



Ultrasound Guided Foam Sclerotherapy

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you for, or is performing, the procedure.

What are varicose veins?

Veins are the blood vessels which transport de-oxygenated blood from the body back to the heart. Because the blood is not being pumped by the heart (unlike arteries), the veins are lined with valves to prevent backwards flow. When these valves are "leaky", the blood is allowed to flow backwards with gravity ie. downwards when standing. These leaking valves can be as a result of genetics, gender, smoking, diet, lifestyle and pregnancy. Blood pooling due to leaking valves is what ultimately gives rise to the bulges, bluish/purple/red coloured rope-like structures typically in the calves, thighs and occasionally feet. Symptoms resulting from varicose veins range from swelling, aching, heaviness, skin discolouration, itching, bleeding and skin ulcers.

Why choose Sclerotherapy?

Sclerotherapy is an outpatient procedure for the treatment of varicose veins. This procedure can be used as primary treatment for varicose veins or secondary treatment for residual varicose veins after ablative thermal treatment such as EVLA (endovenous laser ablation) or RFA (radiofrequency ablation). The treatment can take between 15 minutes to an hour, depending on the size of the vein to be treated. The treatment is usually divided over a course of a few sessions, at 4 week intervals. It is safe, minimally invasive and virtually painless. You can normally resume your usual activities immediately afterwards. It is highly successful at treating small veins. The full effects of the treatment may not become completely apparent for a few months.

How is Sclerotherapy performed?

Sclerotherapy is commonly performed without local anaesthesia. However, you can request local anaesthesia if you prefer. Local anaesthesia stings for a few seconds and then becomes numb. You will be awake the entire time and able to ask questions at any point. Similar to a blood test, using a tiny needle the vein is injected with a sclerosing agent - a detergent type substance. This causes the walls of the vein to stick to each other and the vein to close off and effectively disappear (Video 1). This means the blood drains via other normal veins, whose valves are not leaking.

How do I prepare for Sclerotherapy?

Leading up to your appointment:

- Take your regular medications
- Eat and drink as normal
- Purchase well-fitting Class II compression stockings and bring them with you
- You may wish to bring some music to listen to during the procedure

On your arrival to the department/clinic:

- You'll be asked to change into examination shorts
- Medical photographs may be taken of your leg(s)
- Your leg(s) will be marked with a surgical marker pen
- You may have an ultrasound scan to re-check the veins



Aftercare following Sclerotherapy

Compression stocking(s) should be worn immediately after each treatment and should be worn for 7-14 days. You can resume normal activities, unless specifically instructed by your doctor. In the first 7 days following treatment, please avoid

- using hot tubs
- vigorous exercise such as running or weight-lifting
- strenuous standing physical activity

Bruising can appear a few days following the treatment. In some cases, bruising can be quite severe, particularly if the patient regularly takes blood thinners. This will resolve over a few weeks.

Itching is a common symptom immediately after treatment, and can last up to an hour. Some patients may experience mild pain or discomfort. Simple analgesia or mild anti-inflammatories such as paracetamol and ibuprofen should be adequate to alleviate minor pain.

If the treated area becomes hot to the touch, red or tender, please contact your treating doctor as this may indicate infection requiring antibiotics.

Firm bumps under the skin will appear 2 weeks following treatment. These will disappear over a few months.

Occasionally the skin at the site of treatment can become discoloured (pigmentation), with a brown stain. This can be caused by sun exposure. Again, this usually resolves within one year.

Rarely, an ulcer (break in the skin) at the point of injection can happen. This usually resolves with time but can leave small permanent scar at the point of the injection.

Deep venous thrombosis (DVT), a clot formation in the leg deep veins, and pulmonary embolism (PE), clot migration from the leg to the lungs, are very rare after sclerotherapy. The risk of DVT is 1 in 200, and PE is 1 in 1,000. Extremely rare complications are anaphylaxis (severe allergic reaction) and TIA (mini stroke).

Notes