TECHNIQUE FOR EFFECTIVE COSMETIC SCLEROTHERAPY

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INITIAL PATIENT EDUCATION

Patient Education Video

Treatment of Varicose and Spider Veins...

Next Segment: Treatment Options

Patient education video (treatment of varicose & spider veins), MDLSV. This final segment covers the risks of vein treatment. This is part 3 of a 3 part segment.

Vein Treatment Video
- Part 1: About Varicose Veins
- Part 2: Treatment options
- Part 3: Risks

Patient Education Videos
- YouTube Dysport Video
- Botox Maintenance Treatments
INITIAL PATIENT INTERACTION

- Watches video on You Tube or our website
  - Detailed explanation of all procedures, diagnostic techniques, complications
- Consultation with cosmetic liason
- Liaison answers questions, reviews need for compression compliance
- Patient decides whether to make appointment with physician
THE VENOUS EXAM

• Careful physical examination
  • 360° view
  • standing
• Photographic documentation
• Noninvasive diagnostic evaluation, when required
• Ultrasound ONLY if large varicosities seen or medial part of leg involved
CLASSIC LATERAL SUBDERMAL VENOUS SYSTEM (LSVS) ALBANESE VEINS
LATERAL VENOUS SYSTEM = COSMETIC
Asclera (polidocanol) is indicated to sclerose uncomplicated spider veins (varicose veins ≤1 mm in diameter) and uncomplicated reticular veins (varicose veins 1 to 3 mm in diameter) in the lower extremity.

Asclera has not been studied in varicose veins more than 3 mm in diameter.
POLIDOCANOL - CONSIDERATIONS

• Long history
  • Used as a sclerosing agent for over 40 years in Europe and is the number 1 agent worldwide
• Causes less discomfort upon injection than other agents
  • The active pharmaceutical ingredient (polidocanol) acts as a local anesthetic and causes less pain upon injection
• High level of patient satisfaction
• Proof of results
• Intensely studied, well characterized with a high therapeutic index
MY OBSERVATIONS – POL – BOTTOM LINE

• Much faster vein contraction
• Low risk of epidermal necrosis
• Higher efficacy than anticipated based on my experience with STS
• Costs twice as much as STS
• Reduced number of treatments with POL
INJECTION TECHNIQUES

• Be aware of your body position
• Indirect lighting is best
• Magnification may be helpful (1.5 - 3X)
• Cross polarized light is extremely helpful for smaller matting
• Apply alcohol to decrease white scale reflection
• Stretch skin taut for easier cannulation
VEIN VIEWER – PROJECTED IMAGE

- Projected near-infrared light is absorbed by blood but reflected by surrounding tissue.
- Project a digital image directly on the surface
POL VS HS

- Treatment of reticular and telangiectatic leg veins: double-blind, prospective comparative trial of polidocanol and hypertonic saline
- Peterson JD, Goldman MP, Weiss RA, et al.
POL VS HS – STUDY RESULTS

• N = 63 followed at 1, 4, and 12 weeks.
• Telangiectasias were treated with POL 0.5% or 11.7% HS and reticular veins with POL 1% or 23.4% HS
• Independent, blinded physician photo evaluation
• Subject ratings
• Both agents provided effective treatment
• HS = 2.35x more pain than POL
• HS = 2 subjects with tissue necrosis
GIVE UP ON HYPERTONIC SALINE

• So painful
• Ulcerogenic with minimal extravasation
• Glycerin works better than hypertonic saline for fine telangiectasias and doesn’t sting
• Polidocanol works better than HS and doesn’t sting
2 sessions, using 0.1% and 0.2% STS and 2 weeks compression. 90% clear at 10 years.
DON’T USE NON-FDA APPROVED COMPOUNDED SOLUTIONS

• Numerous studies show contaminants in compounded sclerosing solutions
• Actual concentrations vary
• Facilities aren’t FDA-approved
• Legal liabilities exist
• Just because they’re cheaper doesn’t meant it’s right for us to treat our patients with them
MAXIMUM DOSES PER SESSION

• 10 ml rule
• Hyperosmolar = 10 ml
• No more than 5cc glycerin
• Detergent = 10 ml of 3% (strongest)
• Toxins = unknown
FOAMING SCLEROSANTS – WHY?

• Increased volume but decreased total sclerosant injected
• Highest concentration contacting vessel wall
• Very slow washout
• Long contact with the intima
• Can use as contrast agent under Duplex ultrasound
THE TESSARI FOAM TECHNIQUE – HOW

• Quick
• Inexpensive
• Easy
• Any detergent solution
RETICULAR AND SPIDER SCLEROTHERAPY
ONE TREATMENT SCLEROTHERAPY
(FOAMED 0.1% DETERGENT SOLUTION)
ANKLE SCLEROTHERAPY TECHNIQUE
TELANGIECTATIC MATTING – PREVENTION/TREATMENT

- Don’t keep pushing solution when injecting (Fill and stop)
- Spontaneous resolution (time)
- Retreatment (include sources of reflux)
  - milder sclerosing solution (glycerin)
  - better visualization (cross polarization)
- Purple matting = probable reflux
  - Duplex exam
  - More sclerotherapy
- Red matting = angiogenesis
  - Lasers = pulsed dye
  - Sclerotherapy with enhanced visualization
- Anti-angiogenesis agents?
## POST-SCLEROTHERAPY COMPRESSION: REDUCTION OF SIDE EFFECTS

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Post-sclerotherapy compression: controlled comparative study of duration of compression
Weiss RA, Sadick NS, Goldman MP, Weiss MA
*Dermatol Surg* 1999 Feb;25(2):105-8
OVERALL VEIN TREATMENT ALGORITHM

• Saphenous incompetence
  • Endovenous RF/Laser has replaced ligation +/- short stripping
  • Duplex guided foam sclerotherapy much less effective
  • Endovenous glue?

• Saphenous branches
  • Ambulatory phlebectomy
  • Sclerotherapy (foam) (Duplex-guided)

• Reticular veins
  • AP
  • Sclerotherapy

• Telangiectatic spider veins
  • Sclerotherapy
  • Laser
SUMMARY
THANKS FOR YOUR ATTENTION