

# 흉부외과의사의 개업

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# 삼성흥부외과의원 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 저널인 Dermatologic Surgery와 Journal of Vascular Surgery에 연구와 치료결과가 게재

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THE OFFICIAL PUBLICATION FOR

ASDS  
American Society for Dermatologic Surgery

American College of Mohs Micrographic Surgery and Cutaneous Oncology

American College of Phlebology

ISHRS  
International Society of Hair Restoration Surgery

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

### To the Editor:

Endovenous laser treatment allows patients with varicose vein to return to their normal daily activities immediately 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.<sup>1</sup> First, did they use the same parameters (power, mode, pull-back 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.

Second, why did they access the great saphenous vein in the mid thigh? The great saphenous vein usually runs deeper in the mid thigh than in the lower thigh, around knee level. Therefore, it is more difficult to access the great saphenous vein in the mid thigh, 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

1. Goldman MP, Mauricio M, Rao J. Intravascular 1320-nm laser closure of the great saphenous vein: 6 to 12 month follow-up study. *Dermatol 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 what was most appropriate. For example, the use of 810, 940, 980, and 1,064 nm laser wavelengths primarily targets oxygenated and deoxygenated hemoglobin (HbO<sub>2</sub> 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<sub>2</sub>, 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 using the 1,320 nm wavelength is that we are targeting

water, not Hb and HbO<sub>2</sub>. In addition, the automated pull-back 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 mid thigh 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.<sup>1</sup>

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

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

# 왜 흥부외과의사가 개업을 하는 가?

- Passive choice (m/c)- health, money, etc.
- Loss of competitiveness
- Old age - retire
- Active choice d/t personal reason- hobby, 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, 음악, 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 중요하게 생각하는 것이 무엇인지 고민해서 결정하되 주위의 의견도 수렴해서 최종적으로 결정한 후에는 결정한 부분에 최선을 다하면 좋은 결과가 나올수있다.
- 흉부외과의사로서 여러가지 길이 있을수 있음을 고려하자.
- 흉부외과수련을 잘마친 사람이라면 어떤일을 해도 잘할수있다.



23시간에 걸친 심장이식수술을 끝내고  
지쳐 앉아있는 심장외과의사의 모습은  
1987년에 촬영되었다.  
환자는 의사보다 오래 살았다.  
그것이 의사라는 직업이다.