

Sclerotherapy of small varicose veins and telangiectases

Sclerotherapy of varicose veins is a simple, effective and safe method of treating varicosities and small varicose veins in the legs.

The method has been widely used for a century. Like all the other treatments, sclerotherapy does not prevent the emergence of new varicose veins in the future. Those varicose veins are related to progression of the venous disease. The patient must therefore make appointments for check-up and subsequent 'maintenance' treatment.

Before treatment: a clinical examination and Doppler ultrasound and/or duplex ultrasound investigation will enable the cause of your symptoms to be defined, the source of your varicose veins to be identified and treatment to be oriented. The expense that results will thus be justified.

After sclerotherapy:

- for varicose veins of a certain size, compression (an elastic bandage or compressive stockings) will be worn for 1 week, during the day only (unless your physician decides otherwise). The value of the compression is controversial in the treatment of isolated fine telangiectases;
- you must take regular physical exercise, particularly walking or swimming, and pursue your professional activities and sports;
- you can take a shower as of the evening after treatment;
- hot baths, saunas and even sunbathing are not advisable over the 4 weeks following treatment since they induce dilatation of the vessels and a risk of pigmentation.

The risks related to treatment are small and the complications rare:

- hematomas frequently occur at the injection site. They do not require any treatment and resolve spontaneously in 2 weeks;
- small blood clots (thrombi) may form in the treated telangiectases. It is preferable to remove them by incision over the weeks following the injections in order to prevent pigmentation developing (brown spots);
- the pigmentation disappears, in most cases, over the months following treatment but may occasionally (1% of cases) persist for more than 1 year;
- new varicose veins and telangiectases may occur close to the injection site (0.5%);
- a few rare patients may observe fleeting visual disorders, which do not last (0.5%);
- skin necrosis (0.2% ulcers), phlebitis, deep vein thrombosis (< 0.1%) and allergic reactions are exceptional.

Results: if the indication is correct and treatment is correctly implemented, up to 70% of the varicose veins are eradicated by session, in the most favourable cases. In 10% of cases, the result is disappointing.

Do not hesitate to inform your physician of any adverse effect that may occur.

Health insurance organizations: the treatment of small varicose veins is, in part, cosmetic. Most of the health insurance organizations do not reimburse the expenses. Do not hesitate to write to your health insurance organization to raise the question. It is not up to your physician to decide whether the expenses will be covered.

Ultrasound-guided sclerotherapy of varicose veins

Ultrasound-guided sclerotherapy (echosclerotherapy) of varicose veins is a simple, effective and little invasive method of treating large varicose veins of the legs. It constitutes an alternative to surgical treatment in situations where the latter is contra-indicated.

Sclerotherapy has been widely used for a century. Like all the other treatments, sclerotherapy does not prevent the emergence of new varicose veins in the future. Those varicose veins are related to progression of the venous disease. The patient must therefore make appointments for check-ups and subsequent 'maintenance' treatment.

Advantages and disadvantages: ultrasound-guided sclerotherapy is conducted in an outpatient setting, is not very aggressive and does not require prior anesthesia. However, the efficacy is less than that of surgery: the success rate is estimated to be between 65 and 90% at time point 1 year. Injections frequently have to be repeated to obtain the expected result. Treatment thus calls for several consultations and ultrasound investigations.

Before treatment: a clinical examination, and Doppler ultrasound and/or duplex ultrasound investigation will enable the cause of your symptoms to be defined, the source of your varicose veins to be identified and treatment to be oriented. The expense that results will thus be justified.

After the ultrasound-guided sclerotherapy:

- compression is applied in the form of an elastic bandage or compressive stockings to be worn during the day only, for 1 week (unless your physician prescribes otherwise);
- you must take regular physical exercise, particularly walking or swimming, and pursue your professional activities and sports;
- you can take a shower as of the evening after treatment;
- hot baths, saunas and even sunbathing are not advisable over the 4 weeks following treatment since they induce dilatation of the vessels and a risk of pigmentation.

The risks related to treatment are small and the complications rare:

- hematomas frequently occur at the injection site. They do not require any treatment and resolve spontaneously in 2 weeks;
- the pigmentation disappears in most cases over the months following treatment, but, in 1% of cases, persists for more than 1 year;
- new varicose veins and telangiectases may occur close to the injection site (0.5%);
- extensive cutaneous necrosis (ulcers) have become exceptional since the advent of ultrasound-guidance of venipuncture (< 0.1%);
- phlebitis (inflammation of the vein) may occur in 4% of cases;
- in contrast, the risk of deep vein thrombosis is less than 1%;
- a few rare patients may observe fleeting visual disorders, which do not last (0.5%);
- allergic reactions are exceptional;
- do not hesitate to inform your physician of any adverse effect that may occur.