

WHAT IS MICROSCLEROTHERAPY?

Microsclerotherapy is a procedure used for the removal of surface veins and spider veins. Vein specialists regard this treatment as the most effective method of managing thread veins on the legs. Laser treatment, which works well on the upper part of the body, is much less effective in the thread veins on the legs.

WHO DOES THE TREATMENT?

Sclerotherapy is carried out by experienced clinical nurse specialists with considerable knowledge of the technique.

PREPARATION FOR THE TREATMENT

The legs should be clean with no moisturisers or other skin preparations applied. These may cause the medical compression stockings to fall down after treatment! The legs should not be shaved for three days before or after a treatment session to minimise damage to the skin, which can cause more thread veins to grow. It is best to come wearing a pair of trousers or long skirt to cover your legs and the stockings which will be applied after the treatment. For your own interest you may like to take photographs of your legs prior to treatment. It is always difficult to remember how bad they were!

WHAT HAPPENS DURING TREATMENT?

A sclerosing solution (Fibrovein® or Aethoxysklerol®) is injected into the veins using a very fine needle. This sclerosing solution has an irritant effect on the lining of the veins causing the walls of the veins to stick together. Blood stops flowing through the veins, which then are absorbed by the body's natural healing mechanisms over a period of three months. The blood is then directed back to the deeper venous system.

WHAT HAPPENS FOLLOWING TREATMENT?

At the end of the session you should put on a pair of class 2 medical compression hold up stockings which you are asked to purchase from us. We keep supplies of these for you. These should be worn for 3 - 7 days following each treatment session, although they may be removed at night and for baths or showers. Male patients may wear medical compression stockings or bandages, which we supply. A shower can be taken later in the day.

The compression stockings can also be worn on long haul flights for the prevention of swollen feet and deep vein thrombosis when your treatment is complete.

A course of treatment is required with sessions of sclerotherapy at intervals of two weeks or more. Typically, 4-8 sessions will be required depending upon the extent of the veins.

WHAT TO EXPECT FOLLOWING TREATMENT

Bruising appears in some treated veins and can last from two weeks to three months depending on the size of the blood vessels treated. Due to bruising following injections, treated areas can look worse before they improve, and it is necessary to be patient to obtain a good result. We can sometimes improve the appearance by pricking the treated veins with a needle and removing the bruise. The duration of bruising varies greatly from person to person. Occasionally the bruising may last for several months.

The vessels can feel tender for a few days and mild analgesia such as Nurofen or paracetamol can be taken.

Larger varicose veins may require stronger compression and bandaging.

It is usually advisable to leave a two-week period between treatments on the same area to allow bruising to settle.

COMPLICATIONS FOLLOWING TREATMENT

Certain areas are susceptible to swelling, particularly the ankle and knee areas. This settles spontaneously. Occasionally the thicker bruises in larger veins, which can remain for several months, may cause brown discolouration of the skin. This could take up to a year to fade.

It is possible for larger vessels to develop a small degree of thrombophlebitis where the vessel can feel hard, warm and a little sore. These resolve spontaneously, and only simple analgesia is required.

Very rarely a small area of redness with a white or black centre, with some throbbing, may appear two to three weeks after a treatment session. You should notify the surgeon immediately if this occurs. Prompt treatment with antibiotics prevents progression. Rarely, an injection ulcer may develop which is painful and takes 2-4 weeks to heal.

If blisters are apparent when bandages or stockings are removed this is due to friction between the stockings and the skin. The blisters should be left alone and kept clean and dry to resolve spontaneously.

In a few people, thread veins are much more resistant to treatment than is usually the case. We investigate this problem with ultrasound imaging and use ultrasound guided injecting to treat feeding veins which cannot be seen from the surface of the leg. This will usually lead to an excellent outcome, but more sessions of treatment may be required to reach a satisfactory outcome. This problem cannot be predicted in advance and only becomes apparent after one or two sessions of microsclerotherapy.

A very rare complication is accidental injection of an artery which may lead to severe and extensive damage to the tissues of the leg leading to ulceration of the treated region.

RECOMMENDATIONS FOLLOWING TREATMENT

You will be able to drive after each treatment session. Normal exercise can be resumed immediately, including swimming, unless the legs have been bandaged.

Air travel may be undertaken straight away. You are advised to drink plenty of fluids during the flight and to wear class 2 compression stockings for journeys over four hours.

Fifty percent of vessels treated at any one session usually disappear. Most vessels treated during a course of microsclerotherapy can be expected to be eradicated.

Patients find that over time a few more thread veins appear and it is common for patients to return occasionally for a general 'tidy up'. The time taken for further veins to appear varies greatly and ranges from 1 - 10 years. Microsclerotherapy remains effective when further veins appear. We know of no method of preventing more thread veins appearing. Even wearing compression stockings on a daily basis has no proven benefit in preventing more thread veins or varicose veins appearing.

Microsclerotherapy is a very successful treatment for surface veins and a good outcome can generally be expected but realistic expectations will avoid disappointment. Continuous discussion with the specialist will ensure the best outcome.

Drugs used during treatment

The drug that we most commonly use to treat thread veins and small varicose veins is Fibroven (sodium tetradecyl sulphate). We may also use Aethoxysklerol (polidocanol) in some patients who are intolerant of Fibroven. These drugs are licensed by the Medicines and Healthcare Products Regulatory Agency (MHRA) in the UK for the injection of varicose veins and thread veins. We have extensive experience over many years using this treatment and have found that microsclerotherapy is a satisfactory way of managing thread veins on the legs.

Insurance companies

In general, insurance companies will not cover the treatment of thread veins which they consider to be a cosmetic problem. Sclerotherapy is recognised by medical insurance companies for the treatment of large, symptomatic varicose veins. Patients should contact their insurers to establish their eligibility for benefit under the terms of their insurance before treatment commences.

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