

SCLEROTHERAPY

COMPLICATIONS

ADVERSE SEQUELAE AND COMPLICATIONS OF INJECTION SCLEROTHERAPY

All treated veins contain some extent of thrombus (clot) after treatment. In some cases, this causes a local superficial thrombophlebitis with symptoms of discomfort and discoloration. The thrombus usually begins to liquify within one to two (1-2) weeks of injection. Typical symptoms and signs are localised pain, tenderness and redness along the path of thrombosed vein.

This is typically managed with regular pain relief using non-steroidal anti-inflammatory agents (Brufen, Voltaren) as well as topical ointments such as Hirudoid or Arnica. All of these medications are available over the counter from your pharmacist. Topical ointments should be used twice a day by firmly rubbing the preparation into tender or lumpy changes caused by thrombophlebitis.

In the majority of patients superficial thrombophlebitis is self limiting and resolves within one to two (1-2) weeks.

POST SCLEROTHERAPY

Post Sclerotherapy hyperpigmentation is the occurrence of brown/black staining of the skin overlying treated veins. It is common with reported incidences ranging from 2-80% . It appears to depend upon the choice and concentration of sclerosant solution, vessel size, injection technique and post procedure care.

Skin staining is caused by the deposition of hemosiderin in the tissues around the treated vein. Skin staining can be worsened by the presence of undrained coagulum. Skin staining usually fades with time and is most often resolved with 6-12 months of treatment. On rare occasions it can persist beyond a year. Unfortunately, there is no reliable treatment for persistent skin staining although transcutaneous laser treatment appears to have the greatest success.

TELANGIECTATIC MATTING

Telangiectatic matting is the appearance of a complex of fine red veins around a treated vein after sclerotherapy. It is probably due to neovascularisation of the treated tissues and occurs in ~15% of all patients. Matting is a source of frustration to both patient and physician but usually resolves without therapy. If persistent, it can be treated by further injection sclerotherapy or transcutaneous laser or both.

SKIN NECROSIS

Can occur at puncture sites, especially if there has been extravasation of sclerosant. This is usually very

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COMPLICATIONS CONT...

SKIN NECROSIS CONT...

local and heals without therapy in a short time. More concerning is the possibility of inadvertent injection of sclerosant into an arteriole. This rare complication may result in areas of ischemia and skin necrosis that may be larger but usually heal. There are a few reports of arteriolar or arterial injection leading to large areas of ischemia and necrosis with disastrous results.

DEEP VEIN THROMBOSIS (DVT)

Overspill of sclerosant into the deep system can cause Deep Vein Thrombosis (DVT), if the concentration of sclerosant is high enough to damage the endothelium of the deep veins. This is of concern when treating vessels in the knee and thigh where the deep vessels in question (femoral and popliteal veins) are unpaired and thus without available collaterals. More central complications of non-target sclerotherapy are rare. Nonetheless, there have been a few reports of patients experiencing transient scotomata (transient visual defects) after being treated with sclero foam. The aetiology of this experience is unclear, it may be due to small amounts of foam crossing a clinically silent atrial septal defect.

Call Dr Garbowski if you have any of the following problems:

Significant and worsening pain and sensation of tightness within calf muscles. Increasing calf and or foot swelling, difficulties in walking due to pain within calf muscles. Any of these changes should be reported

OR

any hospital Emergency Department if you experience any of the above following your procedure.

Please note: **Opening Hours:** from 8.30am – 4pm Monday to Thursday and from 9am – 12pm on Friday

Should you have any questions, please do not hesitate to contact our office on 9382 9100, or email us at reception@perthvascularclinic.com.au.

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