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. UGFS is recognised as the most convenient and cost-effective treatment for varicose veins, and can be used on its own or to complement other treatments.

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. 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. This causes the veins to block up. Your body will then absorb the veins so that they eventually disappear. 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. You will be given a spare 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 specific, full, written post-treatment instructions, including contact details in case you need to talk to us.

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 on some everyday activities. You can discuss any specific issues 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 bandages have been removed as long as you wear your compression stocking. You can change into a dry one at the end of your swim. Avoid strenuous cycling until after your review.

Flying Avoid flying for 6 weeks after treatment, particularly if you are planning to fly long haul (over 8 hours).

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 Very rare; 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 over 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. 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 is small – 1 in 200 or 0.5%. Very rarely a piece of thrombus may travel to the lungs causing a pulmonary embolus.
Stroke Extremely rare; a handful of cases have been reported worldwide and in all these cases patients made a full recovery.

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

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
- Endovenous treatment for varicose veins
- Microsclerotherapy for thread veins

For additional information and guidance see NICE: National Institute for Health and Care Excellence www.nice.org.uk

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