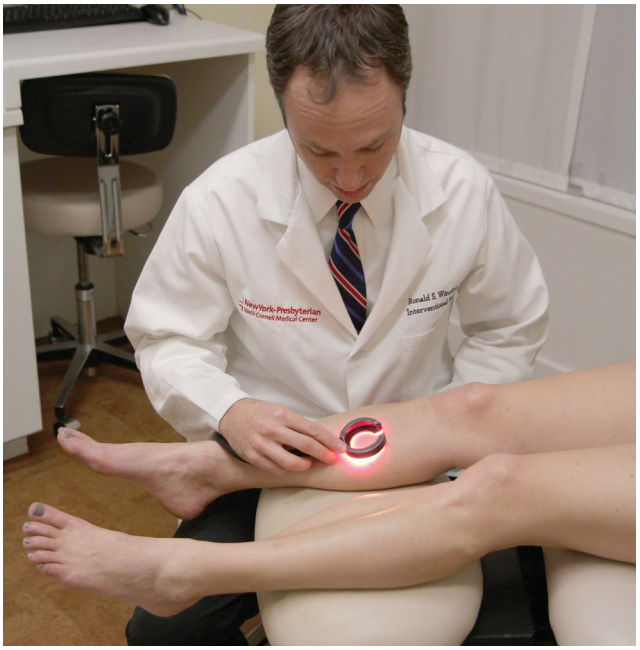
What Should I Expect During The Procedure?

- In our preparation room, we will have you change into a pair of loose-fitting shorts.
- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- After a 10 minute break, during which you may use the restroom, you and all of your belongings will be transferred to the exam room where the procedure will be performed.
- The marked area will be cleaned and sterile drapes will be placed on your legs.
- Local anesthetic will be administered at the site where a tiny catheter (like an IV) will be placed into the vein. Through this IV, the laser fiber will be inserted. You may feel a slight pinch and pressure when the numbing medicine is administered and a slight vibration as the laser fiber is passed within the vein.
- After the laser is positioned with ultrasound, the entire area to be treated is numbed with additional local anesthetic. This is the longest part of the procedure and does involve several additional needle pinches, but it ensures that EVLT will be safe and painless.
- At this point, the laser is activated and withdrawn through the entire vein, sealing the vein closed.

What Should I Expect After The Procedure?

- After the procedure, we will put on your stocking (30–40 mmHg), you will get changed and go for a 1 hour walk. The stocking can be removed before you go to bed but will need to be worn when you get up the next morning.
- You will likely have a small bruise where the catheter was placed and may have a small amount of discomfort, itching or redness over the length of the treated vein for about one week.
- You may take any over the counter pain reliever for pain and Benadryl pills or cream for the itching or redness if you feel it is necessary.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Please see pages 4 and 5 for pre and post procedure instructions and information.



VenaSeal™

(also known as Glue)

What is VenaSeal™?

Venaseal is a new technique that uses a medical adhesive to treat varicose veins. It is a minimally invasive alternative to the traditional surgery i.e. ligation, vein stripping, heat induced vein closure using an endovenous laser.

What is The Goal of VenaSeal™?

The goal of VenaSeal is to close the saphenous vein. During the procedure, small drops of the adhesive are placed along the length of this vein to seal it closed. The adhesive permanently remains inside the vein much like a surgical suture.

Once the faulty vein is closed, the remaining visible varicose veins may be treated with either microphlebectomy (vein removal procedure sometimes performed at the same time) or sclerotherapy (injection therapy usually at follow-up visits).

Does My Body Need The Vein That is Being Sealed Closed?

No, the vein that is being sealed closed is an abnormal vein. The abnormal vein is causing your normal veins to work harder to return the extra leaking blood back to your heart. Once the abnormal veins are eliminated, the normal veins will work more efficiently.

How Successful is VenaSeal™?

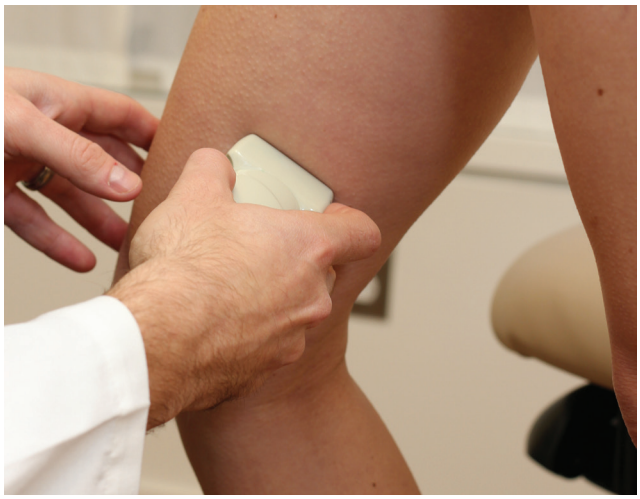
Results from the clinical trial of the device demonstrates 95% vein closure at two years with very rare complications.

What Should I Expect During The Procedure?

- We will have you change into a pair of loose-fitting shorts. An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a marker. The marked area will be cleaned and drapes will be placed on your legs.
- Local anesthetic will be administered at the site where a tiny catheter (like an IV) will be placed into the vein. Through this IV, the Venaseal catheter will be inserted.
- Once the catheter is appropriately positioned, the drops of glue will begin to be delivered along the length of the vein and pressure will be applied over those areas to seal the vein closed. You will feel a periodic tug as we treat the vein.

What Should I Expect After The Procedure?

- After the procedure, you will walk for 1 hour. A stocking is not required unless otherwise directed.
- You will likely have a small bruise where the catheter was placed and may have a small amount of discomfort, itching or redness over the length of the treated vein for about one week. You may take any over-the-counter pain reliever for pain and Benadryl pills or cream for the itching or redness if you feel it is necessary.
- We will want to see you for a 1 month follow-up to assess your response to treatment.



Clarivein
(also known as Mechanicochemical Ablation)

What is ClariVein™?

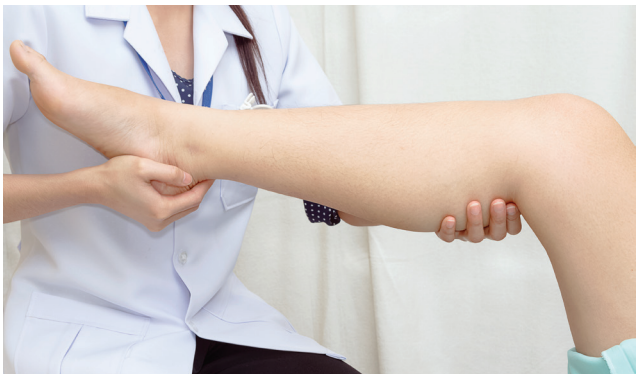
Mechanicochemical ablation is a new technique that uses a catheter to deliver an irritant drug (sclerosant) to the vein intended to be closed. The catheter utilizes a rotating wire to induce spasm in the vein and produce a better response to the sclerosant drug. It is a minimally invasive alternative to the traditional surgery known as ligation and vein stripping and heat induced vein closure using endovenous laser.

What is The Goal of ClariVein™?

- The goal of Clarivein is to close the underlying saphenous vein and decrease the pressure creating the visible varicose veins.
- Mechanicochemical closure involves the delivery of small amounts of sclerosant along the length of the saphenous vein in order to seal the faulty vein closed.
- Once the reflux (leak) within the underlying vein is corrected, the remaining visible varicose veins are then treated with either microphlebectomy (vein removal procedure sometimes performed at the same time) or sclerotherapy (injection therapy usually at follow-up visits).

Does My Body Need The Vein That is Being Sealed Closed?

- No, the vein that is being sealed closed is an abnormal vein.
- The abnormal vein may be causing your normal veins to work harder to return the leaking blood back to your heart.
- Once the abnormal veins are eliminated, the normal veins will work more efficiently.



How Successful is ClariVein™?

- Results from the early trials of the device demonstrate 97% vein closure at 1 year post procedure.

What Should I Expect During The Procedure?

- In our preparation room, we will have you change into a pair of loose-fitting shorts.
- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- After a 10 minute break, you and all of your belongings will be transferred to the exam room where the procedure will be performed.
- The marked area will be cleaned and sterile drapes will be placed on your legs.
- Local anesthetic will be administered at the site where a tiny catheter (like an IV) will be placed into the vein. Through this IV, the delivery catheter will be inserted. You may feel a slight pinch and pressure when the numbing medicine is administered and a slight vibration as the catheter is advanced within the vein.
- Once the catheter is appropriately positioned, the rotating wire will be initiated and a small amount of sclerosant will begin to be delivered along the length of the vein to seal the vein closed.

What Should I Expect After The Procedure?

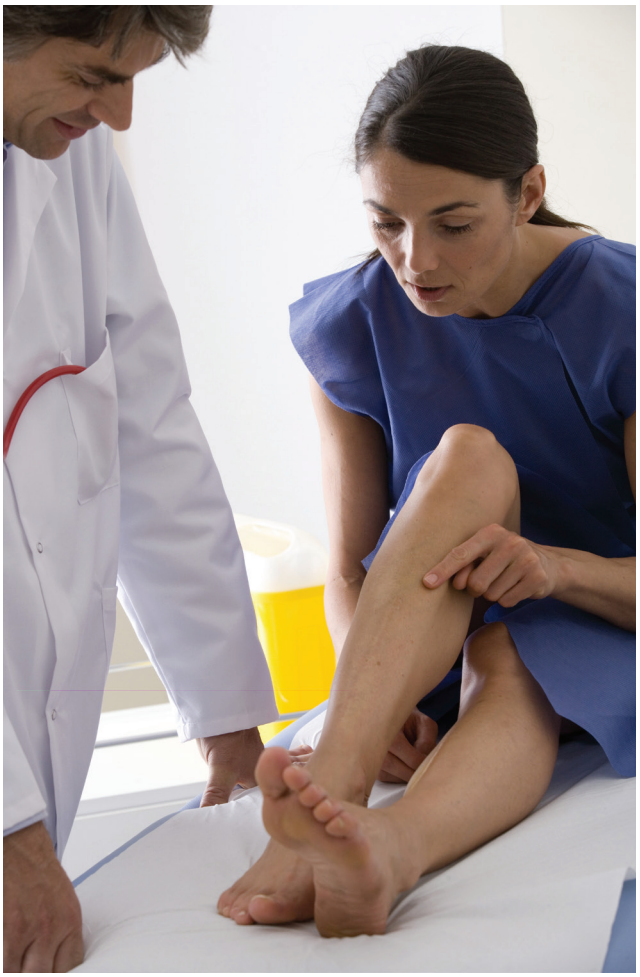
- After the procedure, we will put on your stocking (30–40 mmHg), you will get changed and go for a 1 hour walk. The stocking can be removed before you go to bed but will need to be worn when you get up the next morning.
- You will likely have a small bruise where the catheter was placed and may have a small amount of discomfort, itching or redness over the length of the treated vein for about one week.
- You may take any over the counter pain reliever for pain and Benadryl pills or cream for the itching or redness if you feel it is necessary.
- We will want to see you for a 1 month follow-up to assess your response to treatment.

Please see pages 4 and 5 for pre and post procedure instructions and information.

Microphlebectomy
(also known as
Ambulatory Phlebectomy)

What is Microphlebectomy?

Microphlebectomy is a minor procedure used to eliminate larger varicose veins. This procedure is performed in the office using only local anesthetic. The veins are removed through tiny skin nicks with no stitches usually needed. After healing, the scars are barely visible and patients are extremely satisfied with the aesthetic outcomes.



What Should I Expect During The Procedure?

- An ultrasound will be performed, and the vein segment(s) to be treated will be marked on the skin with a temporary surgical marker.
- The marked area will be cleaned and sterile drapes will be placed on your legs.
- Local anesthetic will be administered over the area(s) to be treated.
- A small nick will be made in the skin over a varicose vein. The vein is removed through the skin nick using a very small tool. This process is repeated until the varicose veins are thoroughly removed.
- During the procedure you should feel only a small pinch and some pressure when the numbing medicine is administered and then some pushing and pulling. If you feel any pain, let us know and we will stop and give you additional local anesthetic
- The procedure may last between 30 minutes to 2 hours depending on how many veins are going to be removed. The procedure is essentially painless.

What Should I Expect After The Procedure?

After the procedure, we will put the stocking on for you; then, you can get changed and head out for a 1 hour walk.

- You should wear the stocking for one to two weeks, except to sleep or shower, unless otherwise directed.
- You will have bruises where the veins were removed for about one week and mildly tender small lumps over the length of the treated veins for a few weeks. You may take any over the counter pain reliever if you feel it is necessary.
- We would like to see you in follow up about 1 month after the treatment to assess your response.

Please pages 4 and 5 for pre and post procedure instructions and information.

Sclerotherapy

What is Sclerotherapy?

Sclerotherapy is a simple and safe treatment to eliminate varicose and spider veins for medical and cosmetic reasons. Since sclerotherapy also relieves symptoms caused by these abnormal veins, many patients who undergo treatment for cosmetic reasons may also notice some improvement in the way their legs feel after treatment. Sclerotherapy is also used as a follow up to endovenous laser, adhesive, mechanicochemical or foam saphenous ablation to eliminate residual varicose and spider veins. Sclerotherapy is usually repeated every three weeks until the treatment goals are met.

How Should I Prepare For Sclerotherapy?

There is no special preparation needed. However, you will need to bring the 20–30 mmHg compression stocking you were prescribed to wear immediately after the treatment. These are usually thigh high or panty hose style. Avoid putting any lotion or cream on your legs

What Should I Expect During The Procedure?

During sclerotherapy a very small needle, smaller than that used for flu-shots, is used to inject a medication into an abnormal vein. Two different medications are approved for this purpose; Sodium Tetradecyl Sulfate (STS, "Sotradecol®") or Polidocanol (PD, "Asclera®"). Polidocanol is the medication most often used in our office. Once the sclerotherapy medication is injected, the inner lining of the vein wall becomes irritated by the medication. The irritation then causes the vein to scar down and close. Eventually the closed vein is reabsorbed by the body, thereby becoming no longer visible from the surface of the skin.

What Should I Expect After The Procedure?

Wearing 20–30 mmHg compression stockings immediately after sclerotherapy treatments and for one week may reduce the amount of pigmentation that will occur over the veins. Some people experience skin staining that usually lasts a few weeks to a few months. The duration and intensity of the pigmentation depends on your skin type, vein size, and your individual healing pattern.

After injections, the veins can close unevenly, leaving isolated pockets of trapped blood within the veins that can be tender. The body will eventually reabsorb the trapped blood but often at the expense of skin staining. To minimize staining and to eliminate any discomfort, a follow up procedure, termed the "removal of trapped blood," occurs about three weeks after each treatment. This trapped blood is expressed from the body by poking these areas with a small needle and squeezing the trapped blood out. This can be modestly tender but most patients agree that it is worthwhile in limiting the extent and duration of pigmentation and expediting the resolution of the tenderness at the site of the trapped blood. Wearing the compression stocking is not necessary after the removal of trapped blood but doing so for about an hour afterwards may help reduce bruising.

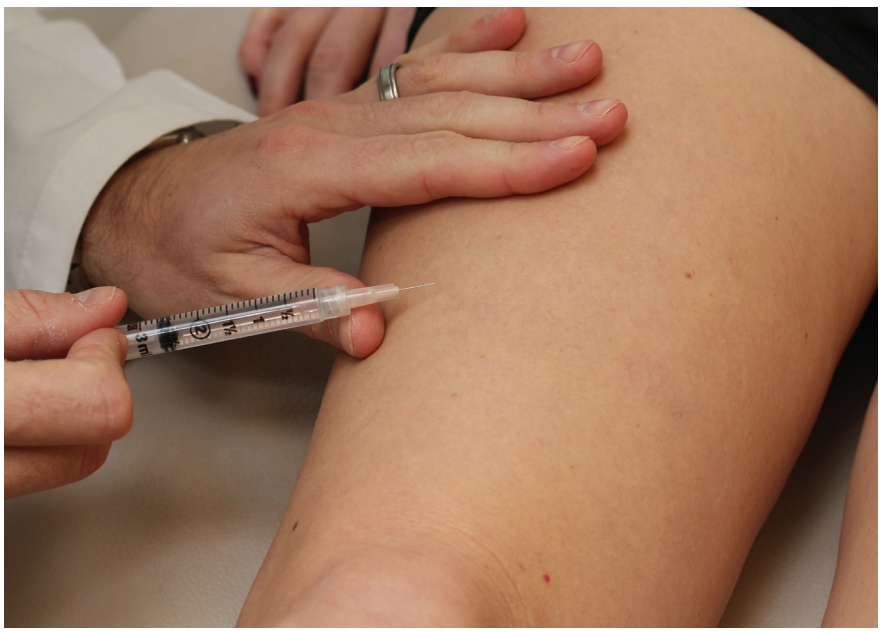
During Treatment

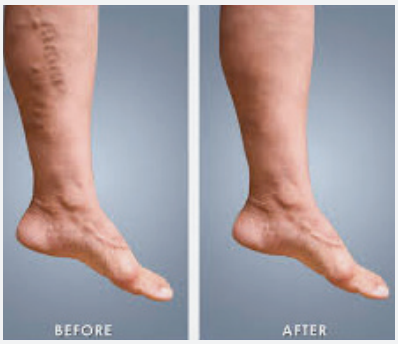
The injections are done in different positions while you are lying down. There is little or no pain during sclerotherapy. You will feel a small pinch when the needle is inserted. There is little to no burning associated with the injections of these medications.

How Safe is Sclerotherapy?

Sclerotherapy is very safe. The main side effect of this treatment is skin pigmentation. This can be minimized by the removal of trapped blood and avoiding purposeful tanning on those areas. In most cases, skin staining will resolve in a few weeks.

NOTE: If you are nursing or pregnant, your physician will review treatment options with you.





See The Difference For Yourself

Our office is conveniently located at 2315 Broadway (Broadway and West 84th Street) on the Upper West Side. We are near the 86th Street stop on the number 1 train.

Read more
veintreatment.weillcornell.org

Weill Cornell Medicine
Vein Treatment Center
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Email veintreatment@med.cornell.edu

Visit us on Facebook at

www.facebook.com/cornellvascular

Discounted parking is available by Central Parking Systems at 157 W 83rd St. Entrance is on the north side of 83rd St between Columbus Ave & Amsterdam Ave

Phone: 800-836-6666

*In the case of a medical emergency, call 911 for assistance. If you have any questions please call Dr. Khilnani at 646-962-9179 during business hours. If you have an urgent question after business hours, please call 917-842-4242. If he is not available, leave your name, phone number, and a concise message regarding how he can help you.

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