Dr Richard Ward-Harvey
VASCULAR AND ENDOVASCULAR SURGEON

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Microsclerotherapy

Treatment for leg spider veins (telangiectasias) and reticular veins

At a glance

Microsclerotherapy uses a very fine needle to inject a small amount of liquid sclerosant into visible surface veins. The vein closes, then gradually fades as the body clears it.

Understanding surface veins

Spider veins or telangiectasias are tiny red, purple or blue vessels within the skin. Reticular veins are slightly larger blue-green veins beneath the skin and may feed a cluster of spider veins. These veins are usually treated for appearance, although some people report aching or burning.

How the treatment works

The sclerosant - usually polidocanol (Aethoxysklerol), or sometimes sodium tetradecyl sulphate (Fibrovein) - irritates the vein lining. The vein spasms, becomes inflamed and seals. It is then gradually reabsorbed.

Should larger veins be checked first?

Bulging varicose veins, swelling, skin changes or significant symptoms may indicate deeper venous reflux. A duplex ultrasound may be recommended because treating a feeding vein first can improve the surface result. Microsclerotherapy does not correct deeper reflux.

What results can I expect?

Complete clearance cannot be promised. Veins vary in their response and commonly require more than one session. New spider veins can develop later. Results depend on vein size, skin type, underlying reflux and the body's inflammatory response.

Before treatment

Bring your compression stocking if it has been supplied. Tell us about pregnancy or breastfeeding, previous blood clots, allergies, medicines and any prior reaction to sclerotherapy. Treatment is usually deferred during pregnancy.

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What happens and how to care for your leg

The appointment length and number of injections depend on the extent of the vein networks.

1. **Preparing the skin**
   You lie on the treatment bed while the visible networks are examined. Local anaesthetic is not usually needed because it may sting more than the tiny treatment needle.
2. **Injections**
   Liquid sclerosant is injected through a very fine needle into spider veins and feeding reticular veins. Each injection can sting briefly. Tell Dr Ward-Harvey if you need a pause or experience unusual pain.
3. **Compression**
   Your stocking is applied immediately. Keep it on overnight, then remove it the next morning to shower. After showering, wear the stocking for nearly all the time you are awake for one week. You may take it off at night if you prefer, or you may wear it overnight. You may continue wearing it for longer than one week if you wish.
4. **Walking**
   Take a **20-minute walk immediately** after treatment and continue normal activity. Avoid remaining still for long periods.

Driving and work

You may drive and return to work straight away if you feel comfortable and are able to control the car safely.

What is normal afterward?

- Some small veins disappear quickly, while larger veins may look darker or more obvious before improving.
- A small amount of clot and inflammation can make a vein dark purple, firm or tender.
- Your body gradually absorbs the treated vein over weeks to months.
- At review, a tender larger vein may benefit from a small needle puncture to release trapped blood.
- There is commonly some mild brown pigmentation of the skin.

Follow-up

A review is usually arranged in about one month to assess the response and decide whether further injections are appropriate. Avoid repeating treatment in the same area too soon because this may increase matting (networks of fine red veins).

Air travel

Microsclerotherapy alone has a very low DVT risk and does not usually alter travel plans. If it is combined with another vein treatment, follow the travel advice for that procedure.

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Results, risks and when to call

Most patients tolerate microsclerotherapy well, but cosmetic results take time and side effects can occur.

Expected or relatively common effects

- Brief stinging, bruising, local inflammation, small lumps and temporary tenderness.
- Brown pigmentation over injected veins. This usually fades over 6-12 months but can be permanent in up to about 5% of patients.
- Some residual spider or reticular veins may remain after the first treatment. These can be assessed at review and treated with another session if worthwhile.
- Venous matting - new clusters of very fine red vessels in or near a treated area.

Less common or rare complications

- A blister or small skin ulcer if sclerosant enters the surrounding tissue or a tiny artery.
- Superficial thrombophlebitis, infection or a significant allergic reaction.
- Deep-vein thrombosis or pulmonary embolism is very rare after small-volume surface treatment but remains possible.

Contact the rooms promptly

- Pain, redness or swelling that is increasing rather than settling.
- A blister, ulcer, discharge, fever, or a markedly swollen painful leg.

Emergency symptoms
Call **000** for chest pain, shortness of breath, fainting or a severe allergic reaction.

Looking after the result

Do not pick at scabs. Protect healing areas from sun to reduce pigmentation. There is a separate possibility of new spider or reticular veins developing months or years later because of an underlying individual or genetic susceptibility. This does not mean the original treatment has failed. If new veins become troublesome, you are encouraged to return for review.

Please call Gold Coast Vascular on **5597 1653** with concerns. This leaflet provides general guidance and may not apply to every individual case.