



TOTAL VEIN CONCEPTS



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EXPLANATION OF SCLEROTHERAPY FOR VARICOSE VEINS

Varicose veins are very thin-walled, dilated veins that have become elongated and tortuous. Those in the skin have a spider web-like appearance and are known by various names, including spider veins, web veins, reticular networks, or venous stars. Larger veins, placed somewhat more deeply, may appear as bumps or lumpy protrusions under the skin and may or may not appear in clusters or groups quite deep in the skin. These large areas may be quite tender and may cause symptoms of fatigue, aching pain, and heaviness, relieved by leg elevation.

Treatment of varicose veins includes removal of large veins by surgery or laser and obliteration of smaller veins by injections laser therapy has been part of the treatment of varicose veins for more than 50 years and, though it has been given many new names recently, none of the methods used in injecting varicose veins has changed a great deal over the past 10 years. Therefore the results of therapy as well as the complications of treatment are well known.

The principle of injection is to fill the vein being treated with a solution that will empty the vein of blood and cause the vein wall to become inflamed. As a result, the walls of the vein will scar together and the vein will become obliterated and will no longer be visible. Because the veins of the lower extremities are under high pressure, there is a tendency for recurrence of varicose veins. This requires that an individual understand the need to return to the doctor for rechecks and minor additional treatments on a yearly basis.

Various chemical substances are utilized in injection treatment of varicose veins. Perhaps the most common of these is a detergent called sodium tetradecol, sotradecol (STS), the only FDA approved agent in the US.

The needles used for injection are extremely small and cause little pain. Pain if any, lasts a few seconds. Redness produced by the injection is essential to the process of obliteration of the veins. A pressure dressing or graduated support stocking may be applied to the area so that the veins will remain empty of blood. This will relieve itching and congestion in the skin. If an intense inflammatory reaction develops around the vein and in the skin, the skin may break down and ulcerate. Such ulceration will heal under treatment but may leave a scar.

Almost always, multiple treatment sessions are required based on the severity of the venous problem. The usual number is three treatments for each blemish. In each treatment session, nearly all the blemishes will be treated each time. This is done to minimize the number of treatments required. Following treatment, you can go about your normal daily activities as desired. Follow-up sclerotherapy visits are scheduled at 6-8 weeks, to allow for stabilization of results.

It should be understood that sclerotherapy is not a miracle cure. Neither injection therapy nor anything else will return the skin of the lower extremities to the way it was a teenager. Certainly, **most of the objectionable veins** can be obliterated, and the legs can be brought to a point where they will appear acceptable under sheer stockings. Nevertheless, **small blemishes** inevitably remain that are visible to the naked eye. A **variety of vascular lasers** can then be used to **minimize** the appearance of these tiny remaining vessels. The **process is slow and tedious** and requires a great deal of **patience** on the part of the patient. However, the treatment procedure has proved acceptable to patients as evidenced by the fact that they return for follow-up treatments as necessary.

Please consider this information to be an introduction to the subject. Questions and discussion about treatment of your particular vein problem are welcome.