

Injection treatment of varicose veins (ultrasound guided sclerotherapy)

Patient information sheet

Dr David Huber FRACS FACP DDU (Vasc)
A/Prof Wollongong
Graduate School of Medicine

INDICATIONS:

Injections (sclerotherapy) are used for varicose veins where there is no large feeding (axial) veins or in association with treatment of the feeding vein. If there is a feeding vein, then it needs to be treated and blocked off before considering sclerotherapy. Injections can also be used for spider veins (telangiectasia), recurrent varicose veins (veins that have returned after surgery) and occasionally early varicose veins.

HOW DOES IT WORK?

There are 2 common sclerosants that are used. They are Aethoxysclerol and Sclerovein (STS). They are soap solutions and cause an irritation in the wall of the vein. The irritation results in the inner lining sloughing away and absorbing. The vein collapses down and over the following months becomes a thread of scar tissue (sclerosis) which cannot be seen.

HOW IS IT DONE?

Numbing cream can be used but needs to be applied at least 1 hour before. The procedure is done lying down. The sclerosant is mixed with air through a filter. This creates a fine foam which makes the solution more effective. An ultrasound is used to “see” the veins and guide the needle into the vein so the injections are done very accurately.



AFTERCARE:

The nurse will put the stockings on you and you will need to rest with the legs up for 30mins to allow the veins time to collapse. Walk for 30-60 minutes each day. Ideally wear the stockings 24 hours/day. If you are having trouble at night, take them off, but **wear the stockings whenever you are out of bed**. Showering can be an issue, but there are some options: special plastic bags; use a hairdryer; have 2 stockings and replace the wet one while you are lying on the bed. Wear the stockings for 1 week.

WHAT TO EXPECT AFTER TREATMENT:

Use Paracetamol or an anti-inflammatory such as Nurofen for any discomfort. Some **stinging or burning**. This settles very quickly. There will be some **bruising** near where the injections have been done. Spiders may become quite **dark and angry**. This will settle over the following few weeks. If there is any **trapped blood** it will need to be drained to prevent staining. **Tender lumps** are common and will disappear over the following 3-6 months. The legs may ache, especially in the first few days.

Dr David Huber FRACS (Vasc), FACP, DDU (Vasc)

e drdavidhuber@theartofveincare.com.au



COMPLICATIONS:

Pigmentation, matting, DVT, swelling, ulcers, migraine. Refer to David Huber’s pamphlet “current treatment of varicose veins” for a complete list and rates.

PRECAUTIONS:

Pregnancy and breastfeeding: Sclerotherapy is best avoided. There is no evidence to suggest problems, but results are not as good. Oral contraceptive and HRT: the evidence suggesting complications is small. Refer to the pamphlet “current treatment of varicose veins” for further details.

NUMBER OF TREATMENTS:

This will depend on the final result you would like. The varicose veins should completely disappear. The spiders will not disappear completely but will fade. If you want more resolution, then more treatments will be necessary.

