Face, Chest and Hand Vein Sclerotherapy

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Disclosures:
- Financial
- None
- Off-Label Use:
  - STS foam

Facial Veins
Facial Veins

- Proper evaluation (not all veins are treated)
- Patient education (manage their expectations)
- Discuss treatment options
- Before and after photos

Treatable Veins

- Facial telangiectasia
- Erthematoteliangiectatic Rosacea
- Dilated capillaries around the nose
- Temporal veins
- Periorbital veins (location is the key)
- Forehead vein?
- Venous lakes

Examples
To treat or not to treat

- Always check for temporal pulsations prior to treatment as well as noting the color of the temporal veins
- The temporal artery can be mistaken for veins
- Avoid injection medial to the midline of the pupil to prevent injection of the cavernous sinus
- If you aren’t sure then don’t treat!

Temporal Pulsations

Treatment Option for Facial Veins

- Veinwave
  - Pulsed current
  - Requires multiple treatments
  - Less risk of cutaneous necrosis
- Cutaneous Laser
  - Might be better option for fine telangiectasias
- Sclerotherapy
Pre-Treatment

- Informed consent
- Prepare patient for bruising and adjusting work/personal obligations
- **TAKE PICTURES**
  - No creams or make-up day of procedure
  - Clean skin with Isopropyl Alcohol
  - Patient in supine position with a pillow under their head

Pre-Treatment (Cont.)

- Mayo stand ready with 30G needles
- 3.0 cc syringes
- 4x4’s
- 3 way stopcock (if considering foaming)
  - 0.1%, 0.2%, 0.3% STS
  - Glycerin
  - Good lighting/comfortable room

Sclerotherapy of Facial Veins

- **Medication**
  - Glycerin
  - STS 0.1% - 0.2% - 0.3% - 1%
  - Size dependent
- Small aliquots low pressure
- Compression difficult?
- Ice for 10 minutes post-procedure then TID for 3 days
- Arnica
Treatment of Venous Lakes

- 0.5% foam STS
- Liquid 0.3%STS
- 0.2-0.3 mL total.
- Reinjection in 2-4 weeks.
- Dermal laser Nd:YAG
- May have similar appearance to nodular melanoma

Chest Veins

Etiology

- Telangiectasias from sun damage
- Prominent reticular veins after surgery, most commonly due to breast augmentation
- Familial essential telangiectasia
- Obstructive pathology
Work Up for Obstructive Symptoms

- CT Venography of Chest and neck
- Venogram

Chest Vein Treatment

- Medication
  - Glycerin
  - STS 0.2% - 0.3% - 1%
  - STS Foam 0.3%
- Size dependent
- Small aliquots low pressure
- Compression difficult
- Ice for 10 minutes post-procedure then TID for 3 days
- Possible follow up for removal of intravascular hematoma (trapped blood)

Hand Veins
Etiology

• Normal reticular varices appear more prominent with age due to:
  • Loss of subcutaneous fat and volume
  • Atrophy of hand muscles
  • Decreased tissue elasticity
  • Especially in thin patients

Contraindications

• Need for future IV access at treatment site
• Radical Mastectomy
• Carpal Tunnel Syndrome
• Dialysis shunts
• Pregnancy
• Clotting disorders
Pre-Treatment

- Informed consent
- Discuss Intravascular Hematoma/Brusing/Pain
- Hand/finger swelling
- No hand IV access
- Temporary/may recur

Pre-Treatment (Cont.)

- Ensure patient is well hydrated/hands warm
- Pictures
- No hand cream day of procedure
- Mark veins to be injected (optional)
- Clean skin with Isopropyl Alcohol
- Patient in supine position with hand at side

Pre-Treatment (Cont.)

- Mayo stand ready with 30G needles
- 3.0 cc syringes
- 4x4’s
- 3 way stopcock
- 0.3% or 1% STS
- Good lighting/comfortable room
Post-Treatment

• Place ice pack on dorsum of hand for 10 min
• Compression for 3 days
• Ibuprofen, ice pack at home for pain
• Arnica montana for bruising
• Warn about intravascular hematoma (trapped blood) which may be painful
• f/u 3-4 weeks

Intravascular Coagulum (Trapped Blood)
Before and After

Other Treatment Modalities

- Injectable Fillers
  - Plump up skin to make veins less noticeable
  - Collagen, Restylane, Juvederm, Sculptra (collagen stimulator), fatty tissue
- Ambulatory Phlebectomy
- Endovenous Laser

Questions