

The uRepublic guide to Sclerotherapy for leg veins.

Sclerotherapy is very safe, and has an exceedingly low incidence of allergic reactions. The sclerosant used in the procedure (fibrovein or polidocanol) is generally considered less painful and more effective than hypertonic saline.

As you progress with your treatment, you'll notice successfully treated veins darken and gradually fade as the body gradually removes them.

What does the procedure involve?

Each session involves multiple fine injections that are usually well tolerated. The average number of treatments required is between 3 to 6 sessions, at weekly to monthly intervals. Stockings are required for one week after each treatment session. A 30 min daily walk is also required for 1-2 weeks after treatment.

What happens after treatment, and how long will the results last?

The treated veins will darken and look worse for the first month. Smaller veins will start to clear by about 2-3 months while larger varicose veins may take up to 6 months to disappear. When the veins are effectively treated they do not recur. However, if you are predisposed to leg veins, additional veins may crop up over time and can be similarly treated.

What are the unwanted side effects of sclerotherapy?

The 2 most common unwanted side effects are staining and matting.

Staining results from excessive trapped blood (iron in blood) within the treated vein that can stain the skin a brownish colour. This is almost always temporary and may persist for up to several months.

Matting is the development of very fine compensatory vessels over the treated vein as a result of the body's temporary attempt to replace the vein that's being destroyed.

Up to one third of patients may suffer from mild cases of matting and staining. Fortunately they are temporary and will resolve with time (3-6 months). In severe cases, staining may last up to a year and some cases of matting may persist indefinitely.

Sclerotherapy

Patient Information and Informed Consent

This form is designed to provide you with the information you need to make an informed decision on whether or not to have sclerotherapy. We've tried to include all possible side effects of this treatment even those which are extremely rare.

What are the possible side effects of this treatment?

- Stinging sensation. The procedure is fairly painless. When the doctor is treating you, you may feel the occasional pin-prick but overall the procedure is extremely well tolerated.
- Bruising. Following the treatment, you may notice some bruising that will settle down after a few days. It is important NOT to use aspirin or other anti-inflammatory drugs (such as naprosyn) or anti-bruising creams (such as Isonil or Hirudoid) around the time of treatment as this may increase bleeding and bruising.
- Darkening of the veins. In some patients the veins become darker immediately after the treatment – this is a good sign and indicates the success of the treatment. Once darkened, the veins will start to disappear over 3 weeks with improvements continuing for up to 3 months.
- Staining of the skin. A small group of patients notice brown discoloration of the skin along the treated veins. This is due to deposition of iron pigments (haemosiderin) in the skin and depends on the amount of iron stored in your body. It is important to cease taking iron supplements before your treatment. If this discoloration occurs it may take up to a year to resolve, but in rare cases it may take many years to resolve.
- Matting. Occasionally, tiny capillaries may develop following treatment. They usually resolve within 4-6 months but may take years to resolve. This is one of the reasons why it's advisable to cease taking the Oral Contraceptive Pill or Hormone Replacement Therapy before your treatment and use compression stockings after the treatment.
- Trapped blood. With the treatment of larger veins, trapped blood may occur. You may feel minor tender lumps along the treated vein. If it occurs, it can be easily treated in your next visit.
- Ulcer. Rarely, small arterioles adjacent to treated veins go into spasm resulting in formation of a small ulcer. This happens especially when patients suffer from a condition called livedo reticularis. The ulcer will heal after 2 or 3 months but may leave a scar.
- Phlebitis and deep vein thrombosis. This is inflammation of the veins and may happen in surface veins and very rarely in the deep veins. The inflammation of the treated superficial veins may present as tender, red and swollen areas. It resolves completely with adequate compression and rest. Rarely, surface vein inflammation may further lead to inflammation of the deep veins which will require additional management. The inflammation in the deep veins is extremely rare. It can possibly lead to a blood clot in the legs (deep venous thrombosis, DVT) which may travel to the lungs resulting in a life-threatening condition called pulmonary embolism. This has been shown to be possibly related to genetic tendencies towards clotting (thrombophilia). If you have a past history or family history of clotting, please let the doctor know to arrange appropriate testing before the treatment. Using compression stockings and walking immediately after the treatment and on a daily basis is essential in reducing this risk. We also advise against long distance travel (air, car, coach) or extensive periods of immobility within 4 weeks before or after any major procedure. To prevent clotting, we also advise our patients to cease taking any hormonal medications (Oral Contraceptive Pill or oral Hormone Replacement Therapy) before the treatment.
- Allergic reaction. Very rarely a patient may be allergic to the solution used. The risk of allergic reaction is higher in patients who have a history of allergies. The allergic reaction might consist of simple hives and itchiness but in rare instances, may lead to anaphylaxis (severe allergic reaction) and death. If you have a history of allergies please let the doctor know. If you are allergic to one solution we can use a different solution to treat your veins.
- Numbness. In very rare cases, and following the treatment of very large varicose veins, an area of skin may have slight numbness. This is due to inflammation of the nerves that are very close to the veins. It usually resolves 3-6 months after the treatment.
- Swelling. After the treatment of large veins, some temporary swelling may follow. It settles with the use of compression, elevation of the leg and walking but it may last for a few weeks to several months.

- Pregnancy and breast-feeding. There have been no studies to show if this treatment has any effects on pregnancy or the baby. In general we do not recommend this type of treatment during pregnancy or breast-feeding. It's your responsibility to ensure you do not fall pregnant while having this treatment done.
- Headaches, migraines and transient visual disturbances may uncommonly follow injections using foam due to the temporary effects of the micro-bubbles.

What solution is injected?

Modern registered sclerosants used in Australia include Sodium Tetradecyl Sulphate (STS; Fibrovein) and Polidocanol (Aethoxysklerol). These are available in liquid form but for large veins injected under ultrasound, we may use them in foam form. Please note that the doctor will make up the foam during the procedure. Using the product in the foam format (rather than liquid) is an off label use of the product but international experience and research shows that it is safer and a more effective option when compared with liquid.

What are the possible complications if I DO NOT have the treatment?

In case of large varicose veins, spontaneous inflammation or blood clots may develop in the deep or surface veins with the associated possibility of the clot traveling to the lungs. Also, skin changes including increased or decreased pigmentation, hardening of the skin and underlying fat (lipodermatosclerosis) and eventually ulcers may develop in the lower legs. Rarely, these ulcers may become cancerous.

Are there other types of procedures to treat varicose and spider veins?

Spider veins:

Laser treatments are not consistently effective on leg spider veins. Laser therapy may be attempted only after the leg has been treated with sclerotherapy. Spider veins on the body and the face can be effectively treated by laser.

Varicose veins:

Surgery is an option for certain patients with large varicose veins. The operation usually consists of a hospital stay and is usually performed while the patient is under general anaesthesia. Risks of vein stripping and/or ligation include permanent nerve paralysis in a small percentage of patients, deep vein thrombosis and pulmonary embolism, infection, and scarring. General anaesthesia has some associated risks, including the remote possibility of paralysis, brain damage, and death. Surgery is occasionally done in the surgeon's rooms using local anaesthesia and very fine small hooks. This method is called Ambulatory Phlebectomy and is only performed by very few skilled surgeons.

Endovenous Laser Therapy (EVLT) is a treatment option in some patients. We offer this treatment and the doctor will decide if this is an appropriate option for you. EVLT is usually reserved for patients with very large veins.

Compression Stockings. If none of the options are suitable for you and you wish to have no intervention, we recommend you wear compression stockings. These can prevent further deterioration of your leg veins.

Does sclerotherapy work for everyone?

Done correctly, sclerotherapy is a very successful treatment. In our clinics more than 90% of patients are significantly cleared. The success of the treatment depends on your age, severity of the disease, your speed of healing, your other concurrent medical conditions, and how well you follow the Doctor's instructions. It is important to remember that due to genetic and hormonal factors you may develop new veins in the future. These can be treated as they appear and regular follow-up is recommended.

How many treatments will I need?

The number of treatments needed to clear or improve the condition differs from patient to patient. One to six or more treatments may be necessary. The average is four treatments. At your first consultation, the doctor will give you an estimate of the number of treatments you may need.

Procedural consent for Sclerotherapy for leg veins

Before you undergo Sclerotherapy for leg veins, make sure you have read and fully understood the background information on the procedure. To get the most out of it, you need to understand the nature of the procedure, the associated benefits and risks, as well as the available treatment options.

Photos are routinely taken before treatment as a visual record. These may be used for teaching purposes and may be shown for scientific purposes including publications in medical journals. There will be no identification of the images, and they will remain the property of uRepublic.

For best results, it is necessary to have the full series of pre-determined treatment sessions, as recommended by the physician. The post-sclerotherapy requirement of compression stocking and daily walking is essential for good results. In a minority of patients, the procedure may not appear to work satisfactorily or may not last for the expected period of time as new veins may develop that is beyond the control of the treating doctor. As it's not possible to predict a less-than-perfect response, uRepublic is unable to guarantee expected outcomes.

By signing the informed consent, you acknowledge that all the above issues relating to the procedure have been addressed; and that you've been given ample opportunity to ask questions and raise any concerns relating to the procedure.

Name of patient

Signature

Date

Witness