Sclerotherapy Information

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

WHAT IS SCLEROTHERAPY?

Sclerotherapy is a "non-surgical" method for the treatment of unwanted leg veins. Using a very fine needle, the physician injects a solution "sclerosing agent" into the veins that causes them to contract and eventually disappear. The injected veins become inflamed, blood is then unable to flow through them and ultimately, the body absorbs these non-functioning vessels.

DOES SCLEROTHERAPY WORK FOR EVERYONE?

The majority of persons undergoing Sclerotherapy will see good improvement. Unfortunately, there is no guarantee that sclerotherapy will be effective in every case. Approximately 10% of patients who undergo sclerotherapy have poor to fair results. In very rare instances, the patient's condition may become worse after sclerotherapy treatment.

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 extents of varicose and spider veins present. While Sclerotherapy is a safe and highly effective option, **more than one treatment** is usually required to clear or improve unsightly veins to a patient's satisfaction. The average is one (1) to four (4) treatments. Six (6) or more treatments may be needed in a few patients. A small minority of patients do not improve even after six treatments.
There is no guarantee that multiple treatments will clear all veins.

WHAT ARE THE MOST COMMON SIDE EFFECTS?

- **Itching:** Depending upon the type of solution used, you may experience mild itching along the vein route. This itching normally lasts one (1) to two (2) hours but may persist for a day or so.

- **Bruising:** Lasts from one to several weeks. Use of support hose is recommended and avoidance of alcohol and anticoagulant medication for 72 hours prior to each treatment session may minimize effect.

- **Transient Hyperpigmentation:** Approximately ten percent (10%) of the patients who undergo sclerotherapy notice a discoloration of light brown streaks after treatment. In almost every patient, the veins become darker immediately after the procedure (but then tend to reduce color). In rare instances, this darkening of the vein may persist for four (4) to twelve (12) months.

- **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 one (1) to at most seven (7) days.

- **Sloughing:** Sloughing occurs in less than one percent (1%) of the patients who receives Sclerotherapy. Sloughing consists of a small ulceration at the injection site, which heals slowly over one (1) to two (2) months. A blister may form, open and become ulcerated. The scar that follows should return to a normal color. This usually represents injection into or near a small artery and is not preventable.

- **Allergic Reactions:** 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.

- **Blood accumulation in treated vessel:** This may present as a tender bump at a treatment site. The use of prescribed compression hosiery will minimize this possibility. (especially when treating Reticular Veins). Sometimes, this accumulation will have to be expressed with a minor procedure.

- **Telanglectatic Matting:** This term refers to the development of tiny new blood vessels in the treated area. This temporary phenomenon occurs two (2) to four (4) weeks after treatment and usually resolves within four (4) to six (6) months. It occurs in up to eighteen percent (18%) of women on estrogen therapy and in two percent (2%) to four percent (4%) of all patients.

- **Ankle Swelling:** Ankle swelling may occur after treatment of blood vessels in the foot or ankle. It usually resolves in a few days and is lessened by wearing the prescribed support stockings.

- **Phlebitis:** Phlebitis is a very rare complication seen in approximately one (1) out of every one thousand (1,000 patients treated for varicose veins greater than three (3) to four (4) millimeters in diameter. The possible dangers of phlebitis include a pulmonary embolus or blood clot, which travels to the lungs and post-phlebitis syndrome, which can result in permanent swelling of the legs.

What are the possible complications if I do not have Sclerotherapy?

In cases of large varicose veins, greater than three (3) to four (4) mm in diameter, spontaneous phlebitis and/or thrombosis may occur with the associated risk of pulmonary emboli. Additionally large skin ulcerations may develop in the ankle region of patients with long-standing varicose veins with underlying venous insufficiency. Rarely, these ulcers may hemorrhage or become cancerous.

Are there other procedures to treat varicose veins and telanglectasias? What are their side effects?

Because varicose and telanglectatic leg veins are not life-threatening conditions, **treatment is not mandatory** in every patient. Some patents may get adequate relief of symptoms from wearing graduated support stockings. Ambulatory Phlebectomy is a procedure where certain types of veins can be removed through small surgical incisions. The complications of this procedure are similar to Sclerotherapy with the addition of small surgical scars.

Vein stripping and/or ligation may also be utilized to treat large varicose veins. This may require a hospital stay and is performed while the patient is under general anesthesia. Risks of vein stripping and/or ligation include permanent nerve paralysis in up to thirty percent (30%) of patients, possible pulmonary emboli, infection, and permanent scarring. General anesthesia has some associated serious risks, including paralysis, brain damage, and death.

What are the other types of procedure to treat telangiectasias?

Laser therapies can be utilized to treat small spider veins less than 1mm in size (these are more difficult to treat with conventional Sclerotherapy injections).

What if I experience a problem after receiving Sclerotherapy?

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