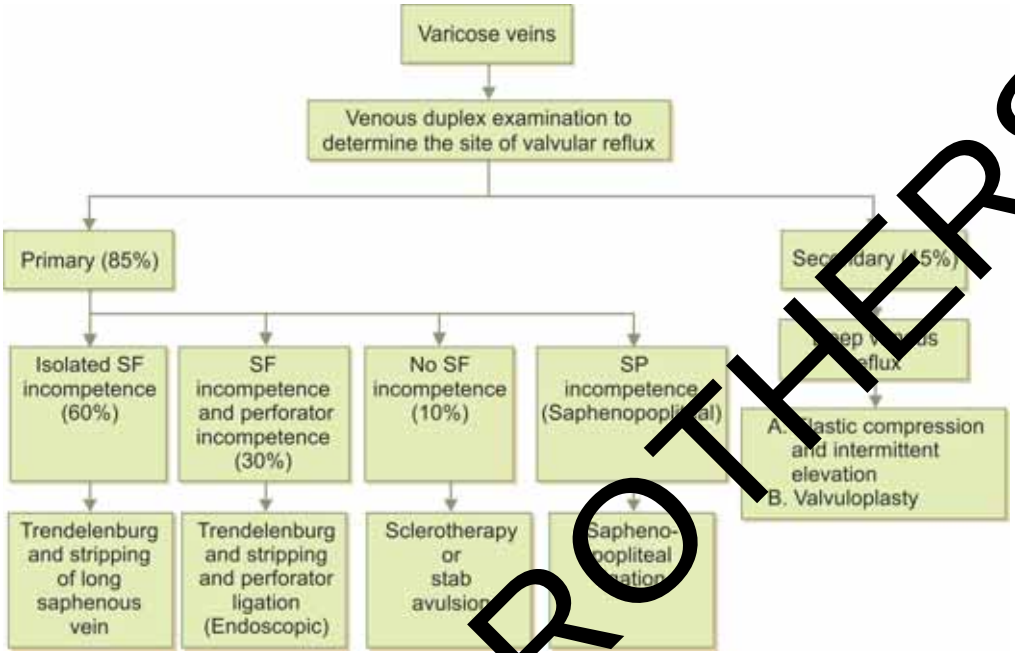
Flowchart 13.1: Management of varicose veins



Q 48. What is the technique of injection sclerotherapy?

The sclerosant is injected into an empty vein and the vein is compressed. The endothelial lining is destroyed. If the vein is not compressed it will produce thrombosis which will later get recanalized producing recurrence.

Q 49. What is foam sclerotherapy (by Tessari)?

In this technique the STD is drawn into one syringe and air is taken in another syringe. Using a three way, rapid to-and-fro movements of the piston of the syringe, the foam is produced. This foam is then injected into the long saphenous vein after cannulation. The air is absorbed, the vein collapses and the endothelial lining is destroyed. A much larger volume can be injected into the vein with a small quantity of sclerosant so that it will fill the superficial varicosities. The patient is lying supine with the leg elevated instead.

Q 50. What is echosclerotherapy? (PG)

When the procedure of foam sclerotherapy is done under the guidance of duplex ultrasound imaging it is called echosclerotherapy.

Q 51. What is the advantage of sclerotherapy?

The patients can undergo repeated treatment sessions to ensure that all veins are removed.

Q 52. What are the complications of sclerotherapy?

Complications of sclerotherapy

- Skin pigmentation
- Injury to the skin and ulceration
- Allergic reaction
- Thrombophlebitis
- Deep vein thrombosis

Q 53. What is microsclerotherapy? (PG)

The thread veins and reticular varices are injected by inserting a 30 G needle. The solutions used are STD and polidocanol. After