

Sclectrotherapy (foam injections) for varicose veins

Dorset and Wiltshire Vascular Network [Patient information](#)

What is sclerotherapy?

Sclerotherapy or injection for varicose veins is done in the outpatient department. The veins are injected with a solution which damages the internal lining of the vein. This causes blood clotting. The solution makes the vein scar and forces blood to reroute through healthy veins. The collapsed vein is reabsorbed and fades from view.

On The Day

You will attend the outpatient department. The treatment is short. You should not need to stay for more than a few hours. Please do not drive. Use either public transport, walk, or have a friend or relative drive you. Please eat and drink as normal up to your appointment. Take your usual medicines unless asked to do otherwise.

You will be welcomed by the nursing team and meet your doctor. Your consent form will be completed at this time. Your doctor will talk you through your treatment. The team will be with you. They will make sure you feel comfortable and reassured. Your leg will be marked. A needle will be placed into the vein.

You may feel a slight stinging as the veins are injected. It is often painless. The treatment may be monitored with an ultrasound scan. The same injections may be repeated two or three times. The needles will be removed and plasters put on if needed. Bandages and compression stockings will be put on. These compress the treated veins. The stockings may feel tight. They should not be so tight as to make your foot discoloured or painful.

Removal of dressing and stockings information.

Your doctor advises that you wear your stocking/s for:

Advice about your dressings:

You may want to wear your stocking for longer if you wish. When resting, raise your treated leg to above hip level.

You may remove your stocking for showers once your small wounds are dry.
Please avoid swimming or bathing for two weeks.

Will I need further treatment?

It may be decided that you need more than one session of varicose vein injections.
This is decided by your doctor.

What are the risks?

Superficial thrombophlebitis

Most people will have some hard lumps which form in the treated veins. It is very common for there to be inflamed areas of the veins and the soft tissues that surround the vein. You will notice this as a lumpiness in the tissues around the veins or in the veins themselves. Some people also have redness as part of 'phlebitis'. This will settle down in a few weeks. Some people find it helpful for take simple pain relief.

Brown colouring of the skin can happen following superficial thrombophlebitis described above and can be permanent. However, it should fade over a few months and may disappear completely.

A skin ulcer may happen if the solution does not go into the vein but goes into the surrounding tissues. This will heal up. It may take a few weeks and may leave a scar.

Allergic reaction to the solution is rare but can happen. If you have any allergies you should tell the doctor.

Visual disturbance

There are reports of changes to your vision that do not last long with foam injections. It is not certain why this happens. It is most common in people who suffer from migraines.

Stroke

There have been a very small number of reported instances of stroke after these injections. However, this is out of many 100's of thousands that have been done worldwide. There may have been a reason why this happened in these cases, such as having a high-volume of foam injected. If you have any questions, please ask.

Deep vein thrombosis (DVT)

If the solution passes into the deep veins there is a risk of DVT (a blood clot) in the leg.

When to seek further advice:

In the unlikely event that you bleed through the bandages or stocking, lie down with your leg raised. Press firmly with a clean pad/paper towel. Do not take off the bandages or stocking. Seek medical advice via GP/111 if you are worried about any bleeding.

If it does not stop call **999**.

If your leg becomes more painful and you experience any swelling, heat, or redness, this may mean there is an infection or blood clot (DVT). Seek urgent medical advice via the GP or **111**.

If you experience chest pain or shortness of breath this could mean a blood clot in your lung and you should call **999**.

Returning to:

Work

Depending on your job you can work as soon as you feel able. You may want to warn your employer that you may need to take a few days off, or plan to do some light work for a few days.

Driving

You are advised not to drive for the first 12 hours after your treatment. Please do not drive until any numbness and changes to your vision have stopped and your pain is controlled. After this you can driving if you are confident that you can carry out an emergency stop. The time scale for this varies for each person.

Exercise

Please do general walking on the day of treatment to reduce the risk of blood clots. Rest and raise the leg in between. You can do anything you feel happy. You may want to avoid heavy jobs or long periods of standing for a few days.

Travel

You are advised not to fly for six weeks after your treatment and you should avoid any travel lasting longer than three hours for the first four weeks after treatment.

Recurrence

The body is amazing at making new veins. Studies have shown that up to 40% of people will have some form of recurrent vein at five years. However, these do not often need treatment.

If you are unsure about your treatment or have any concerns, please contact your GP/111 or the vascular secretaries.

Royal Bournemouth Hospital **0300 019 5843 / 4601 / 6294**

Salisbury District Hospital **01722 336262**

Dorset County Hospital **01305 255898**

Follow up

Your practitioner will speak to you about follow-up appointments on the day.

This leaflet has been written in collaboration with:

University Hospitals Dorset NHS Foundation Trust

Salisbury NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust

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