



## Sclerotherapy

This information is in addition to the detailed patient information personally provided by Mr Ponosh to you during your consultation. Please refer to the Royal Australasian College of Surgeons Vein brochure also provided.

### How do varicose veins develop?

This will be discussed with you at length by Mr Ponosh during your consultation. Further information is available via the Ponosh Vascular website under “Patients – Vein Consultation” and “What We Do – Varicose Veins”. Alternatively, you can follow the link or QR code at the end of the information sheet.

### What is Sclerotherapy?

When the varicose veins are isolated to the skin without an underlying cause, or if there are some residual veins following the above procedures, injection sclerotherapy is often utilized as the treatment of choice. This can be conducted under direct vision or more commonly under ultrasound guidance.

Sclerotherapy is an ambulatory “walk in – walk out” procedure conducted in our rooms. Sclerotherapy involves the injection of a sclerosant detergent solution through a tiny needle into the diseased vein. This sclerosant can be administered as a liquid or as a “foam” and causes the vein wall to collapse. The veins dissolve and disappear as the body gradually absorbs them.

Sclerotherapy is a safe and effective method for the eradication of varicose veins. Unlike surgery there is no need for hospitalization or an anaesthetic. There is no surgical scarring and virtually no “downtime”. Some patients will require follow-up treatments to achieve the best cosmetic and clinical results. Time to complete resolution and final appearance varies from person to person and even from vein to vein. Whilst your leg/s will be dramatically improved it is impossible to achieve perfection and a realistic, “age appropriate” expectation is essential. Additional sclerotherapy or topical laser may be required. Spider Veins will commonly be persistent

Most people have a satisfactory result after 6 – 8 weeks but the final appearance may take up to 12 – 24 months. These methods have been used globally for many years with universal clinical acceptance and medical evidence-based research proving effective, durable, and extremely safe use.

The Australian Government through the Therapeutics and Goods Administration (TGA) approved the use of sclerosant solution for clinical use in Australia many years ago. However, this approval was granted before “foam” sclerotherapy was introduced and properly evaluated. Applications have been made to the TGA for the use of foam, but this approval process takes time. Until then, the use of foam does not have formal TGA approval, and the foam is therefore an “off-label” use of the drug; despite the lack of formal approval numerous studies have confirmed that foam is safe and very effective for the treatment of varicosities.

### Possible complications, side effects and Precautions.

**There are a number of possible side effects seen with non-surgical vein treatment that are considered a normal consequence of successful treatment.**

**Stinging sensation:** This may be experienced during treatment, which settles within minutes. Most patients find the treatment almost painless.

**Bruising and Darkness:** Bruising will disappear over a couple of weeks. Darkening of varicose veins soon after treatment is common and is a sign of successful therapy. This slowly fades. The time taken to complete resolution varies but most people have achieved a satisfactory result by 3 months.

**Blood trapping:** This can lead to tender lumps along the course of the treated veins. It is harmless but may make the vessels more noticeable in the first few weeks. Trapped blood is usually drained with a needle at review appointments to accelerate the healing process. Persistent lumps (even without draining) will usually disappear within several months. Blood trapping is common with treatment of all vein sizes.

**Aching:** Aching legs for the first few days after treatment is common. It more commonly occurs when larger veins are treated and is usually relieved by walking. You may take Paracetamol or Ibuprofen to help but most people do not need any.

**Phlebitis:** This is the appearance of tender, red swollen areas and is due to inflammation of the treated veins and may also be associated with tender lumps. Phlebitis is a sterile inflammation resulting from the vein closing and is almost never due to infection. It can be treated with anti-inflammatory medication such as Ibuprofen or Voltaren Rapid and improves with walking and the continued wearing of the compression stockings.

**Recurrence:** Varicose veins can develop in the future and therefore it may be necessary to have further intervention in the future. This is not uncommon with isolated skin veins as an underlying cause cannot be addressed.

**Pigmentation:** The appearance of brown marks on the skin located over or near the treated veins is a common consequence of therapy. Pigmented areas are composed of haemosiderin (a form of iron) that can become trapped in the skin. In most patients the pigmentation gradually fades and then disappearing within 3 – 12 months, although pigmentations lasting longer can occur. Most patients prefer the pigmentation to the veins. While the skin is pigmented it should be protected from the sun as UV exposure can result in “fixing” the pigmentation permanently.

**Matting:** This is the development of an extremely fine network of spider veins over a treated vein. It usually resolves spontaneously though some will require further injections, and some may persist despite further treatment. Matting is more common in people with extensive surface veins and in overweight people with poor muscle tone.

**Persistent lumps:** Lumps under the skin, may be present after many months. These are harmless, not cosmetically disfiguring and will continue to settle with time.

**Swelling:** Occasionally swelling of the leg or ankle will occur but will settle with time. It is due to inflammation under the skin. Wearing the compression stocking, elevating the leg when sitting and regular walking will help.

**Numbness:** Numbness of the skin is rare and temporary but can last up to 3 months. It is usually located down the inner aspect or back of calf and is due to irritation of the nerves that lie in close proximity to an injected vein.

**Migraine:** If you usually suffer from migraines, you may experience visual disturbances lasting a few minutes. This may be followed by the onset of a headache. Taking a mild analgesic such as Panadol or Panadeine or an anti-migraine medication can provide relief. Please let Mr Ponosh know prior to your treatment if you have a history of migraines.

**Ulcers:** In extremely rare instances you may develop small, painful sores (ulcers) within 2 weeks of sclerotherapy treatment. They heal slowly and leave a tiny scar. Ulcers occur due to sclerosant passing from injected veins into the small associated skin arteries.

**Allergic reactions:** Sclerosant allergies are rare but may be serious and life threatening. Please let Mr Ponosh know prior to your treatment if you have any concerns.

**Deep Vein Thrombosis:** DVT is a clot in the deep venous system – not in the treated varicose vein. This potentially serious problem is extremely rare. The approximate risk is less than 1:2000 patients. You will be administered preventative medication before your procedure.

DVT's may lead to clots in the lung (pulmonary embolism), which can be a life-threatening condition requiring hospitalization. Symptoms of DVT and PE include a painful swollen calf or leg unrelieved by walking, unusual shortness of breath, cough with or without blood-stained sputum and stabbing chest pain. Contact the rooms of Mr Ponosh immediately if you experience any of the above symptoms.

**Intra-arterial:** An intra-arterial injection is an extremely rare (1:10,000) complication that can result in significant muscle and skin damage. This now rarely occurs due to the use of ultrasound guidance of the needle.

**Pregnancy and breastfeeding:** Sclerotherapy is best avoided during this time. It is advised even though there is no current documented evidence to suggest that sclerotherapy is unsafe during pregnancy or breastfeeding. Vein treatments during pregnancy are not as effective often producing poor results. It is recommended that sclerotherapy should be avoided if pregnancy is contemplated within the treatment course. Veins that appear during pregnancy should be treated before the next pregnancy to avoid deterioration with subsequent pregnancies.

**Oral contraception and hormone replacement therapy:** There is no current evidence that during sclerotherapy treatment the taking of low dose contraceptive pill or HRT actually increases the small risk of thrombosis.

**Long haul Travel:** You should avoid long haul travel (>4 hours) for 4 weeks after the treatment. This includes car travel which, if undertaken, you should have frequent (2 hourly) stops with 10 mins of brisk walking at each stop.

**Operations:** You should not undergo major surgery, including any orthopaedic procedure such as arthroscopy, within 6 weeks of the procedure.

## Before your procedure.

Do not apply moisturizer to your legs on the day of the procedure. Avoid using fake tan for at least 2 weeks prior and if possible, do not expose your legs to the sun for at least 1 week before procedure. Wear or bring comfortable shoes so you can go for a walk after your procedure.

Please ensure you are familiar with the information presented in this document and don't hesitate to ask any questions before or during your procedure.

## Following your procedure.

To relieve pain, take simple analgesics such as regular paracetamol.

**Compression stockings:** A form will be provided to you by reception staff to obtain these stockings PRIOR to your procedure. These are to be purchased ONLY from the recommended supplier and are to be worn:

- **Continuously for 4 days.**  
They are not to be removed for showering; you will be provided shower bags at your procedure.
- **Then, during the day only for 10 days.**  
Remove stockings last thing at night before shower/bed and then replace first thing in the morning.

Elevate legs whenever possible, either resting in bed/couch or sitting with legs elevated.

Avoid prolonged bed rest.

Avoid prolonged standing and sitting.

Walking is encouraged.

Gradually increase your exercise over the initial week.

Avoid strenuous exercise for 2 weeks.

Most people can return to work the following day after the procedure, this can vary depending on patient and job.

You should not fly for more than 4 hours for 4 weeks after the procedure.

Minor bruising, colour changes and minor lumps are normal and will slowly improve.

### Contact Mr Ponosh's rooms or see your GP if you have any concerns regarding:

- Pain, tenderness or swelling of your calf or leg.
- Fever or sweats.
- Inflamed wounds or pus.
- Shortness of breath
- Rash

A routine ultrasound will be undertaken at 2-3 weeks by one of our in-house sonographers.

We will see you in the rooms at 4-6 weeks unless you have further treatment booked.

A letter will be sent to your GP and/or referring doctor advising them of your management.

**For further information please follow the link or scan the QR code below:**

### Varicose Vein Information:

<https://ponoshvascular.com.au/varicose-veins-treatment/>



### Sclerotherapy Information:

<https://ponoshvascular.com.au/sclerotherapy/>

