

Aethoxysklerol[®]

Lauromacrogol 400 (polidocanol)



An information guide for patients who
have been prescribed **Aethoxysklerol[®]**
for visible leg veins

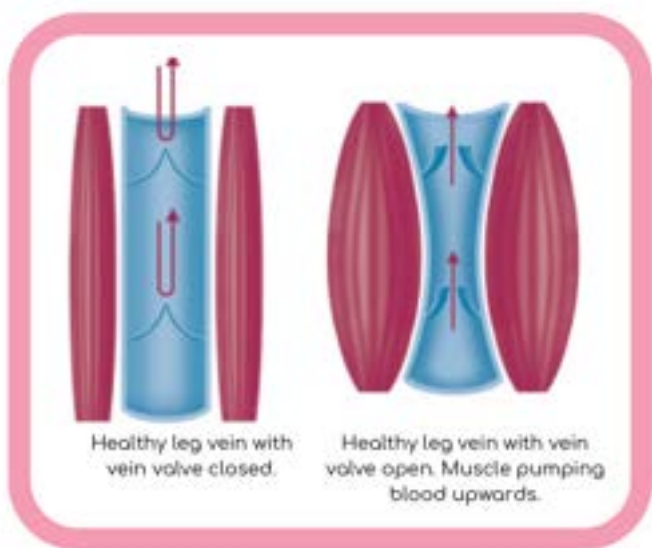
Leg veins and how they work

When leg veins are healthy, blood is returned from the feet back up to the heart, working against gravity to pump the blood upwards and in one direction. There are two vein systems in the legs; the first, the deep system, lies within the muscles and carries 95% of blood back to the heart. The second, the superficial system, is in or just below the skin. Blood is drawn from the superficial veins by the blood in the deep leg vein system as it moves upwards.

Our deeper leg veins rely on the muscles around them to pump the blood upwards and valves in the veins stop the blood flowing backwards; when the muscles contract, the vein is narrowed, and blood is forced up. When the muscle relaxes, the valves will close to prevent blood coming back down. Arteries, which carry blood away from the heart and around the body, have three layers of tissue and are strong and sturdy, providing a lot of support against the internal pressure of the blood being pumped through them.

Our veins however, as they carry blood back to the heart, are only composed of a single tissue layer. They are not designed to provide strong resistance against the internal pressure of the blood flowing through them as normally, when things are healthy, they don't need to.

For some people, the valves in their leg veins can stop working correctly. This allows blood to flow downwards in the wrong direction. Healthcare professionals call this reflux. The result is pooling of blood in the affected veins and a build-up of pressure. Our deep veins are supported by muscle so you can't see this happening.²



Meanwhile, the veins nearer to the surface of the skin, that are affected in this way, stretch as the blood backs up behind the faulty valves and they become visible.^{2,3}

The small veins near the surface of the skin can appear as visible spider or reticular veins (sometimes called thread veins) and are often red or bluish in colour. The larger veins under the surface of the skin can appear as swollen and bulging, and are known as varicose veins.⁴

There are three types of visible leg veins to consider: spider, reticular and varicose.



Spider veins



Reticular veins



Varicose veins

Spider veins (or telangiectasia) measure less than 1mm in diameter. They are reddish or bluish in colour and mostly occur in the thighs and calves.¹⁰

Reticular veins (or thread veins) are slightly larger, measuring 2 to 4mm in diameter. They are usually straight and green or blue in colour.¹⁰

Varicose veins can be visible under the surface of the skin and more than 4mm in diameter. Deeper varicose veins, which cannot be seen, can measure 8mm or more.¹¹

What causes visible leg veins?

The occurrence of these visible leg veins increase as we age and are most likely to start to appear over the age of 40.²

Risk factors include trauma, surgery, sun exposure, obesity and leading a sedentary lifestyle. There is also evidence that having a standing profession, for example hairdressing, will put you at a higher risk. Hormonal changes, such as in pregnancy or menopause, can also lead to unsightly leg veins. The main cause of visible leg veins is a family history of veins and valves not working correctly.²

What can I do about my visible leg veins?

Your leg veins may be impacting on your confidence and preventing you from wearing certain clothes or enjoying certain activities. Fortunately, there are several treatment options available. Sclerotherapy is proven to effectively treat spider, reticular and varicose veins. It is recommended in European Guidelines developed by clinical experts on how to treat them.⁵

What is sclerotherapy?

Sclerotherapy is a treatment for spider veins, reticular veins and varicose veins. It is a simple procedure that involves injecting a sterile prescription liquid medicine – known as a sclerosant – into the affected vein.⁶

The medicine targets and breaks down the lining of the vein wall. This controlled injury triggers a healing action causing the vein to eventually close off and die. Since we have hundreds of veins within our legs the blood will find a new route to travel, so there is no need to worry about closing the damaged veins down.⁹



There are two types of sclerotherapy treatment, which are suited to your vein depending on its size and severity. For spider and reticular veins, you'll have microsclerotherapy. Small quantities of the sterile medicine are gently injected into the visible veins by a trained healthcare practitioner.^{5,10}

Larger varicose veins should be treated by a specialist doctor or surgeon. They will normally turn the sterile liquid into a foam; for this reason the treatment is known as foam sclerotherapy. The foam is injected into the affected veins but as many of these veins are not visible, the specialist will often use specialist ultrasound imaging equipment to guide their treatment. It is worth remembering that you cannot be treated with sclerotherapy if you are pregnant, breastfeeding or have previously had an allergic reaction to the medicine. Anyone with bleeding or clotting disorders should also discuss the suitability of sclerotherapy with their doctor prior to undertaking treatment.^{9,10}

Who will carry out my treatment?

Sclerotherapy, regardless of the size of the vein being treated, is a medical treatment and therefore should only be carried out by a trained healthcare practitioner. Sclerosants are a prescription-only medicine and should only be supplied to healthcare practitioners who are able to prescribe and are trained to provide your treatment.¹¹

Microsclerotherapy can be prescribed by prescribing nurse practitioners, doctors and in some cases dentists.⁷ They should be trained and experienced in providing the treatment. Make sure you ask questions and check their credentials. A good healthcare practitioner will not mind you asking and will be happy to provide you with the reassuring information you require.

Foam sclerotherapy of larger varicose veins should only be performed by a doctor or surgeon specialising in vascular medicine. They will have specialist ultrasound imaging systems that will guide them when they perform their treatment. Do not hesitate to research into the quality of your practitioner and ask questions.^{7,9}

Your chosen sclerotherapy practitioner should invite you to a consultation prior to your treatment where a physical examination is conducted and your medical history is discussed. The practitioner should explore your needs, discuss expectations and explain the treatment in detail.¹²

During your consultation you will have the opportunity to ask plenty of questions and make sure you are comfortable with the information supplied. It is also a chance to make sure that you are happy with the environment where the treatment will take place.

Spider, reticular and varicose veins are often considered as a cosmetic problem, sclerotherapy is not normally available on the NHS, even though they are a clinical condition; for this reason your treatments will normally be provided in private medical aesthetic clinics, private dermatology clinics or private vein treatment clinics.⁸

Sclerotherapy is specialist nature, and as such is not as widely known as other medical cosmetic injectable treatments such as anti-wrinkle injections or fillers. There are however, a number of high-quality sclerotherapy practitioners across the country. Price points do vary depending on location and your individual requirements. It is worth bearing in mind that, as with most procedures, the cheapest treatment is not necessarily the best.⁷

What will happen during and after my treatment?

Prior to treatment you will attend a consultation and during this appointment your practitioner will conduct an examination of your legs, ask you questions about your medical history and discuss your treatment options.¹⁰

If your spider and reticular veins are being treated with microsclerotherapy your practitioner will often use a small ultrasound device known as a 'doppler' to determine if there is a problem in the larger veins below the surface of the skin. These larger veins can be effectively feeding the spider and reticular veins and may need to be considered as part of your treatment.



If there are deeper veins feeding the visible spider and reticular veins, these will often need to be treated first, otherwise there is a likelihood the visible veins will return. Sometimes these deeper veins may need a specialist doctor and your healthcare practitioner will provide a referral to a specialist. A referral to a specialist should be seen as a responsible approach and a sign your practitioner is providing you with good clinical care.¹²

Your treatment will usually take place as soon as is practical for you and your practitioner after your consultation. When the treatment is complete, your practitioner will apply class 2 medical compression stockings or bandages and then ask you to stand and go for a short walk. You will normally be asked to wear the compression for up to 2 to 3 weeks after your treatment. Wearing the compression can help make your treatment more successful and there are now attractive garments that can make this easier for you.^{12, 18}



Your follow-up appointment will take place in around 2 – 4 weeks. The spider and reticular veins will have been inflamed and may well look worse at this stage; there is no need to panic, this is normal and part of the treatment process. Some small amounts of blood may have fed back into the veins and your practitioner will probably release this blood using a small sterile needle.⁵



You may need more treatments, 2 to 3 is not unusual. These are normally carried out 8 to 12 weeks apart, although your healthcare practitioner may decide with you that these should be worked on sooner or perhaps after a longer wait in order longer to assess what will provide the best outcome for you.⁷

You won't need to take any time off work after your treatments, and you can continue with most of your usual activities. It is however recommended that you avoid intense exercise for 48 hours, as well as avoiding direct sun exposure for at least 4 weeks. Your practitioner will discuss this with you at your consultation.⁷ It is because of the need to avoid the sun and to wear compression stockings that sclerotherapy treatments are not normally carried out during the summer months. Bear in mind that your veins will look worse before they start to look better. If you want beautiful summer legs, then your treatment will normally need to be carried during the autumn and winter.

Can things go wrong?

It is important that you talk to your practitioner about potential complications. Sclerotherapy is a medical treatment and although it is considered a safe treatment there can, in a small number of patients, be complications that you need to be aware of. Make sure your practitioner discusses these with you and any concerns you may have.^{13, 14, 18}

The most common complications are, in most cases, temporary. These include skin discolouration and hyperpigmentation;¹⁴ this can be due to the blood tracking back into the treated veins and the iron in the small blood clots can cause staining.

Releasing this trapped blood on your 2-4 week return visit to your practitioner after your treatment can help with such discolouration and hyperpigmentation. The area around the injection sites can experience temporary bruising. Sometimes after microsclerotherapy new very fine spider veins can occur around the site of the injection, sometimes known as matting. This matting can be resolved, but it can also be due to underlying deeper veins effectively feeding the small veins. In such cases further treatment may be required and this may need to be carried out by a specialist, using specialist imaging equipment and techniques.⁵

Uncommon responses to sclerotherapy treatment include: allergic skin reactions to the medicine, if the sclerosant is injected into the tissue surrounding the vein by mistake necrosis can take place causing a small skin ulcer (if an artery is injected by mistake these complications can be more serious). Both necrosis and skin ulcers are types of tissue damage that need medical care to manage the problem.^{15, 16}

In rare or very rare circumstances more severe complications can occur. These can include deep vein thrombosis, migraine and anaphylactic shock.^{15, 18}

What results can I expect to see?

Sclerotherapy can significantly improve spider, reticular and varicose veins.

If you have visible leg veins, sclerotherapy can help clear them away, success rates are high with clinical studies showing them to be over 90%, which also tells us that the majority of patients are happy with the outcome of their treatments.¹⁷

Whilst the visible veins on the surface of your skin can fade away with sclerotherapy, it is important to remember that larger veins deeper in your legs can reopen and start to feed more surface veins. Therefore, you may need further treatment over time.⁷

If your leg veins have caused you concern. If they have stopped you showing your legs or stopped you wearing certain types of clothes. Sclerotherapy can help give you back your confidence. You will normally see the true results 3 months after your treatment.^{16, 17}

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For further information:

For more information and advice, please talk to the practitioners in the clinic where you obtained this leaflet. You can also find out more information and details of sclerotherapy healthcare practitioners at the British Association of Sclerotherapists.

www.bassclerotherapy.com

This space is for the treatment clinics stamp