

# Treatment for enlarged or swollen veins (sclerotherapy for varicose veins)

Department of Radiology

Information for Patients

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## Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. This leaflet tells you about your treatment. Please read it carefully as it has important information and instructions.

## What is sclerotherapy for varicose veins?

Sclerotherapy involves injecting a chemical liquid into your swollen or enlarged veins on your legs or feet (varicose veins). The chemical (called a sclerosant) is mixed in a syringe with air to create a foam. This allows the chemical to spread evenly through the veins.

Ultrasound scanning is used to guide the injection, as the foam can be seen on ultrasound. Sometimes X-ray images are also used to guide the foam. The chemical foam causes damage to injected veins, leading to their inflammation. In time, your own body will destroy the vein and it will disappear.

Sclerotherapy can be effective in reducing the size and symptoms of varicose veins, such as bleeding and other potential complications.

## Asking for your permission (consent)

Before starting treatment, you will have been seen by a doctor who specialises in operations on blood vessels (vascular surgeon) or a doctor who specialises in imaging and X-ray treatments (a radiologist).

The doctor who referred you should have talked to you about the reasons for this treatment and any other options.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

You have been referred to a Radiologist for this procedure. They will confirm that you understand why the treatment is being done, the potential risks and the chances of success.

You will sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the hospital doctor or Radiologist you do not want to have the treatment then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the treatment is still needed. They may ask for the doctor who wanted you to have the treatment to talk to you and review your condition.

## Important information about blood thinners:

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it or take a different one for a few days.

Please call the radiology department for advice as soon as possible. The phone number to call is on your appointment letter and at the end of this leaflet. You will be asked what blood thinning medicine you are taking, how much you take (the dose), and what you are taking it for.

**Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), dalteparin, enoxaparin and heparin.**

You may have already been given instructions on blood thinners by the doctor who referred you for this treatment. Please still call the radiology department so we can check this.

## Important information

**Please tell the doctor or nurse who is doing the treatment if:**

- **You are taking aspirin.**
- **You are allergic to iodine or rubber (latex),** have any other allergies or have asthma.
- **You have had a reaction in the past to a contrast liquid injected into a vein (intravenous contrast).** This is the dye used for kidney X-rays, CT scanning and X-rays of your heart and blood vessels.
- **You are on kidney dialysis or have any problems with your kidneys.**
- **You have diabetes.**
- **There is any chance that you may be pregnant.**

## How do I get ready for the treatment?

Sclerotherapy for varicose veins is done as a day case procedure. You will be in hospital for 2 to 3 hours.

**Have a bath or shower** on the morning of your appointment, or the night before. This will help to reduce the risk of you getting an infection from the treatment.

### **Eating and drinking instructions on the day of your appointment:**

- If you have a morning appointment, please have a light breakfast before 6am (cereal or toast with a drink such as tea or coffee). Do not eat after 6am. Keep drinking until 1 hour before your appointment.
- If you have an afternoon appointment, please have a light breakfast before 9am. Do not eat after 9am. Keep drinking until 1 hour before your appointment.

**It is important that you keep on drinking until 1 hour before your appointment time. This will help prevent any damage to your kidneys, which is rare for most patients.**

### **Other instructions:**

**If you are taking any blood thinning medicine (anticoagulants), you will have been given specific instructions on whether to stop this.** Otherwise take all your usual morning medications and bring all your usual medications with you into hospital.

Before the treatment you will be asked to put on a hospital gown and disposable underwear.

## **What happens during the treatment?**

- The procedure is usually done in the Radiology Department. We may do it in an operating theatre if you are having a general anaesthetic.
- You will be awake (unless you are having a general anaesthetic) and lying down during the treatment. We may be able to give you a sedative to relieve anxiety. The sedative will make you feel drowsy but not make you to sleep.
- Everything will be kept clean (sterile). We will clean your skin with antiseptic. This may feel cold. We will cover some of your body with sterile sheets.
- We may inject some local anaesthetic into the skin and deeper tissues over the varicose vein. This is not usually needed. When the local anaesthetic is injected you may feel a stinging pain at first. This soon wears off and the skin and deeper tissues should then feel numb.
- We inject the foam sclerosant into your varicose veins through a few small needles. We may use ultrasound to guide the injection and to make sure the tip of the needle is in the right place. Sometimes we may need to use X-ray imaging and inject a colourless liquid that shows up on X-rays (contrast liquid) into your veins, so they show up clearly on the X-ray screen.
- When the treatment is done, the needles will be taken out. We put a compression bandage on your leg. This helps the vein walls to stick together. This will feel tight, but should not make your foot discoloured or painful.
- The treatment may be uncomfortable but it is not usually painful. There will be a nurse or member of staff looking after you. If the treatment does become uncomfortable they will arrange for you to have some painkillers.

## How long will the treatment take?

Every patient's situation is different. It is not always easy to know how difficult or how straight forward the treatment will be.

It usually takes about 20 minutes.

Complex cases treated under general anaesthetic may take much longer.

**You will need someone to take you home after the procedure.** You will be at the hospital for about 2 or 3 hours.

## What happens after the treatment?

We ask you to rest in bed for about 1 hour after the treatment.

We will carry out routine checks, such as taking your pulse and blood pressure. This is to make sure that there are no problems. We will also look at the skin entry point. This is to check there is no bleeding from it before you go home. **You will need someone to take you home after the treatment.**

## What advice should I follow when I get home?

The nurse will tell you how to look after yourself at home:

### If you had sedation:

**For 12 hours:** a responsible adult must stay with you for 12 hours. An adult must take you home. If you are being transported by ambulance you must have someone waiting at home to stay with you.

### For 24 hours:

- do not drive a car, ride a bicycle or climb ladders.
- do not drink alcohol.
- do not operate any machines or do anything requiring skill or judgement.
- do not make important decisions or sign any documents.
- do not return to work until after 24 hours or until you are well enough.
- do not do any strenuous exercise or heavy lifting

### For all patients:

- **Do not drive for 24 hours** - you will need someone to drive you home. Whilst you have bandages, or if you have discomfort in your leg, do not drive if you cannot safely use your car pedals.
- Avoid strenuous activities for a few days. Light duties around the house or at work are fine.
- **Keep your feet raised above the level of your hips when you sit down.**

- If you have pain you can take your usual painkiller. You may find a non-steroidal, anti-inflammatory drug (such as ibuprofen) works best. Only take this if you know it is a suitable medicine for you. If your usual painkiller does not work you can contact your GP.
- **After 5 days** the bandages can be taken off. The elastic compression stocking should be worn continuously (day and night) **for 2 weeks** (you may take it off for a short time when taking a bath or shower). This is an important part of the treatment, as it will help circulation and compress the treated vein, helping it to close.
- Please try to be mobile soon after treatment and return to normal activities as soon as you can. Being active will help to reduce the chance of a blood clot (DVT) after treatment.

## Are there any risks or complications?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet. The chance of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

- **Pain and bruising** along the treated vein – this is common but usually gets better in a few weeks.
- **Infection** - if the treated area becomes hot and red, or you feel unwell with a temperature, this may mean you have an infection. **You should contact your GP** for advice.
- **Hard lumps and swelling around the vein** (thrombophlebitis) – this can happen a few weeks after the treatment. It may slowly go down over about 3 to 6 months.
- **Brown skin colour** over the treated veins - this often fades over a few months but sometimes may not completely go away.
- **Eye symptoms (visual disturbances such as blurred vision or double vision), chest discomfort or headache** can happen straight after the treatment – this is very rare and has no long term effects.
- **Blood clot** may happen in the deep veins following injection. This is known as deep vein thrombosis (DVT) and would need treatment. The risk of DVT is about 1 in 500 people who have this treatment.
- **Allergy to the sclerosant** - some patients may have a reaction to the chemical solution during the treatment. You could get symptoms such as itchy skin or swelling. The doctor will treat this if needed.
- **Reaction to contrast liquid** - Some patients may be allergic to the contrast liquid. You could get symptoms such as feeling or being sick (nausea or vomiting), or a rash. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you start to get symptoms at home you should contact your GP or call 111.
- **Skin and nerve injury** – this is rare.
- **Heart attack, stroke and epileptic fit** - there are a few reports of this from around the world. The risk of this happening is rare.
- **Varicose veins appearing again** - there is no guarantee that this treatment will get rid of all of your varicose veins or cure your symptoms. Varicose veins can develop again.

## Follow-up

You will be given contact details for the department in case you need to talk about any problems in the first few weeks after your treatment.

To check your progress and to decide whether you need any more treatment, you will get a follow-up phone call or be seen in clinic.

More than 1 treatment session may be needed. This is more likely if you have varicose veins on both legs or if your varicose veins are very wide-spread.

## What are the risks from exposure to radiation in this examination?

The main risk from exposure to X-rays is a higher risk of getting a cancer in the future. This risk is thought to be very small.

We are all exposed to natural background radiation every day of our lives. This comes from the sun, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask all patients age 10 to 15 years registered female and all patients aged 16 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this test are likely to outweigh any possible risks. The risks of not having the test could be greater. We try to keep your exposure to X-rays as low as possible.

## What if I need to talk to someone?

### If you have any questions or concerns, or cannot make the appointment:

Please call the Radiology department on **0116 258 8765** and select **option 7**. Monday to Friday 9am to 5pm, but not on bank holidays.

If you have any questions or wish to talk to someone before the procedure, you can talk to the nurses in radiology when you arrive. After the treatment you can contact your GP for advice. You can also get advice from the Radiology Department at the hospital where you had your treatment. You can contact the NHS helpline on 111 for health advice information.



اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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