

## Ultrasound Guided Foam Sclerotherapy Leaflet

You have just had your varicose veins treated with Ultrasound Guided Foam Sclerotherapy, this following information and instructions are intended to help you get the best outcome from your treatment.

### How does foam sclerotherapy work?

You have just had your varicose veins treated with foam sclerotherapy. A small amount of foam sclerosant (STS sodium tetradecyl sulphate) has been injected into your vein at one or more sites and will cause the lining of the vein to become irritated and inflamed (a chemical phlebitis). As the inflammation in the vein begins to heal it will scar up and stick to together.

Pressure has been applied over the treated vein/s by applying a cotton wool pad, bandage and a tight compression stocking, this is a vital part of the treatment as the combination of bandages and stockings is designed to keep the walls of the vein empty of blood and closed together whilst the vein heals and scars up.

It is very important that the information below is followed as removing the stocking to soon will result in a poorer outcome from the treatment.

### What should I do now?

Immediately after the bandages and stockings have been applied take a 5 to 10 minute brisk walk up and down the hospital corridor (or back to your car if parked 10min away). Please do not drive yourself home from the clinic. Arrange for somebody to collect you or take a bus or taxi if necessary.

### At home - After the treatment

When you are at home you can carry on life as normal. For the **first week** ensure that for **every hour you are awake you take a 5-10 minute walk**, this will help reduce the risk of a deep vein thrombosis (DVT). There is no restriction to the amount of walking you can do however we do advise you avoid energetic exercises such as jogging, tennis, aerobics etc for 4 weeks after treatment.

For the first week after your treatment we recommend that you avoid standing still for long periods of time. If you have a job that involves a lot of standing, kneeling or squatting you may want to arrange a few days off work until you remove your bandages. If this is not possible and you are required to stand for long periods of time occasionally (at least once on every hour) walk on the spot or rotate your ankles to encourage your calf muscles to work, this will help your circulation and reduce the risk of a DVT. When sitting try to keep your legs elevated, ideally slightly higher than your hip, this will help reduce any swelling in your leg.

## Information for Patients

---

### Following treatment - Week 1

Following treatment your bandages and stocking must remain in place for **3 days**. Keep your stocking pulled up and smooth at all times. Any creases in the stocking for long periods of time can potentially cause damage to your skin.

#### Day 4

On day 4 following your treatment you can remove the stocking and cut all the bandages off.

You can have a shower or bath and wash your leg. If you have a bath, do not spend too long in the water and make sure the water is not too hot. Hot water increases the blood flow to your skin and may reduce the effectiveness of the treatment.

Once you are dry replace the stocking immediately with the clean one. You can wash the old stocking following the washing instructions enclosed in the stocking box provided.

#### **You must now wear the stocking both day and night for 7 days (day 4 – 10)**

You may remove the stocking briefly to shower or bath and replace it **immediately** once dry. Some patients like to have a shower wearing the stocking for comfort and then dry it with a hair dryer or immediately replace it with a clean dry stocking.

#### Day 10

On day 10 after your treatment you may remove the stocking over night just as you get into bed and replace it before you stand up in the morning. Continue to do this for the next 7 days. In total following your treatment you should have worn your stocking for 17 days after this time you may now stop wearing your stocking.

You will notice some lumpiness and pigmentation (brown skin staining like a bruise) where your veins have been treated. This is caused by the inflammation and scarring process, and will resolve over time, continuing to use the stockings beyond week 5 will help this process.

### **What other information should I be aware of following Foam Sclerotherapy?**

#### **Driving:**

You should not drive until your bandages have been removed and **you feel able to do an emergency stop without any hesitation**. You should contact your insurance provider if you have any concerns about your insurance cover.

#### **Flying:**

There is small increased risk of a DVT with flying, especially long haul flights following FOAM treatment. Try to avoid flying for 6 weeks for European flights and 8 weeks for long-haul.

### **What are the risks associated with this treatment?**

For the vast majority of patients foam sclerotherapy is very safe, however like any other treatment it is not without potential complications. Most people have very little discomfort following the treatment, but a small number of patients can experience pain and discomfort from the treated veins.

## Information for Patients

---

It is quite common when large veins have been treated for them to become tender, hard and lumpy following sclerotherapy and initially they may look worse than before they were treated this will soon settle over several weeks.

Occasionally a treated vein becomes inflamed and tender this is called thrombophlebitis, and shows that the treatment is working. This usually settles over the following weeks with compression and anti-inflammatory painkillers such as ibuprofen gel or tablets which can be obtained from your GP or local pharmacy. Ibuprofen gel is good to help reduce any redness or swelling when applied directly over the effected site. Remember to always follow the patient information instructions and directions for use enclosed in your medication package.

Any congealed blood trapped in the treated vein is harmless. You should contact us if there is excessive redness, swelling or tenderness, however it may just mean that you need to rest more with the leg raised to help reduce the swelling.

Brown staining of the skin around the site of the injection and along the line of the treated vein is quite common and will usually fade after several months but can take up to 12 months after the injections. In a small number of people however this may never fully disappear and remain permanent.

Slight blistering and occasionally ulceration of the skin at the injection site can occasionally occur; this is rare but usually means the fluid has escaped from the vein rather than into the surrounding tissues. Rarely an ulcer will develop which will gradually heal but the injection may fail to obliterate the vein.

As with surgery there is a small risk of developing a deep vein thrombosis (DVT), although the risk of this is low 0.2% (1 in 500) it does occasionally occur. The compression stockings you have been provided with will also help to reduce your risk. If a DVT has formed you will probably require treatment with heparin (injections daily for 3-4 days) and then warfarin (tablet daily for 3-6 months).

As with surgery, if a DVT were to develop after foam sclerotherapy, there is potential risk of having a pulmonary embolus (PE). This is when a piece of the clot breaks off and travels to the lung causing a PE. This can be serious even potentially fatal in very rare instances. If you experience sharp chest pain, shortness of breath or coughing up blood you should dial 999 immediately.

Headache has been reported following foam sclerotherapy treatment but it is very uncommon, reported in up to 4% of patients.

Some people may develop new "spider veins" close to the sites of treatment. As with surgery there is a risk of varicose veins returning. A few simple measures like establishing a regular exercise routine, avoiding becoming overweight, and the wearing of light support tights or stockings will all help reduce the chance of you being troubled by varicose veins in the future.

## Contact Details

If you have any concerns or questions following the treatment please contact the;

**Vascular Helpline number on 0121 424 2879**

## Information for Patients

---

This is an answer machine service manned Monday – Friday except bank holiday. The calls are picked up 3 times a day and someone will aim to call you back the same day. Any calls left after 3pm on Friday may not be returned until the following Monday.

If you think you are experiencing chest pain, shortness of breath, difficulty breathing then you should dial for an ambulance immediately.

### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
  - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
  - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:  
[patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).