



Injection sclerotherapy for varicose veins

Information for patients from the East Kent Vascular Unit

When you have had **injection sclerotherapy for varicose veins**, it is important that you feel able to take an active role in your recovery. This booklet is designed to give you further information on what to expect after your treatment and advice about recovering from it. It can be used together with information leaflets given to you before your treatment.

This booklet should answer some or all of your questions. The doctors and nurses involved in your treatment will also be available to help you with any queries. Our aim is to tell you about what to expect in hospital and afterwards at home.

The topics covered in this leaflet include:

- your treatment
- your discharge
- recovery at home
- exercise programme
- complications and what to look out for
- recovery record
- useful numbers and contacts
- glossary.

Some words are in bold (for instance **varicose vein**). These are explained in the **Glossary** at the end of the leaflet. We hope that this information is helpful.

If anything is unclear, please ask any of your vascular team, we want you to be fully informed.

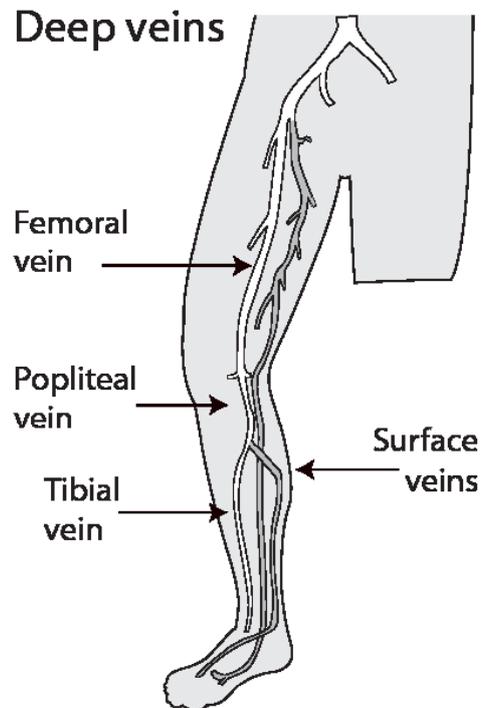


Why has this procedure been recommended to me?

Veins are part of your circulation that return blood to your heart. Veins on the body surface connect to deeper veins. Both have one-way valves in them, especially where they join.

The **vein(s)** in your leg(s) have become swollen and very painful. This is due to leaky valves which allow blood to flow the wrong way, away from the heart and from deep to surface veins, also under higher pressure than surface veins are built to take.

There are two main surface veins in each leg but one main deep vein. The most common **varicose vein** is a surface vein which joins the deep vein in the groin, it is called the **great** or long **saphenous vein**. The other surface vein, the **lesser** or short **saphenous vein**, usually joins the deep vein behind the knee.



What is sclerotherapy?

Sclerotherapy involves injecting a chemical solution, commonly **Fibrovein®**, into your varicose veins. Usually, this is mixed in a syringe with air to create **foam** which allows just a little of the chemical to go much further. Helpfully, this foam can be seen on **ultrasound** which is used in some patients to guide the injection treatment. The chemical damages the injected veins much as heat from a laser would, leading to inflammation and then to their obliteration.

Compression is applied after injection to encourage the collapsed vein walls to stick together. This may be with a support stocking alone or in combination with a bandage.

What if I have more than one varicose vein?

If you have lots of varicose veins, you may need multiple injections to treat them all. It is usual to treat one leg at a time and to limit the number of injections at one visit to keep below the accepted safe dose of 30ml of foam.

How long will I have to stay in hospital?

Each treatment session takes around 30 minutes and you do not need to spend much time at the hospital before or afterwards.

Is the treatment painful?

This treatment is not usually painful and does not need anaesthetic or painkillers but you may feel some stinging or aching from the injections. Most patients do not complain of any discomfort at all.

What do I need to do before coming into hospital?

Unlike surgery, no special preparation, such as starving beforehand, is needed for this treatment and you should not need time off work or jobs at home afterwards. It is good if you can carry on as normal.

What happens when I arrive at hospital?

You will attend Kent Ward at Kent and Canterbury (K&C) Hospital and then walk with a staff member to and from the theatre department or vascular unit for your treatment.

What happens after my procedure?

With the support stocking on your treated leg, you may go straight home from the ward even if your discharge paperwork (**eDN**) has not been completed. The eDN records what has been done and is sent to your GP electronically. You receive paper copies which can be posted out after you leave.

You will be asked to keep the stocking on for the first 72 hours and then to continue wearing the stocking during the day for two weeks more, depending on the condition of your leg. Your surgeon will explain this to you.

Will I need a follow-up appointment?

This depends on whether more treatment is planned, not otherwise. You will be told whether further visits are needed and this is also written on your eDN.

When can I drive again?

It is best to have someone drive you home from the hospital though you should be safe to drive the next day.

How will I feel after my treatment?

The veins usually feel tender, hard, and lumpy which indicate a good reaction to the treatment. There is also often some bruising or brownish staining. All of these usually fade away gradually over the next months to year or so, leaving little or no trace of the treated veins.

You should take simple painkillers such as ibuprofen or paracetamol if you need any.

You can and should continue with your usual activities.

Very occasionally, patients complain of severe pain. Please call us if you do, so that we can arrange a review and appropriate advice and treatment. For example, it can help to draw material from the treated vein(s) with a needle and syringe.

Should I exercise my leg at home?

If you are not usually very active at home or at work, it is a good idea to take a regular short walk, such as around the garden or up and down the road. Activity helps to reduce the chance of a deep vein clot (DVT) after treatment. More active patients will just need to carry on as normal.

What complications should I look out for?

Complications are unusual after sclerotherapy, but please call us (see contact details below) or see your GP if you have any concerns. However, do watch out for the following.

- Excessive pain, swelling, redness, or heat near your injection site may be due to infection (**phlebitis**) and may need antibiotics and painkillers from your GP.
- Swelling of your leg and foot, with or without pain, may indicate a DVT. Please go to your nearest accident and emergency (A&E) department straightaway, where there are special DVT clinics. You should do the same if you have sudden chest pain or cough up blood.
- Blistering or ulceration of the skin at your injection site can happen if the injection misses the target vein. It will need dressings and maybe painkillers until healed.
- An allergic reaction is extremely rare but may cause a rash, or worse, difficulty breathing or facial swelling. If you experience the latter, please go to your nearest A&E immediately. A rash is not dangerous.
- During the injections and for a few hours after, you may have lights in or blurring of your vision, commoner in those with migraine; or a sudden cough or chest pain. These are not common and not dangerous. If a migraine headache occurs, please use your regular migraine medication or paracetamol.
- There is a very small risk of thrombosis anywhere in the body due to foam bubbles passing through your circulation, especially in patients with a hole in their heart. In the brain, for example, this might cause a stroke. There are just a handful of reports of this around the world, it is very rare.

What if the treatment does not work?

Like all types of vein treatment, sclerotherapy occasionally fails to get rid of the treated vein(s). It is easy to try again or change to another treatment.

Useful numbers and contacts

If you have any questions or concerns, please contact one of the following: during the working day, first try the vascular nurse or, if unable to get through or out of hours ask the hospital switchboard for the vascular registrar on call.

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| • Vascular Nurse Practitioners, K&C | Telephone: 01227 864137 (in working hours)
Email: ekh-tr.vascular-nurse@nhs.net |
| • Kent and Canterbury Hospital (K&C) | Telephone: 01227 766877
(out of hours for Registrar on call) |
| • Kent (Vascular) Ward, K&C | Telephone: 01227 783102 |

Useful web addresses

- Vascular Society of Great Britain and Ireland www.vascularsociety.org.uk
- Association of Anaesthetists www.anaesthetists.org/
- Circulation Foundation www.circulationfoundation.org.uk

Glossary

DVT	A clot or thrombosis of blood in the main deep veins
eDN	An electronic discharge note recording details of your admission and treatment, including any future plans related to your vein treatment
Foam	A mixture of air and chemical for vein injections, it allows more veins to be treated with a small amount of chemical and is more effective than liquid
Fibrovein®	A licensed chemical treatment for veins
Great saphenous	A common varicose vein running up the inner leg to the groin
Injection	An old and established treatment for Sclerotherapy varicose veins, improved over the last decade by the use of foam and ultrasound during treatment
Lesser saphenous vein	A less common varicose vein up the back of the calf to the knee
Phlebitis	Inflammation or infection of a vein
Ultrasound	A harmless type of sonar used to see inside the body
Varicose vein	A swollen and tortuous vein which can cause a range of symptoms
Vein	Part of the circulation taking blood back to the heart.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation