

ULTRASOUND GUIDED SCLEROTHERAPY

Patient Information Sheet

Ultrasound Guided Sclerotherapy is a procedure used to treat deeper varicose veins in the legs either in combination with ablation of large veins or on its own.



Procedure

Once your treating doctor has talked to you about the procedure, the mutually agreed veins to be treated are identified and marked. Ultrasound Guided Sclerotherapy is performed in a similar way to other ultrasound guided injections. The patient usually lies on a bed and the skin is cleaned with either an alcohol swab or antiseptic solution.

The vein to be injected is injected with a very fine needle and the sclerosant solution is injected into the vein and its branches. Depending on the number of veins, often there are multiple injections given. Each injection is best described as an “ant bite” or mild sting. Sometimes a foam solution is made up with the sclerosant to close the larger veins.

Compression stockings

After the treatment, the patient is asked to wear a grade 2 compression stocking immediately after the injection. This should either have been provided to you or you have brought it along prior to the treatment. The stockings are worn for up to 7 days. It is important to walk around after procedure with the stockings on.

How long does the treatment take to work?

Depending on the size of the veins, colour and number it can be variable. As a general rule it takes 3-6 weeks for the spider veins to disappear. It can take longer for larger varicose veins to disappear.

What can go wrong?

- When injected there will be redness around the injected veins. Over the next few weeks the vein may feel “angry”.
- Larger veins may become cord like.
- They can look bruised and may stain black or brown (up to 10%). This staining can last for many weeks to months.
- Ulceration at the site of injection (< 0.01%).
- There is a risk of an allergic reaction or anaphylaxis. This presents with itching around the area, hives or more serious complications such as difficulty breathing and vomiting. This is thought to occur in approximately 1 in 2 million patients.
- Deep Vein thrombosis (1-3%).
- Superficial Vein thrombosis (4%).
- Stroke (<0.01%).
- Migraine and neurological symptoms (<0.01%).