

# EURACARE

## PATIENT INFORMATION FORM

### **FOAM SCLEROTHERAPY OF VARICOSE VEINS**

#### **What is sclerotherapy?**

The procedure called sclerotherapy or injection of varicose veins is designed to improve the appearance of your varicose veins and reduce any symptoms you are having. The veins are injected with a solution called a sclerosant which damages the internal lining of the vein and causes blood clotting within the vein. Over a period, your own body will destroy the vein and it will disappear. The solution used is available in different concentrations depending on the size of the vein being treated and is called Sodium Tetradecyl Sulphate or “STD” for short.

#### **What is foam sclerotherapy?**

Usually, a solution of STD is injected directly into the vein to be treated. Foam sclerotherapy involves rapidly mixing volumes of the solution with a small volume of air producing a foam. Because of this method the foam can treat some of the larger underlying abnormal veins which would not normally be treated using conventional sclerotherapy. The procedure is performed under ultrasound control. The foam solution causes intense spasm of the vein and a greater volume can be injected without using too much of the STD solution.

#### **Is foam better than conventional sclerotherapy?**

The initial results with foam sclerotherapy are very promising and this method of treatment offers a possible alternative to surgery without the anaesthetic risk. However, it should be emphasised that this is a new treatment and at present the long-term results are not yet known and it is not possible to say how this treatment compares in terms of results with conventional surgery or sclerotherapy.

#### **Which veins are suitable for foam injection?**

Most varicose veins are suitable for this form of treatment. Foam sclerotherapy is of advantage to those who have had previous varicose vein operations as it avoids going through the scar tissue of previous surgery. Very extensive and large varicose veins may do better with surgery rather than sclerotherapy. If you have any underlying blood clotting tendency it may not be advisable to have sclerotherapy.

#### **What does the procedure involve?**

Using ultrasound scanning, the main surface vein to be treated will be marked on your leg. The surgeon will then inject into a small area of skin, usually the mid-calf or lower thigh and a needle will be placed into the vein. Then two or three smaller needles will be inserted into the visible varicose vein in the leg. Your leg will be raised, and the foam solution will be injected in small volumes at a time into each of the needles.

During this procedure you will be asked to bend your ankle up and down to increase the blood flow in your deep veins. As the foam is injected you may experience some slight stinging, but it is usually painless. The passage of the foam in the vein is monitored by the ultrasound scan and the foam injections into each needle will be repeated two or three

times. Once enough foam has been injected the needles will be removed, and a compression stocking will be applied to compress the treated veins. This will feel tight but should not be so tight as to make your foot painful or discoloured.

### **Following treatment**

You should keep the stocking on for seven days (even during the night), but you can remove it to have a bath or shower after 24 hours, and then reapply the stocking. After this you should continue to wear the stocking in the daytime only for a further seven days (two weeks in total). If you find the stocking comfortable and wish to wear it for longer this may be helpful. Please keep your stocking as it may be possible to reuse it if you must have further injections. You should do plenty of walking and may generally do most activities without any problem. The treated veins may still be visible for several weeks after treatment.

### **Benefits**

The benefit of having the procedure done like this is to avoid the known risks associated with having the surgery under a general anaesthetic.

### **Possible Risks**

#### **1. Superficial thrombophlebitis**

Most people experience hard lumps which form in the treated veins. These are areas of blood clotting in the treated veins. This is nothing to worry about but may be associated with inflammation and discomfort. If this occurs anti-inflammatory pain killers may help. These lumps will eventually subside and disappear, but this may take several weeks or months.

#### **2. Brown pigmentation of the skin**

Following superficial thrombophlebitis brown pigmentation of the skin can occur and be permanent. However, it will usually fade after a period of several months and may even disappear completely. Keeping out of the sun and using a strong sun factor will also help.

#### **3. Deep venous thrombosis (Clot)**

To prevent this, only small volumes of the foam are injected at a time and the ankle is exercised to maintain good flow in the deep veins. Should the solution pass into the deep veins there is a risk of thrombosis this may be minor with no symptoms or could cause a major blood clot with a risk of pulmonary embolus (passage of a blood clot to the lungs). Surgery also carries a risk of deep venous thrombosis.

#### **4. Skin ulceration**

If the solution does not go into the vein but goes into the surrounding tissues, it can cause a small ulcer or haematoma (like a blood blister) of the skin. This will heal up, but this may take several weeks and could leave a scar.

#### **5. Allergic reaction to the solution**

This is rare but can occur. If you have any allergies you should inform your doctor.

#### **6. Visual disturbance**

There have been reports of temporary visual disturbance with the foam injections. This is thought to be due to the air bubbles rather than the solution injected. It is more common in people that suffer from migraines.

#### **7. Stroke**

Out of the thousands that have had foam sclerotherapy there have only been four reported instances of a stroke occurring. There may have been a particular reason why this occurred, including a high volume of foam injected.

### **Recurrent and residual varicose veins**

It is not always possible to eradicate all very small varicose veins. Depending on the number of varicose veins you may need two, three or more treatments. It is possible the vein could re-open. Now, the risk of this is not known and only long-term follow-up data will provide this information. Should this happen, it would be possible to treat the vein again, with either a further injection or by surgery.

### **General information**

As soon as you have had your surgery you should walk about, gradually increasing to your normal activity and may generally do most activities without any problems. If in doubt, ask your doctor. When seated, sit with legs elevated and avoid prolonged standing. Any discomfort you may have will be relieved by taking simple painkillers. You can drive as soon as you feel able to do so.

### **Work**

You can return to work when you feel able to do so. This is usually in a couple of days but may be longer in some people.

### **Driving**

You can drive as soon as you feel able to do so

### **Finally:**

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

**Giving my consent (permission).** The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks, and alternatives.