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VARICOSE VEIN INJECTIONS (FOAM SCLEROTHERAPY)

These are general guidelines for your information and need not apply to specific cases.

1. About the treatment

Injection (sclerosant) therapy has been available for many years and until recently it was thought to be suitable only for relatively small varicose veins, in particular veins left behind after surgery. It works by making the vein wall stick to itself, thus obliterating it, and the compression applied after the injection is an essential part of the therapy. With the recent introduction of foam sclerotherapy to the United Kingdom it has been possible to treat larger symptomatic veins with a modification of the old injection techniques. A small amount of a special chemical (Sclerosant) is mixed with air to make a foam (this is the new bit – although the chemical is approved to treat varicose veins it is not licensed in the UK for mixing with air to make a foam), and then under ultrasound guidance the foam is injected into the veins to be treated.

2. Before your next visit.

Please make sure you have stopped taking the oral contraceptive pill, which theoretically could increase the risk of a serious thrombosis. This should be stopped one month before your appointment but it is very important to think about other contraception methods. There is little evidence that low dose “mini-pills” and hormone replacement therapy (HRT.) need to be stopped.

3. At the clinic.

Under ultrasound monitoring the foam preparation is injected into each vein and the leg is bandaged and placed in a full length stocking for a week. The foam causes inflammation in the vein which then shrivels up and eventually becomes less visible. Sometimes the inflammation can be uncomfortable for a few weeks, and occasionally the skin can blister and become scarred. Sometimes only one leg is treated at one visit and repeat injections will be required if both legs are affected or you have many veins on one leg. Please do not drive yourself home from the clinic. Arrange for somebody to collect you or take a bus or taxi.



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4. Afterwards.

For the first 24 hours rest as much as possible, sitting with the feet elevated above the level of the hips. Take a few short walks and try to avoid standing still for any length of time. As the injection causes inflammation it is often necessary to take painkillers, and these should be taken for 5-7 days if required. After 48 hours you should remove the bandage and cotton wool pads and replace the stocking. After this the stocking should be worn during the day for a further 2-4 weeks. You may drive once the bandages and pads have been removed. The success of the injection treatment relies upon the pressure that the bandages and stocking apply to the injected area. Wear the stocking until the leg is completely comfortable on standing (usually 3-4 weeks).

5. What to expect after the injections.

Over the first few weeks following the injection, any slight discomfort, hardness or tenderness at the injection site(s) should gradually subside. If there is excessive redness, swelling or tenderness, this means you should rest more with the leg raised so that the heel is higher than the hip. Complications that occur in about 5-10% of patients include allergic reactions, temporary visual disturbance, deep vein thrombosis (DVT), headache, and in 2 cases a patient suffered a stroke following foam sclerotherapy, but made a full recovery. However injections are not a form of "invisible mending" and while most patients experience no problems after injection of varicose veins, a small number may experience one or more of the following: A persistent hard "cord" in the line of the vein. This can take some months to settle down and tenderness may persist for a few months. Brown staining of the skin in the line of the vein occurs in more than a third of patients. This usually resolves within 12 months but can occasionally be permanent. Rarely, ulceration of the skin at the injection site. Failure of the injection to obliterate the vein. Treatment often requires multiple visits and injections, and in 10-20% of patients complete obliteration of the vein is not possible.

Airline Travel

Although the risk of blood clots is minimal with injection treatments we do not advise patients to undertake air travel within 6 weeks of treatment. Short flights may be acceptable, but if you have any doubts please discuss with your specialist.