

been reported.

Advantages over Surgery

Stripping of the vein is avoided and there is little or no discomfort after treatment and there is less bruising. There is no need for a general anaesthetic, incisions in the leg or admission to hospital. Re-treatment for further varicose veins is simple. No time is needed off work other than for the treatment sessions.

Disadvantages over Surgery

The final outcome may take a number of weeks/months to evolve following treatment, and this is longer than would be taken following surgery. The long-term results are still under evaluation

Sick notes

Please ask the doctor for sick notes, certificates etc.

Walking

Build up your walking by an extra 50 yards each day. If you are doing too much the legs will hurt. This is not dangerous.

Driving

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

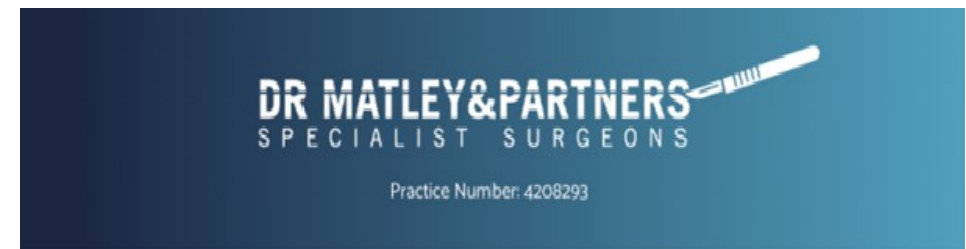
Work

It is often possible to return to work immediately and almost certainly by the next day. An advantage of this procedure is that it is unlikely to disrupt your daily routine and does not require you to take time off work.

General advice

Treating varicose veins is something of a running battle. Sometimes new veins appear, or veins, which were not noticed before operation, become more obvious afterwards. Make sure that all the veins that trouble you are marked with the skin pencil. Ask the Surgeon about any problem vein. Although RARE, small spider veins may appear in the skin over the area where the veins have been treated. It is not possible to predict or prevent this. They can be injected. If you have any problems or queries, please ask the nurses or doctors.

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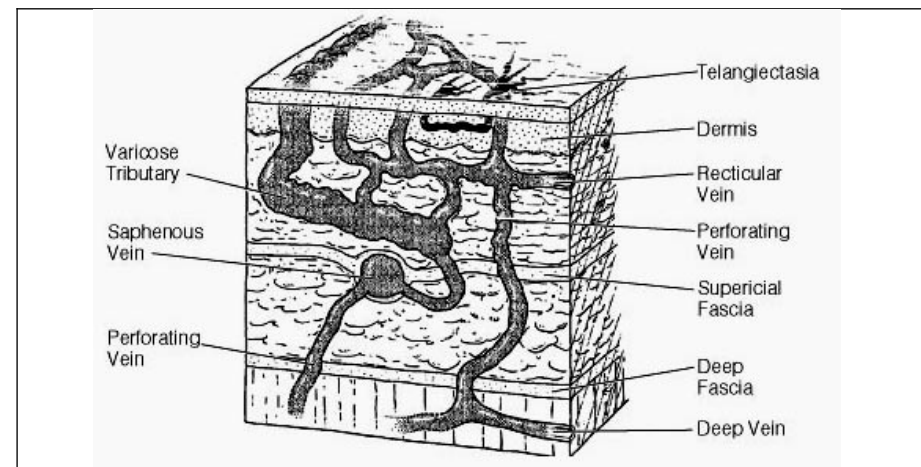


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Ultrasound Guided Foam Injection Sclerotherapy

What is Ultrasound Guided Foam Sclerotherapy?

A chemical (sclerosant) mixed with air is injected into the varicose vein. This causes inflammation of the inner lining of that vein, which in effect makes it “sticky”. Pressure is then applied to the vein in the form of cotton wool and tape, and a thigh high stocking or bandage. This causes



obliteration of the lumen and occlusion of the vein

Before Your Vein Injection Sclerotherapy:

There is a theoretical risk that taking the oral contraceptive pill at the time of injection could increase the risk of a serious blood clot in the deep venous system. These need to be **stopped for one month prior to your procedure** and other methods of contraception need to be considered.

The Day of the Procedure:

There is no need to fast before coming to the rooms. It is not necessary to shave your legs.

The Treatment:

The treatment is performed in the doctors consulting or treatment room.

The veins to be treated are marked. A needle is placed into the main affected surface varicose vein. This is the only part of the procedure that might cause discomfort and may be performed with a small amount of local anaesthetic. Ultrasound imaging is used to ensure it is in exactly the right place.

Foam is injected whilst watching its progress using the ultrasound machine. Injecting the foam causes no discomfort, although the legs may ache slightly afterwards. Once the foam has filled all the main surface veins, the top end of the vein is compressed to keep the foam in the surface veins.

The varicose veins in the leg are checked to see if foam has entered these from the main surface vein. A few further injections may be needed to ensure that all the varicosities have been completely injected. The whole treatment takes 20 – 30 minutes.

The veins are compressed with cotton wool and tape. This is followed by a class II thigh high stocking or a bandage. The aim of this is to keep the veins compressed so they do not fill with blood when you stand up. The stocking or bandage is worn day and night for a week. After a week, the above knee elastic stocking needs to be worn during the day for a further 10 days.

If varicose veins are present in both legs, it is standard practice to treat them on separate occasions.

What to Expect After Treatment:

Sclerotherapy does not require any recovery period. You will be able to walk immediately after the treatment, but should take it easy for a day or two. After leaving the clinic, please have a brisk walk for 10-15 minutes before getting into your car. For the 1st week at least we ask that you walk around for a minimum of 5 minutes each and every hour that you are awake and avoid standing still for long periods of time. When not mobilizing, try to sit down and elevate your legs if possible. Avoid vigorous exercise and excessive kneeling or squatting for the 1st 10 days.

Compression of the veins is an important component of the whole procedure. The bandages or stocking must remain in place to keep the

vein closed. During the 1st week, bathing may prove to be impossible and we recommend a strip wash to avoid getting the bandages/stocking wet.

After a few weeks there may still remain a hard lump and some bruising where the vein used to run. THIS IS NORMAL and will resolve. It indicates the treatment has worked well. A small number of patients may get some pigmentation developing in the skin overlying the treated veins. This tends to fade with time, but may not resolve completely.

At the follow-up appointment, any varicose veins that have not been treated completely at the first session are re-injected. A third of patients require a 2nd injection.

How well does Ultrasound Guided Foam Sclerotherapy Work?

Several case series have been published in the medical press. These suggest that 80–90 % of saphenous veins (the main surface vein) remain permanently occluded when examined one or two years later using ultrasound imaging. About 10% of patients will require a second session of injections. The short term results are comparable to surgery which has a recurrence rate of about 10% at 2 years. The long-term results are not yet known. Clinical trials that directly compare surgery and foam sclerotherapy are currently in progress.

What Are The Possible Complications?

Complications are uncommon and seldom serious. If you think that all is not well, please ask the nurses or doctors.

Minor complications have been reported with foam sclerotherapy. These include localized inflammatory reactions, mild discomfort in the leg which may last 2-4 weeks, mild bruising and/or darkening of the skin along the treated vein.

Among major complications, partial blood clot in the deep venous system has been reported. A similar rate of deep vein thrombosis has been reported for varicose vein surgery. If the whole leg swells or becomes excessively painful, you should contact your doctor for advice.

A very few people have had transient visual disturbances or chest discomfort/coughing immediately after the treatment. This is uncommon and does not last. A stroke related to an 'abnormal hole' in the heart has