

Angiology - Sclerotherapy

Sclerotherapy is a technique used since the ancient time to take care of the phlebological illnesses of the lower limbs: varices and capillaries.

Truly, the sclerosing are also used in other body districts (haemorrhoids, oesophageal varices and other) but right now we will only deal with lower limbs.

Practically a particular liquid is injected in the vein or in the capillary that irritates, in a controlled way, the inside wall of the vessel, the intima, provoking the closure.

In this way the venous ecstasies go away.

The phlebological Italian school has already defined the indications for all phlebological therapies.

The sclerosing are surely suitable for all the telangiectasias and in particular for the big, very branched and blue capillaries.

They are less suitable for the red and thin capillaries. For those, both for face (couperose) and for legs, the laser is very efficient. Attention! Not all lasers, but only some types with a well-



defined wavelength. Getting back at the sclerotherapy, we need to underline that there are many types of liquids that can be used: stronger if we deal with major diameter, and more and more delicate for veins with minor calibre. And, lately, a new technique of sclerotherapy has been made up through the so called "mousse": practically the same liquid that was used before, now is treated in a particular way obtaining in the end the more efficient mousse with very reduces dosages, as you can see in the picture. Normally, I do not bandage when I treat capillaries, but I just put a little plaster that prevents the bleeding after the injection and it allows a sort of little aimed compression. When bandages are not used is however warmly advisable (practically it is mandatory) the use of an elastic sock, variable in compression that allows an aimed compression, well supported by the patient. Varicose veins, the bigger ones also, are susceptible of sclerosing therapy, too. But which ones?? I personally prefer to keep the surgical operations, as saphenectomy or outpatient phlebectomy, for varices of the big and small saphena also associated to dilated collaterals. If instead the patient has not a surgical indication, then I use the sclerosing in an extensive way. We need to remember that the capillaries do not go away as if we used an eraser: before they are a little bit irritated, then they get brown, green, and yellow and in the end they go away as haematomas do. Sometime a strong staining can remain for few months. It will go away.. you need to be patient. Sometime the skin, in the spot's injection, can become irritated giving place to the so-called "slough from sclerotherapy". They are very rare, and usually, they do not leave any evident scars. However, if the technique is correct, those collateral effects remain rare. It is fundamental to know that the varicose disease is a chronic disease. Every therapy will never be able to be definitive, but in every case it will always need little controls during the time. Beside it will be always useful to associate prevention and a deep care to all these therapies in order to reduce the venous insufficiency.

Indications:

Varices of saphenic collateral.

Varicose residues after a surgical operation.

Capillaries.