

Ultrasound-guided foam sclerotherapy

Information for patients having injection treatment for varicose veins

At a glance

Sclerotherapy closes abnormal surface veins by injecting a medicine called a **sclerosant**. For larger varicose veins, the sclerosant is mixed with air to form foam and is placed under ultrasound guidance. Blood then returns through the normal deep veins.

Understanding the veins in your legs

Veins return blood from the legs to the heart. The **deep veins** carry most of this blood. The **superficial veins** lie closer to the skin and connect with the deep system. One-way valves normally help blood travel upwards against gravity.

Varicose veins develop when valves in the superficial veins stop working properly. Blood can then flow backwards, known as **venous reflux**. Pressure builds in branches under the skin, causing them to enlarge, twist or become visible. This may lead to aching, heaviness, itching, swelling, inflammation or skin changes.

Why can an abnormal vein be closed?

A refluxing superficial vein is no longer carrying blood efficiently. Closing it redirects blood into healthier veins. Treating a surface vein does not obstruct the main circulation in the leg.

What is foam sclerotherapy?

The sclerosant - usually polidocanol (Aethoxysklerol) or sodium tetradecyl sulphate (Fibrovein) - irritates the lining of the treated vein. The vein contracts and becomes inflamed, its walls stick together, and it gradually becomes scar tissue. The body then absorbs the treated vein over time.

The medicines are approved sclerosants. Their use as foam is not specifically described in Australian product information, although foam sclerotherapy is widely used in Australia and internationally.

Your treatment plan

A duplex ultrasound identifies the veins with reflux and helps determine whether foam sclerotherapy, another treatment, or a combination is most suitable. Not every visible vein can necessarily be treated in one session. Please note that the foam sclerotherapy does not directly treat spider veins.



What to expect on the day

The procedure is usually performed in the consulting rooms and does not require a general anaesthetic.

1

Before treatment

Bring your compression stocking if it has already been supplied. Tell us about pregnancy, allergies, previous blood clots, migraine with aura, mobility problems, a "hole in the heart" (PFO), and all medicines - particularly anticoagulants or hormonal medicines. Do not stop prescribed medication unless specifically advised.

2

Ultrasound mapping

You will lie on the procedure bed. Ultrasound is used to confirm the target veins and to guide needle placement. The skin is cleaned and the treatment plan is checked.

3

Foam injections

Small needles are placed directly into the abnormal veins while Dr Ward-Harvey watches with ultrasound. Foam is injected at several sites and spreads along the refluxing vein. Most patients require several injections; the exact number varies. Some injections sting briefly, and there may be a delayed "burn" as the vein goes into spasm.

4

Compression

A full-length compression stocking is applied immediately after the injections. Compression supports contact between the vein walls and may reduce discomfort and clot-related complications.

5

Walking before you leave

You will be asked to walk for **30 minutes immediately after treatment**. This keeps blood moving through the deep veins. You can usually go home soon afterward.

Please speak up

Tell Dr Ward-Harvey immediately if an injection is unusually painful, or if you feel unwell, light-headed, short of breath, or develop visual symptoms. The procedure can be paused at any time.

Will I need more than one session?

Sometimes only one leg is treated at the first visit. Further injections may be needed if both legs are affected, if there are many branches, or if some veins remain open. A follow-up appointment and ultrasound may be recommended to assess closure and decide whether further treatment is worthwhile.

Small surface or spider veins

Small reticular or spider veins are generally treated with a lower-concentration liquid rather than foam. This is called microsclerotherapy, is performed in a different session, and has separate aftercare and cosmetic considerations.

Care after your procedure

Normal movement is encouraged. Remaining active is one of the most helpful things you can do after treatment.

Your first week

- Take the **30-minute walk** immediately after your injections.
- For the next week, take at least **two 20-minute walks each day** and continue normal day-to-day activity.
- Avoid standing or sitting still for long periods. When resting, elevate the leg with the knee slightly bent.
- Keep the stocking on overnight after treatment. Remove it the next morning to shower, then wear it during the day for a further **1-2 weeks**. It can be removed for bed and showering.
- If the stocking is painful, rolls down, causes numbness, or is difficult to manage, contact the rooms for advice.
- Do not take ibuprofen or another anti-inflammatory unless it is normally safe for you and is compatible with your other medicines. Paracetamol may be an alternative; ask if unsure.

What is normal?

Firmness and lumps

The treated veins commonly become firm, lumpy or cord-like. This usually means that the vein has closed. Tenderness generally settles over the first few weeks, while lumpiness can take several months to disappear.

Bruising and colour change

Bruising is common. The treated vein may initially look darker or more obvious because it contains a small amount of trapped blood and inflammation. Brown staining can occur and usually fades gradually.

Trapped blood

A particularly tender lump may contain trapped blood. At follow-up, Dr Ward-Harvey may recommend releasing it through a small needle puncture or incision, which can reduce discomfort and may help staining settle.

Results take time

Some veins improve quickly, but the usual change is gradual over weeks to months. Treatment may improve aching, heaviness and the appearance of the leg, but complete clearance cannot be guaranteed. Some veins do not fully close, may reopen later, or may require another type of treatment. New varicose veins can also develop over time.

Risks, travel and when to call

Most patients recover without significant problems. These risks are included so you can make an informed decision and recognise when to seek help.

Expected or relatively common effects

- Stinging during injection; aching, inflammation or a firm cord afterward.
- Bruising and temporary lumpiness.
- Brown pigmentation over treated veins. It usually fades within 12 months but can be permanent in a small minority of patients.
- Incomplete treatment, residual veins, or later reopening of a treated vein.

Less common or rare complications

- Superficial thrombophlebitis - an inflamed, tender surface vein.
- Skin ulceration if sclerosant enters tissue or a very small skin artery.
- New patches of spider veins, due to altered venous flow patterns.
- Allergic reaction to the sclerosant.
- Temporary headache, visual disturbance or migraine-like symptoms after foam.
- Deep-vein thrombosis (DVT), pulmonary embolism, or a neurological event such as stroke. These are very rare but potentially serious.

Contact the rooms promptly

- A tender, swollen calf or marked new swelling of the leg.
- Pain, redness or heat that is increasing rather than gradually settling.
- A blister, skin breakdown, discharge, fever, or any recovery that does not seem to be progressing normally.

Emergency symptoms

Call **000** for chest pain, shortness of breath, fainting, coughing blood, sudden weakness or numbness, difficulty speaking, or persistent loss of vision.

Air travel

Although clotting after sclerotherapy is uncommon, Gold Coast Vascular advises avoiding **long-distance air travel (over 3 hours) for four weeks** after treatment. Short flights may be acceptable depending on your individual clot risk and treatment. Please discuss planned travel with Dr Ward-Harvey.

Questions or concerns

Please call Gold Coast Vascular on **5597 1653** if you are worried about your recovery or need clarification about compression, medication, exercise, travel or follow-up.

This leaflet provides general information and does not replace advice tailored to your particular veins, medical history and procedure.