What is medically necessary sclerotherapy?
Medically necessary sclerotherapy is used to eliminate the symptomatic, medium sized, or reticular varicose veins. These veins are not considered cosmetic and will NOT eliminate the tiny, red, blue or purple veins known as “spider” veins. Your doctor may call the treatment ultrasound guided sclerotherapy. This just means your veins are slightly deeper and your doctor will need to use an ultrasound to see the veins. All the veins we treat using sclerotherapy are superficial, we will not close down any deep veins. Any spider veins are considered cosmetic and will NOT be covered by insurance.

How does sclerotherapy work?
A very small needle is used to inject a sclerosing solution into a varicose or reticular vein. Different solutions are used based on the size of the vessel. Once injected the cells that line the vein wall (endothelium) will become irritated, inflamed and damaged. External compression is applied using medical grade compression stockings. The compression causes the vein walls to seal together and the vein will no longer contain blood. Your body then breaks down and absorbs the damaged vein. The process is very similar to how your body heals a bad bruise. Reducing or eliminating varicose veins can improve your circulation and symptoms of heaviness, aching and fatigue.

How many treatments are needed?
The number of treatments needed varies from patient to patient depending on the type, size and quantity of the veins to be treated. Most veins usually require multiple injection sessions. Subsequent treatments are usually scheduled every four to eight weeks, or more, to allow time for the body to respond to the treatment. It is important to realize that the best results require patience. It takes time for your body to respond to the injections and heal. It is equally important to follow the post-treatment instructions to optimize your results. Your body will continue to heal and injection sites will “fade” for months following treatment.
After your initial screening exam, your doctor will give you an estimate as to the number of treatments that may be required. This is based on the doctor’s assessment. You may end up needing fewer or more treatments than the surgeon estimated. It is important to discuss your expected outcomes with your doctor and to keep them realistic. Your doctor will do everything possible to meet or exceed your expectations.

**Common Side Effects**

**Itching:**
You may experience itching around the area injected. If this occurs it is usually mild and lasts for one to two days. Ice can be applied over the area, or antihistamines can be taken for severe itching as needed.

**Hyperpigmentation:**
A light brown discoloration of the skin may develop along the vein in the area injected. Approximately 50% of the patients treated note the discoloration, which is lighter and less obvious than the vein being treated. The hyperpigmentation usually fades in a couple of weeks, but may take several months to a year to resolve. There is a 1% incidence of hyperpigmentation continuing after one year. It is important to prevent sun exposure if there is pigmentation or if you are still healing from treatment.

A small amount of blood may become trapped and hardened in the vein after injection. This may feel like a knot or cord and it may look dark blue or bruised (almost like the vein is still present). This is a common occurrence and is not dangerous. Please call after 3 to 5 weeks if you feel this has happened, you may need to return before your next treatment so this area can be drained to remove the trapped blood. Coming in for an “evacuation” will help reduce the discoloration that may occur. The chance of this occurring can be decreased with proper compression of the vein and use of the compression hose after your treatment as advised by the physician. This is more common in treatment of larger veins, but may happen in smaller vessels too. It may resolve on its own, however, it will have less tenderness and discoloration if it is able to be removed approximately three to five weeks following the procedure.

**Telangiectatic Matting:**
The formation of new, fine, “spider” veins in the area of injection occurs in approximately 10% of patients. The exact reason for this is unknown. If untreated, the matting usually resolves itself in 3 to 12 months. In rare cases, this type matting can become permanent. If the matting does not fade, it can be re-injected or treated with a laser/light source. At times this occurs due to an untreated feeding vessel, and will resolve if this “feeder” vein is treated.
**Pain:**
It is common to have some tenderness at the injection site. Injection of the sclerosing agent can be uncomfortable, but is usually well tolerated by most patients. The discomfort is temporary, lasting one to at most seven days. Acetaminophen (Tylenol) can be used if needed according to product instructions.

**Rare Side Effects**

**Ulceration at Injection Site:**
Very rarely a small ulcer will occur at the site where the vein is injected. An ulcer can take four to six weeks to completely heal. A small scar may result. It can be treated with a topical antibiotic ointment if needed.

**Allergic Reaction:**
There is a very rare incidence of an allergic reaction to the solution injected. You will be observed for such reaction and will be treated appropriately should it occur. Please inform us of any allergic history.

**Pulmonary Embolus/Deep Vein Thrombosis:**
(blood clot to the lungs/ a blood clot in the deep vein) In the medical literature there is an extraordinarily low incidence of this complication. Inform your doctor if you have a history of previous clotting, or a strong family history of blood clots.

**Alternatives to Sclerotherapy**
You may choose no therapy. You should be re-evaluated periodically to monitor your condition for changes. The existing varicose veins may progress and new veins may form.

**Conservative Measures:**
You may choose to continue with conservative measure such as wearing compression stockings (if this is an appropriate treatment for your problems). Compression hose promote venous blood return to the heart. If support hose are worn faithfully, symptoms such as aching, tired, and heaviness are often alleviated. They also help prevent the progression and formation of varicose and “spider” veins.

**Ambulatory Phlebectomy:**
Removal of veins such as an ambulatory phlebectomy may be appropriate to treat some patients with larger varicose veins.
**Laser / Radiofrequency/Light therapy:**
Radiofrequency (i.e. Vein Expert, Vein Gough), or Laser/Light source therapy may be an option if you have tiny telangiectasia (“spider”) veins. Your physician will discuss these alternatives with you after a physical examination.

**Before Sclerotherapy Preparations (pre-treatment Instructions)**

**Compression Stocking:**
- Hose are required to be worn immediately after each injection treatment or if you have had aspiration of trapped blood from an injected vein.
- Hose can be purchased from our office or you may request a prescription to obtain with your insurance at a participating pharmacy, durable medical supply store or an online site.
- Bring compression hose 20-30 mmHg or stronger that will cover all areas to be treated.
- The hose must be worn continuously for 48 hours after your treatment. Then, they may be removed and worn daily, during the waking hours, for 12 more days. Your doctor may adjust the length of time to wear your hose. Compression is critical to the success of the treatment.

**Leg Preparation:**
- Do not apply oil, lotion or powder to your legs the night before or the day of your injections.

**Clothing:**
- Bring a pair of loose, comfortable shorts to wear during your treatment.
- Dress in loose clothes and comfortable shoes to accommodate dressings and compression garment after your treatment.

**Medications:**
- Discontinue Aspirin (Bufferin, Anacin, etc.) and Ibuprofen (Motrin, Advil, Aleve, etc.) for 7 days before your treatment to reduce bruising.  *If you are taking anticoagulation or aspirin for medical reasons, please check with your doctor before discontinuing these medications.*
- Acetaminophen (Tylenol) is allowed.
- Please inform the physician or staff of any antibiotics or medications for skin (i.e. Minocycline, Tetracycline, and Retin A.) They may need to be stopped for up to one month before treatment.

**Photographs:**
- Photographs will be taken before your first treatment to document progress and/or for the purpose of medical education, research, scientific publication or educational presentations.
-You will not be identified in your photographs and informed consent will be obtained before you are photographed.

**Post Sclerotherapy Instructions**

*Compression:*
- Compression stockings are applied over the areas of injection immediately following the treatment. Before standing, we will put the compression stocking on your legs to avoid putting pressure on the treated veins.
- **Proper compression is very important because it minimizes the blood re-entering the injected vein, decreases the incidence of post sclerotherapy hyperpigmentation and telangiectatic matting and improves venous blood flow.**
- After the initial 48 hours, you should continue to wear your hose for 12 days during the waking hours, for a total of 14 days. If larger varicose veins are injected, you may be advised by your doctor to wear the hose for an additional period of time.

*Bathing:*
- Showering is allowed after the initial 48 hours post treatment.
- Hot baths, hot tubs and saunas should be avoided for two weeks after sclerotherapy to avoid venous dilatation.

*Hyperpigmentation:*
- To help avoid hyperpigmentation post procedure, when sun exposure is anticipated, you should apply sun block to all areas that are still red and healing.
- If you do develop hyperpigmentation, you should apply a high SPF sun block to avoid increasing the discoloration. Continue to use sun block until the hyperpigmentation has resolved.

*Driving:*
- You may drive immediately following your treatment. If your trip home is longer than an hour, we recommend you stop hourly to stretch your legs.

*Air Travel:*
- We recommend that you do not fly (> 2 hour flight) for 2 weeks following your treatment.
- During air travel, compression hose should be worn and if possible get up at least once during the air travel to stretch legs.

*Activity:*
- In most cases, you can return to work and resume normal activity after treatment. Please take a 15 minute walk immediately following your treatment. This will help circulate the solution that was injected.
- Walking is strongly encouraged to promote efficient venous circulation.
Avoid sitting and standing for extended periods and elevate your leg(s) above the level of your heart when possible for the next two to three days.
- Avoid high impact aerobics, jogging, running, leg weight lifting and sit-ups for one to two weeks after each injection treatment.
- Light exercise is allowed and walking is encouraged.

**Medication:**
- Acetaminophen or Ibuprofen can be used if you experience any discomfort from sclerotherapy.

**Trapped Blood:**
- If you notice dark knots or cords at your injection sites that have not subsided approximately three weeks after your procedure, please call the office; you may need to return sooner to have these areas aspirated.

**Follow-Up:**
- Subsequent treatments are usually every four to eight weeks depending on your particular situation.
- If you notice dark knots or cords at your injection sites, please call our office approximately 2-3 weeks after treatment.
- Remember it is important to call our office if you have any questions or concerns before or after your sclerotherapy treatment.
- Please keep your follow up appointment after treatment. It is important for the physician to assess the results you achieved from each treatment.

*If you need to cancel or reschedule your sclerotherapy treatment or follow-up appointment, please give our office at least 72 hours notice.*