

Albuquerque Vein & Laser Institute Post-Operative Instructions

ENDOVENOUS CHEMICAL ABLATION (ECA)

Endovenous chemical ablation, also referred to as ultrasound-guided foam sclerotherapy, is used to treat varicose veins that are not seen by the naked eye, but are visible only by ultrasound. This is also a great method to treat residual or recurrent varicose veins or for patients with medical problems that preclude surgery. This procedure is covered by medical insurance, but usually requires prior authorization.

How It's Done: This procedure involves injecting veins, under ultrasound guidance, with a foamed chemical sclerosant that closes and eliminates them. The injected chemical, sodium tetradecyl sulfate, is FDA approved, but when it is mixed with air and foamed it is considered an off-label use. With the patient lying down, the abnormal veins are identified using ultrasound. Then, a small needle is directed into the selected vein and the sclerosant is injected. This chemically damages the vein wall causing the vein to close and ultimately disappear.

After Treatment: Patients are placed in two compression stockings on the treated leg immediately following the procedure then must walk for 20 minutes before driving home. Thereafter, they should walk 30 minutes daily for at least 3 weeks. For the first two weeks after treatment, patient activity is restricted to walking only, no vigorous exercise, and no lifting over 50 pounds. Patients are also advised to avoid air travel or long distance car travel for two weeks. Treated veins may feel firm to the touch. This is normal and indicates that the vein is closed.

Compression Stockings: must be worn for 3 weeks following ECA *so they must be brought to the treatment.*

First 2 days: Two stockings on the treated leg in the daytime, one stocking at night.

Days 3-21: One stocking on the treated leg in the daytime, none at night.

Follow-up: A follow-up ultrasound will be performed about 3 weeks after each treatment to verify successful vein closure and evaluate if further treatment is needed. Post treatment swelling often occurs and should be treated using compression stockings until all swelling is controlled even if beyond the above recommended 3 weeks.

Risks and Complications:

Most patients undergo this procedure with no difficulty at all. Occasionally, patients may develop "trapped blood" in a treated vein. Here, the firm closed vein may be tender and have some brownish overlying discoloration. This typically resolves on its own, but can be treated by numbing the overlying skin, pricking the vein and squeezing the blood out or by injecting the vein with more sclerosant if veins are incompletely closed. Trapped blood is not uncommon, but other complications are very unlikely. These include superficial or deep vein blood clot, with possible blood clot traveling to the lungs and possible death; arterial injection with loss of tissue or limb; ulceration and skin loss; stroke with paralysis and death; dizziness; visual changes including loss of vision; shortness of breath and dry cough; or allergic reaction to the sclerosant with death. Most of these are very rare or have never been seen in my experience. Migraine headache may develop after treatment especially in patients with a prior history of migraine.