



# Foam sclerotherapy for varicose veins

## Introduction

Ultrasound guided foam sclerotherapy (UGFS) is a well-established method for treating varicose veins, particularly: (a) trunk varicose veins which are thick and lumpy, and develop near the surface of the skin; and (b) reticular veins which are less lumpy and lie in the deeper layers of the skin.

This leaflet explains the treatment aims and what the treatment involves. It also provides guidance on recommendations and what to expect after UGFS, as well as an outline of possible side-effects. Liquid sclerotherapy, also a well-established treatment, is briefly summarised on page 5. If you would like general information and advice on varicose veins, see leaflet:

- Varicose veins and their treatment.

## Treatment aims

The main aims of foam sclerotherapy are to relieve the symptoms (such as leg pain and skin irritation) and to improve the appearance of varicose veins. UGFS also aims to provide a less invasive alternative to surgery, offering effective treatment on a walk-in, walk-out basis.

## What does the treatment involve?

Foam sclerotherapy is an outpatient procedure, and is performed using local anaesthetic. It usually takes less than an hour. The treatment focuses on causing the veins to shrink and eventually disappear.

The foam sclerosant is made by mixing the sclerosing liquid with air. This treatment foam is injected into the veins via very small plastic tubes. The ultrasound scanner is used as a guide to ensure that these tubes are placed accurately and safely in the veins to be treated.

Once all the veins have been treated the tubes are removed. The treated area is then dressed with compression pads, a bandage and an elastic compression stocking.

## After treatment: recommendations and what to expect

It is recommended that you keep the compression pads, bandage and stocking on the leg for 3 to 5 days depending on the size of the veins (you will be given full written instructions after your treatment).

After this time the pads and bandage can then be removed but the stocking should be worn day and night for a further 7 days and then during waking hours for a further 2 weeks. Regular daily exercise such as walking is beneficial and recommended, as is returning to normal activities.

## Returning to normal activities

These are guidelines; you can discuss with your specialist.

**Back to work** You should be able to return to work immediately.

**Driving** Driving is best avoided on the day of the procedure. When the right leg (emergency stop leg) has been treated we recommend that you do not drive whilst the bandage is in place as this will hamper your ability to do an emergency stop. Driving can be resumed once the bandages have been removed. When the left leg (clutch leg) has been treated it's safe to return to driving the day after treatment.

**Walking and running** Walking is one of the best exercises; it encourages the blood circulation in your legs and promotes the healing process. More vigorous physical activities such as jogging or aerobics are best avoided until after your review (follow-up appointment).

**Swimming and cycling** Low-impact exercise such as swimming and cycling is also good for vein health. Swimming is fine once the stocking does not need to be worn during the day. Avoid strenuous cycling until after your review.

### Follow-up appointment

We will arrange to see you in clinic approximately 4 weeks after your treatment.

## Treatment side-effects

We hope you will not have any problems after UGFS, but if you do, then get in touch; we are here to help you.

**Allergy** This is very rare but mild allergic reactions have been reported.

**Bruising** Usually there is very little bruising; any small bruising disappears within a few weeks.

**Pigmentation** A small proportion of patients may develop brown streaks over the area where the varicose veins existed. This pigmentation gradually fades and has usually gone within 6 to 12 months.

**Lumps** Some lumpiness will still be felt beneath the skin, particularly where the varicose veins were large. This is quite normal and usually disappears within 6 to 12 months. Often this can be reduced by withdrawing a small volume of trapped blood from the treated vein 2 to 3 weeks after treatment.

**Headache** Headache occurs very occasionally and is more common in patients who suffer from migraine. If it occurs, it can be treated with paracetamol or other simple pain relief if necessary.

**Thrombophlebitis** Where the varicose veins have been lumpy, some patients may develop a painful red lump over the position of one or more of those veins. This is called superficial thrombophlebitis. It can be treated with anti-inflammatory medication such as ibuprofen, and will settle down after 1 or 2 weeks. Again, this can often be greatly improved by withdrawing a small volume of trapped blood from the treated vein 2 to 3 weeks after treatment.

**Thrombosis** The risk of developing a deep vein thrombosis (DVT) is small – 1 in 200 or 0.5%. Very rarely a piece of thrombus may travel to the lungs causing a pulmonary embolus (PE).

**Stroke** This is extremely rare. A handful of cases have been reported worldwide but in all these cases patients made a full recovery.

**Other side-effects** These rare events include: ulcers, transient visual disturbance, coughing, chest tightness.

## Liquid sclerotherapy

**Treatment aims and procedure** Liquid sclerotherapy aims to improve the appearance of small reticular veins and finer thread or spider veins that lie closer to the surface of the skin, while reducing symptoms such as leg discomfort and skin irritation. Treatment is on a walk-in, walk-out basis that does not require a general anaesthetic. The sclerosing liquid, usually sodium tetradecyl sulphate, is injected into the affected vein. Polidocanol (ScleroVein) can be used; although not licensed for this use in the UK, it is licensed for this use in the US and Europe. The treatment focuses on causing the veins to shrink and eventually disappear. The treated area is dressed with a bandage and compression stocking, and you can then return to normal activities.

**After treatment** Aim to walk for 5–10 minutes for every hour you are awake for the first 24 hours after treatment. The bandage can be removed after 2 days but wear the stocking for a further 2 weeks. Avoid getting the treated area wet while bandaged and avoid driving on the day of treatment. Activities like prolonged standing, kneeling, gym work-outs and jogging, and flying (particularly long-haul) should be avoided for 4–6 weeks. After a few weeks the treated vein will begin to fade.

**Treatment side-effects** This is generally a very safe treatment but it's important to be aware of unwanted side-effects. After treatment the area may be slightly uncomfortable and treated veins may feel tender to the touch, but the leg returns to normal after a few days. Simple pain relief should resolve any discomfort or tenderness. Some redness or bruising is quite common over the treated veins. It can take 6–12 months to see the final cosmetic results. Some pigmentation may occur in about a third of adults. This fades over a few weeks but very rarely can be permanent. Ulceration or swelling is very uncommon. Deep vein thrombosis and severe allergic reactions are extremely rare. Further thread or spider veins may develop over the years and, if required, we can do a regular check and tidying-up treatment.

## For more information

These accompanying leaflets provide general information and advice about varicose veins and details on other treatments available.

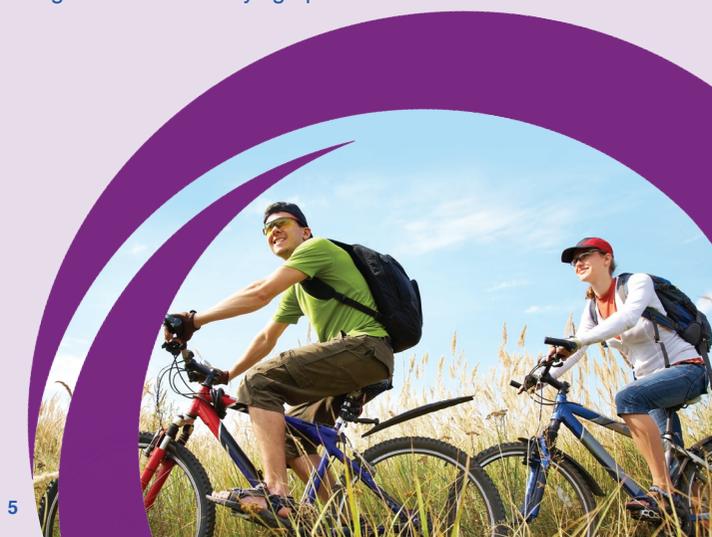
- **Varicose veins and their treatment**
- **Endothermal ablation for varicose veins**
- **Surgery for varicose veins**

For additional information and guidance see NICE: National Institute for Health and Care Excellence [www.nice.org.uk](http://www.nice.org.uk)

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