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SCLEROTHERAPY

This form is designed to provide you with the information you need to make an informed decision about whether to have sclerotherapy performed. If you have any questions or do not understand any potential risks, please do not hesitate to ask.

What is Sclerotherapy?

Sclerotherapy is a popular method of eliminating varicose veins and superficial telangiectasias (“spider veins”) during which a solution, called a Sclerosing agent, is injected into the veins.

Does Sclerotherapy work for everyone?

The majority of persons who have sclerotherapy performed will be cleared of their varicosities or at least see good improvement. Unfortunately, however, there is no guarantee that sclerotherapy will be effective in every case. Approximately 10% of patients who undergo sclerotherapy have poor to fair results. (“poor results” mean that the veins have not totally disappeared after six treatments). In very rare instances, the patient’s condition may become worse after sclerotherapy treatments.

How many treatments will I need?

The number of treatments needed to clear or improve the condition differs from patient to patient, depending on the extent of varicose and spider veins present. One to six or more treatments may be needed; the average is three to four. Individual veins usually require one to three treatments.

What are the most common side effects?

1. Itching- depending on the type of solution used, you may experience mild itching along the vein route. This itching normally lasts 1 to 2 days.
2. Transient Hyperpigmentation- approximately 30% of patients who undergo sclerotherapy notice a discoloration of light brown streaks after the treatment. In almost every patient the veins become darker immediately after the procedure. In rare instances, this darkening of the vein may persist for 4 to 12 months.
3. Sloughing- sloughing occurs in less than 3% of patients who receive sclerotherapy. Sloughing consists of a small ulceration at the injection site that heals slowly. A blister may form, open and become ulcerated. The scar that follows should return to normal colour.
4. Allergic reaction- very rarely, a patient may have an allergic reaction to the sclerosing agent used. The risk of an allergic reaction is greater in patients who have a history of allergies.

5. Pain- a few patients may experience moderate to severe pain and some bruising, usually at the site of the injection. The veins may be tender to the touch after treatment and an uncomfortable sensation may run along the vein route. This pain is usually temporary, in most cases lasting 1 to, at most, 7 days.

What are the other side effects?

Other side effects include a burning sensation during injection of some solution, neovascularization (the development – usually temporary – of new tiny blood vessels), transient phlebitic-type reactions (swelling of the vein might cause the ankles to swell), temporary superficial blebs or wheals (similar to hives), and, very rarely, wound infection, poor healing, or scarring.

Are there other types of procedures to treat telangiectasias?

1. Laser surgery- to date, this method has only been effective for tiny facial blood vessels. The present laser systems tend to produce a greater risk of scarring. The laser is an expensive device and treatment is thus more costly. We have recently evaluated the use of a new type laser (Photogenica Pulse Dye Laser) for vessels which do not respond to injection treatment or are too small to be injected. Although more expensive than conventional sclerotherapy, this new laser system is quite effective for treating the tiniest of red blood vessels that may remain after successful treatment of other varicose and telangiectatic leg veins.
2. Electrodesiccation- this method produces a non-specific destruction of both the vessel and overlying skin, thus resulting in a greater incidence of scarring.
3. Surgical ligation or circumsuture- this operative procedure always result in a scar and is best reserved for large varicose veins.

What if I experience a problem after receiving sclerotherapy?

If you notice any type of adverse reaction, please call the doctor immediately.

What should I do before my appointment for treatment?

1. Discontinue aspirin and so- called blood thinning drugs 1 week prior to your appointment. (consult your prescribing physician)
2. Do not shave your legs for 2 days prior to your appointment.
3. Eat a light breakfast or lunch an hour or so prior to your appointment.

What should I do after the procedure?

1. Walk for 30 minutes immediately following the injections.
2. If possible, do not drive home yourself. If you have to drive, keep the legs moving and make frequent stops for walking (every 20 min).
3. Maintain normal daytime activities, walk at least an hour a day – the more the better.
4. No hot baths for 2 weeks.
5. Avoid standing without moving about. If you must stay in one place, move your feet and toes frequently.
6. If the legs become painful after the injection, walk.
7. Do not remove the bandage for 48 hours. Cover them with a plastic bag when showering.
8. Avoid strenuous physical activity (aerobics) for the first 48 to 72 hours.