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East Lancashire Hospitals NHS Trust

V14 Foam Sclerotherapy

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What are varicose veins?

Varicose veins are enlarged and twisted veins in your leg. They are common, affecting up to 3 in 10 people.

More women than men ask for treatment, with just over 3 in 10 women being affected aged 35 to 70.

Varicose veins tend to run in families and are made worse by pregnancy and if you do a lot of standing.

Your surgeon has recommended foam sclerotherapy. This involves injecting a chemical to treat the varicose veins. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How do varicose veins happen?

Veins carry blood up your leg and back to your heart.

When we stand up, our blood has to be pumped 'uphill' against gravity.

Our calf muscles act as a pump and the veins contain many one-way valves to help the upward flow.

Both legs contain a system of deep veins, which are buried within the muscles of your leg, and a system of superficial veins which run just underneath your skin.

Sometimes weaknesses in the walls of the superficial veins cause them to enlarge. The valves then fail to work properly and blood can flow in the wrong direction.

The result is a build-up of pressure in the veins, which bulge out as varicose veins (see figure 1).

What are the benefits of foam sclerotherapy?

Your symptoms should improve. Foam sclerotherapy should help prevent the symptoms and complications that varicose veins cause.

Foam sclerotherapy will not remove fine thread veins.

If you are having treatment purely for cosmetic reasons, you need to ask your surgeon if foam sclerotherapy will help. This will give you realistic expectations about the final result.

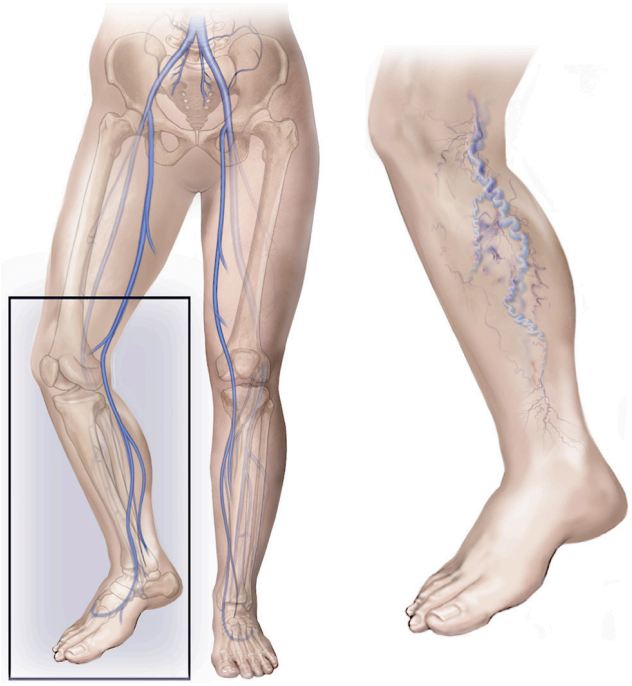

Figure 1

Varicose veins

Are there any alternatives to foam sclerotherapy?

Support stockings can often help the symptoms caused by varicose veins and reduce the risk of complications that varicose veins can cause.

Endovenous ablation is a similar technique but uses laser or radio-frequency energy to treat the veins.

Varicose veins surgery involves disconnecting and removing the superficial veins from the deep veins, using a cut on your groin or the back of your knee.

Your surgeon will be able to discuss the options with you.

What will happen if I decide not to have foam sclerotherapy?

The varicose veins are unlikely to get better without treatment. The following problems may arise.

- Unsightly appearance.
- Itching, aching and pain.
- Pigmentation (dark discolouration) of the skin around your ankle.
- Infection in your skin (cellulitis).
- Inflammation (phlebitis).
- Ulcers (or sores), which are unusual but can be caused by some types of varicose veins.
- Bleeding from varicose veins.

Your surgeon may be able to recommend an alternative treatment for you.

What does the procedure involve?

• Before the procedure

If you take warfarin, clopidogrel or other blood-thinning medication, let your surgeon know at least seven days before the procedure.
The healthcare team will carry out a number of checks to make sure you have the procedure you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the procedure you are having. The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.
Your surgeon may need to mark the veins on your leg. You may have a Doppler ultrasound (or Duplex scan) of your legs.

• In the treatment room

The procedure is performed under a local anaesthetic and usually takes only a few minutes. Your surgeon may ask you to lie on your back. They will keep everything as clean as possible. They will use antiseptic to clean the areas where the injections are given.
Your surgeon will insert catheters (tubes) or needles into the veins that need to be treated. They will use an ultrasound scan to guide them. Your surgeon may need to raise your leg to reduce the blood pressure in the veins. They will inject a chemical through the catheters or needles. Your surgeon may use the ultrasound probe to monitor the injections (see figure 2).

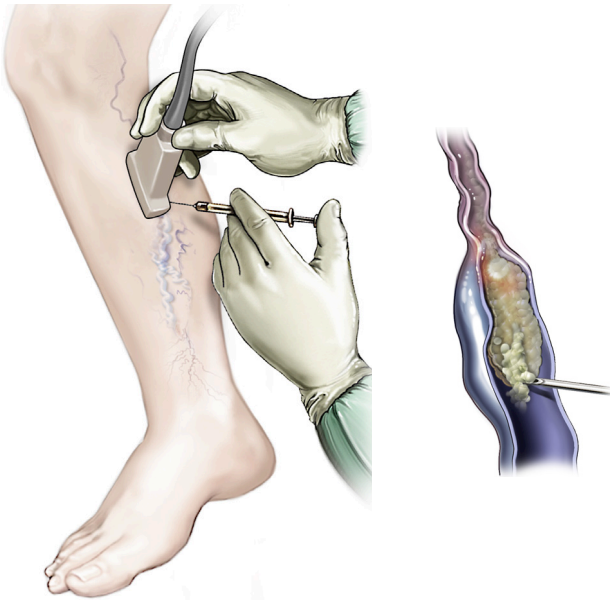

Figure 2
Foam sclerotherapy

The chemical will make the walls of the veins become 'sticky' so they squash together, causing the veins to shrink.
Your surgeon will slowly remove the catheters or needles and may cover where the veins have been injected with a dressing. Your leg may be bandaged and you may be given a compression bandage or stocking to wear.

What complications can happen?

The healthcare team will try to make the procedure as safe as possible but complications can happen. Some of these can be serious and can even cause death. The possible complications of foam sclerotherapy are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- Superficial thrombophlebitis, where one of the superficial veins becomes inflamed (risk: 1 in 10). The risk is higher if you have large varicose veins. The inflammation can cause pain, which is usually easily controlled with simple painkillers such as paracetamol.
- Discolouration along the line of the vein that has been treated caused by iron in the blood that remains in the vein (risk: 1 in 5). This usually takes a few months to improve.
- Developing a lump where a vein has been treated caused by blood collecting (like a blood-blister). This usually happens in all treated veins and your surgeon may recommend that you come back to the clinic so they can release the blood.
- Damage to nerves (risk: 1 in 100). The chemical can irritate a nerve close to a vein that has been treated, causing pain or reduced sensation. This usually improves over time.
- Blistering of your skin, if some of the chemical leaks out onto your skin (risk: 1 in 100). Any blisters usually heal within one to two weeks.
- Shortness of breath, chest tightness or worsening cough. This usually settles quickly.
- Change in vision, or headache (risk: 1 in 100). This is thought to happen if bubbles from the injection or some of the chemical moves into an artery. The change in vision or headache lasts for only a few minutes. Sometimes the bubbles or chemical can temporarily affect how your brain works (transient ischaemic attack, risk: 1 in 1,000).

- Allergic reaction to the sclerotherapy chemical. The healthcare team will monitor you closely and if you show signs of reacting to the chemical, the procedure will be stopped.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. Let your doctor know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, call an ambulance or go immediately to your nearest Emergency department. Make sure you let the healthcare team know that you have had foam sclerotherapy as the results of any tests can be affected by the treatment.
- Heart attack (where part of the heart muscle dies), if the procedure causes a clot to travel to your heart's coronary arteries. This is rare and can only happen if you have a heart defect present from birth.
- Continued varicose veins. It is not usually possible to remove every single varicose vein and you may need more treatment (risk: 1 in 5).

You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

You should be able to go home after a few minutes. Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.
Be near a telephone in case of an emergency.
The healthcare team may arrange for you to come back to the clinic for a check-up.
To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team.
Once at home, be as active as possible. When you are resting, keep your legs raised on a stool.
Try to return to normal activities as soon as possible, unless you are told otherwise.
Most people make a full recovery. Any aching, swelling or discomfort caused by the procedure should gradually improve. If the treatment was performed for ulcers, these should gradually heal. Skin pigmentation will stay but is less likely to get worse.
Varicose veins can come back, either in the same place or in other parts of your leg (risk: 1 in 3 in five years).

• Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.
Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.
Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

Varicose veins are a common problem and can lead to complications if left untreated. Support stockings can help to control symptoms but will not remove the varicose veins. Foam sclerotherapy is usually a safe and effective way of treating varicose veins. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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