The Art of Managing Spider Veins and Minor Varicosities

OR HARDER THAN EVAR

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This is Not Magic or Illusions

So What Happens

• Injection
• Concentration and Volume
• Causes:
  • Inflammatory response
  • Endothelial damage
  • Thrombosis
  • Fibrosis
  • Reabsorption of the vessel

What are the Indications for Visual Sclerotherapy?

• Varicose branches (< 8mm)
• Reticular veins (2-3 mm)
• Telangiectasias (0.1-2 mm)
• Recurrent varicosities
• Unsightly normal superficial veins

RELATIVE CONTRAINDICATIONS

• Pregnancy
• Lactating mothers
• Hypercoagulable state
• Recent Thrombophlebitis (clot)
• Medication allergies
PATIENT SELECTION

• Start with a thorough HISTORY and PHYSICAL EXAM.
• Evaluate results of Vascular testing.
• Take Photographs
• Discuss results and expectations.

Managing Expectations

(patient placed arrows to veins)

• This is not a one “shot deal” it is a process!

SCLEROSING AGENTS

• CAN BE CLASSIFIED AS:
  • Detergents: Sodium Tetradecyl Sulfate *
  Polidocanal*
  • OSMOTIC: Hypertonic saline
  • Alcohol: Glycerin
  *FDA approved for sclerotherapy

How I Do It

MAYO STAND

• Obtain informed consent
• Take photographs (Patients tend to forget)
• Document each treatment session, chart location of veins, number of injections, concentration and amount of the solution used (form)
TECHNIQUE OF INJECTION

- Use 30 gauge needles ½ inch long.
- Inject volume until blood disappears and before blanching (size of vein matters)
- Avoid forceful pressure DRIP DRIP

TECHNIQUE OF INJECTION (cont.)

- Do not inject more than a few centimeters away from the puncture site.
- Apply pressure after injection.
- Apply compression stocking for 24 hours. (controversial)

Sclerotherapy Concentrations

<table>
<thead>
<tr>
<th>STS</th>
<th>Polidocanol</th>
</tr>
</thead>
<tbody>
<tr>
<td>spiders</td>
<td>.125-.25%</td>
</tr>
<tr>
<td>reticular</td>
<td>.25-.50%</td>
</tr>
<tr>
<td>varicose</td>
<td>.50-3.0%</td>
</tr>
</tbody>
</table>

Not foamed

Fiber optic based transilluminator

Gold standard in Phlebology

First: Inject Reticular Vein

Sclerotherapy of Telangiectasias: Technique

Where Do You Start?
COMPLICATIONS

Post Sclerotherapy Hyperpigmentation

- Avoid sunlight
- Use compression
- People of color tend to pigment more.
- Be aggressive with minithrombectomy

Avoidance of Sclerotherapy ulcer

- Make sure you are intravascular
- Avoid pressure
- Drip your solution
Matting

How to Avoid Matting

• Use the lowest concentration that is effective
• Make sure you have treated the underlying problem - reticular vein
• Drip sclerosant

RESULTS

One Treatment with STS 0.125% - 0.25%

Before 4 Months After One Rx

After 2 treatments 6 weeks .125-.25% STS

After 3 months 3 treatments .125-.25% STS
Pelvic Varicose Vein
STS 1%, 4ml

Pre

2 Months

3 Years

Varicose Vein Rx STS 1%
Pre

8 Weeks

Conclusion

“Pull out! Pull out! ... you’ve hit an artery!”

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