

INJECTION SCLEROTHERAPY

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What is Injection Sclerotherapy?

Injection sclerotherapy is the injection of a chemical into a vein in order to destroy the inner lining of the vein—the intima. Without the intima the vein dies and becomes a fibrous cord which is gradually dissolved away by the body. There are different methods of injection sclerotherapy which can be used to treat veins from large varicose veins down to very small threadveins:

FOAM sclerotherapy

Foam sclerotherapy is used to treat the larger varicose veins. Research has shown that foam is more efficient at treating larger veins than liquid alone. Standard sclerotherapy solution is mixed with a fixed proportion of air or CO₂ gas to produce a white foam that is injected into the vein. The foam displaces blood out of the vein and destroys the lining of the vein. The vein then seals off and turns into fibrous tissue over a period of days / weeks.

How is foam sclerotherapy performed?

Foam sclerotherapy is performed in the Outpatient clinic as a walk-in / walk-out procedure. You should attend wearing comfortable, loose-fitting clothes and shoes e.g. jogging trousers, loose skirt and trainers/slip on shoes. You will be asked to undress and lie on the treatment couch. The veins to be treated will be visualised with ultrasound and you will feel a number of pin-pricks as the veins are injected. Compression bandages and / or stockings are applied to the leg and you will be asked to dress and go immediately for a 10-15 minute walk. This is important to ensure that any foam that has entered the deep veins is quickly diluted and dispersed. After this walk you will be asked to sit in the waiting area for another 10 minutes to ensure you have fully recovered from the procedure before travelling home. It is preferable to have someone available to drive you home after the procedure, but this can be discussed with Mr Gaunt ahead of the treatment.

What can I expect after the procedure?

You will be instructed to wear the compression bandages for 24-48 hours and you may be asked to wear compression stockings for another 3-5 days after that depending on the size of the veins.

In the period when the veins are sealing off there may be some redness and inflammation of the overlying skin, which is normal. Discomfort can be eased by simple medication e.g. paracetamol, ibuprofen. You may feel some firm fibrous lumps under the skin where the veins have sealed off - once again this is normal and will gradually resolve over subsequent weeks and months. Mr Gaunt will discuss the number of visits required with you and the advised interval between treatments. Please advise Mr Gaunt if you have any flights booked.

What are the advantages of foam sclerotherapy?

Foam sclerotherapy is performed in the Outpatient clinic as a walk-in / walk-out procedure and involves no hospital stay. Foam sclerotherapy is generally less expensive than operative methods of treating varicose veins.

What are the disadvantages of foam sclerotherapy?

For larger veins foam sclerotherapy is not as reliable as other methods (Laser, ClariVein) and has a higher recurrence rate (30% at 2 years). Repeat treatments of foam sclerotherapy are usually necessary to treat extensive veins, as there is a safety limit as to how much foam can be injected at any one time.

What are the complications of foam sclerotherapy?

As with all techniques of this type there is a small risk of deep vein thrombosis (<1%). For large veins near the skin, brown skin pigmentation is common and can take many months to fade. On rare occasions (<1%) foam can leak out of the vein and cause skin necrosis and ulcers. In such cases scarring can occur. In very rare cases small air bubbles in the foam can enter the arterial circulation and cause temporary visual disturbances, migraines or even mini-strokes. Patients with pre-existing migraine are at increased risk of this occurring. Inadvertent intra-arterial injection is a rare but potentially serious complication.

A **follow-up appointment** is required once a course of **FOAM** sclerotherapy has been completed.

SALINE injection sclerotherapy for reticular veins, threadveins and redveins

Reticular, threadveins and spider veins are the common names given to small veins under the skin which often occur in patches giving a bruised, unsightly appearance. These can give rise to itching and irritation and sometimes can bleed if caught. These veins can be a sign of underlying varicose veins which should be assessed before any treatment is performed, otherwise the treatment may be ineffective. These veins are abnormal veins and serve no useful purpose.

What are the treatments?

It is important to medically assess the venous system using ultrasound and polarising light to identify the origin of the veins and combine this with specialist clinical knowledge of venous conditions to arrive at the correct diagnosis and determine the correct treatment plan.

Various treatments have been described to treat threadveins including skin lasers, IPL etc. with various levels of success. However, in my 30 years' experience, injection sclerotherapy using saline, performed by an experienced and skilled venous specialist, produces the best results.

How is saline injection sclerotherapy performed?

Saline sclerotherapy is performed in the Outpatient clinic as a walk-in / walk-out procedure. You should attend wearing comfortable loose-fitting clothes and shoes e.g. jogging trousers, loose skirt and trainers / slip on shoes. You will be asked to undress and lie on the treatment couch. The veins to be treated will be visualised with polarising light and you will feel a number of pinpricks as the veins are injected.

Saline produces a temporary stinging sensation which wears off after a few minutes. Both legs can be injected during the same appointment, but extensive veins are treated one leg at a time during separate appointments. Patients who are sensitive to pinpricks or stinging can ask for a prescription of local anaesthetic cream to numb the legs before treatment. This is applied to the legs 2 hours before injections.

How is saline injection sclerotherapy performed? Cont:

At the end of the session compression bandages are applied to the legs to compress the treated veins and relieve any residual stinging. Bandages can be removed after 6-8 hours and normal activities resumed with no restrictions.

What can I expect after the saline treatment?

Usually, once the bandages are applied, the sensations of the injections wear off quickly. If you are driving home let Mr Gaunt know and the bandages will be applied to allow adequate movement of the legs.

There may be some mild bruising and redness of the veins and surrounding skin where the injections have been performed. This is the normal inflammation of the vein walls caused by the saline to seal the veins and will settle over a number of days.

Will the veins disappear straight away?

No. Usually a course of injections is required for the veins to fade to an adequate level. On average 3-4 injection sessions are required, with a session being performed every 2-4 weeks. **More extensive veins and veins resistant to treatment will require more sessions.**

Initially, there may appear to be little improvement in the appearance but this is because the deeper feeding veins are being treated before the more visible superficial veins. Once the larger veins have sealed, the smaller veins disappear more quickly towards the end of the course.

What are the advantages of saline sclerotherapy?

Saline sclerotherapy is a well-established treatment over many decades. Saline (salt water) is a natural substance as we are all made of saline, so we are not introducing any foreign chemical into the body. In my experience of treating many thousands of patients, saline produces the best cosmetic result and has the lowest risk of complications such as skin staining, ulceration and scarring.

What are the disadvantages of saline sclerotherapy?

The main disadvantage is the stinging sensation when first injected. Most patients get used to this very quickly and it is not a major problem, but some people are more sensitive to this. The stinging can be reduced by the use of local anaesthetic cream, or alternative sclerosant agents can be injected which cause less stinging.

What are the potential complications?

Serious complications e.g. DVT are very rare and I have never had any patients experience serious complications. Minor complications include brown skin staining where large veins have sealed off, and small skin ulcers, but the occurrence of these is less than 1%. Occasionally, some veins are resistant to saline sclerotherapy and alternative techniques are required to obtain an acceptable result.

VeinWave for facial threadveins and red veins

Threadveins and red veins particularly affect the nose and cheeks. These veins can occur in anyone with a susceptible skin type, but more severe veins may form part of an underlying skin condition e.g. Rosacea. In these cases, VeinWave can be used to treat the red veins, while other treatment of the underlying skin condition is required.

VeinWave: a very fine gold needle is placed just under the skin in proximity to the vein and a short pulse of electric current is applied to seal the vein. Each pulse seals a 1mm length of vein, so multiple pulses are needed to treat a patch of veins. Other treatments have been advocated including skin lasers and IPL but, in my experience, VeinWave is a more simple and effective treatment. VeinWave is performed in the Outpatient clinic and you will lie on the treatment couch for about 20 minutes while the treatment is performed. You should not use any make-up or moisturising cream for a day before or after your treatment.

Your skin will look redder than normal for 48-72 hours after the procedure. You may feel some very small fine crusts where the treatment was performed - these will come off naturally with normal washing over the subsequent days. Usually 2-3 treatment sessions are required for the veins to fade to an adequate level

I confirm that I have read this leaflet and understand the issues discussed. I understand that the treatments described are complex and that the practice of medicine and surgery is not an exact science and reputable practitioners cannot guarantee results either explicit or implied.

I understand that this leaflet is a guide and cannot cover all possible eventualities.

However I have been given the opportunity to discuss the technique and consider the advantages, risks and complications of each technique, including no treatment, and how those complications would impact on all aspects of my life if they were to occur.

I AGREE TO THE PROCEDURE OR COURSE OF TREATMENT DESCRIBED ON THIS FORM

TREATMENT.....

Patient's signature.....

PRINT NAME.....

DATE.....

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