American College of Phlebology
Physician Sclerotherapy Course

Sclerotherapy Basics

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No Conflicts

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• Definitions
  – Sclerosants—Liquid, foam, room air, CO2/O2, proprietary (Polidocanol injectable foam).
  – Visual sclerotherapy (VGS)
  – Duplex ultrasound guided or aided (UGS)

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• Patient Evaluation
  – History—FHx, HPI, past tx
  – Physical examination—Bilat LE’s
    • Standing and recumbent
  – DUS study—LE’s

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• Full venous anatomic understanding
  – Know deep and superficial system—normal
  – Know common and uncommon patterns of venous insufficiency

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• Full discussion
  – Physical examination findings
  – Treatment options
  – Short and long-term care
  – Risks
  – Potential expectations
  – Costs
  – Written treatment plan

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• Know your sclerosants

  – “The best sclerosant is the one you know best.”

  Tournay

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• Sclerotherapy procedural protocol
• Inject large to small, feeder to skin telangiectasia
• Monitor quantity of sclerosant per injection and per treatment.

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• Magnification and lighting
  – Comfortable magnifiers
    • Loop, simple “cheater” glasses, surgical magnifiers for each eye
  – Transillumination
  – Ambient light
    • Florescent, LED

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• Individual patient comfort
  – Mechanical table if possible
  – Shorts for full leg exposure
  – Comfortable ambient temperature

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• Compression protocol
  – Know studies regarding post-sclerotherapy compression
  – Use consistent compression levels to evaluate outcomes
  – Avoid tape on skin

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• Activity and Travel protocol
  – Activation of calf-foot muscle pump
  – Ambulation-how much and long
  – Workout
  – Travel post-sclerotherapy-sun exposure
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• Duplex ultrasound use as aid to sclerotherapy
  – Tributaries that measure 1-2 mm can be imaged with high frequency transducer
  – IP imaging related to skin telangiectasia
  – Corona phlebectasia
  – Foot telangiectasia

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• Post sclerotherapy micro thrombectomy with 30G needle
  – Visible healing venulectasia and telangiectasia with 1 mm intravenous thrombus

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• Incomplete or slow healing post-sclerotherapy
  – Suboptimal anatomic diagnosis of abnormal vein patterns
  – Physical exam
    • Reevaluation and DUS review of first 1 cm depth for feeder veins

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• Incomplete or slow healing post-sclerotherapy
  – “Can I get all of these veins treated this month?”
  – Allow 4 weeks healing time

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- Post sclerotherapy headache
  - Hx of migraines
  - Visual change

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• Systemic allergic reaction
  – Minor—Urticaria—diphenhydramine (Benadryl)
  – Major—anaphylaxis
    • Anxiety, itching, sneezing, coughing, angioedema, wheezing, hoarseness, GI complaints

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• DUS evaluation

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• DUS evaluation

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• DUS evaluation

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• Syringe usage
  – Injection pressures greater in 3 cc vs. 5 cc, Goldman, 5th Edition, p. 183
  – Use pinkie for pressure control to reduce extravasation and necrosis
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• History, full LE PE
• Sclerosant knowledge
• Protocol— injection, compression, activity

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• Venous disease chronic and disease progression presents new varicosities normally in same pattern

• Long term doctor-patient relationship

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Conclusions

- Cosmetic sclerotherapy is a safe, effective outpatient therapeutic modality for telangiectasia and venulectasia
- Considered Gold Standard
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Thank you.