

Foam Sclerotherapy

Do we teach the same things?
United Kingdom

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Only 2 licensed Sclerosants in UK Medicines and Healthcare Products Regulatory Agency (MHRA)

- sodium tetradecyl sulphate (Fibrovein, STD Pharmaceuticals Ltd).
- Lauromacrogol 400 (Polidocanol)

UK Foam Practice

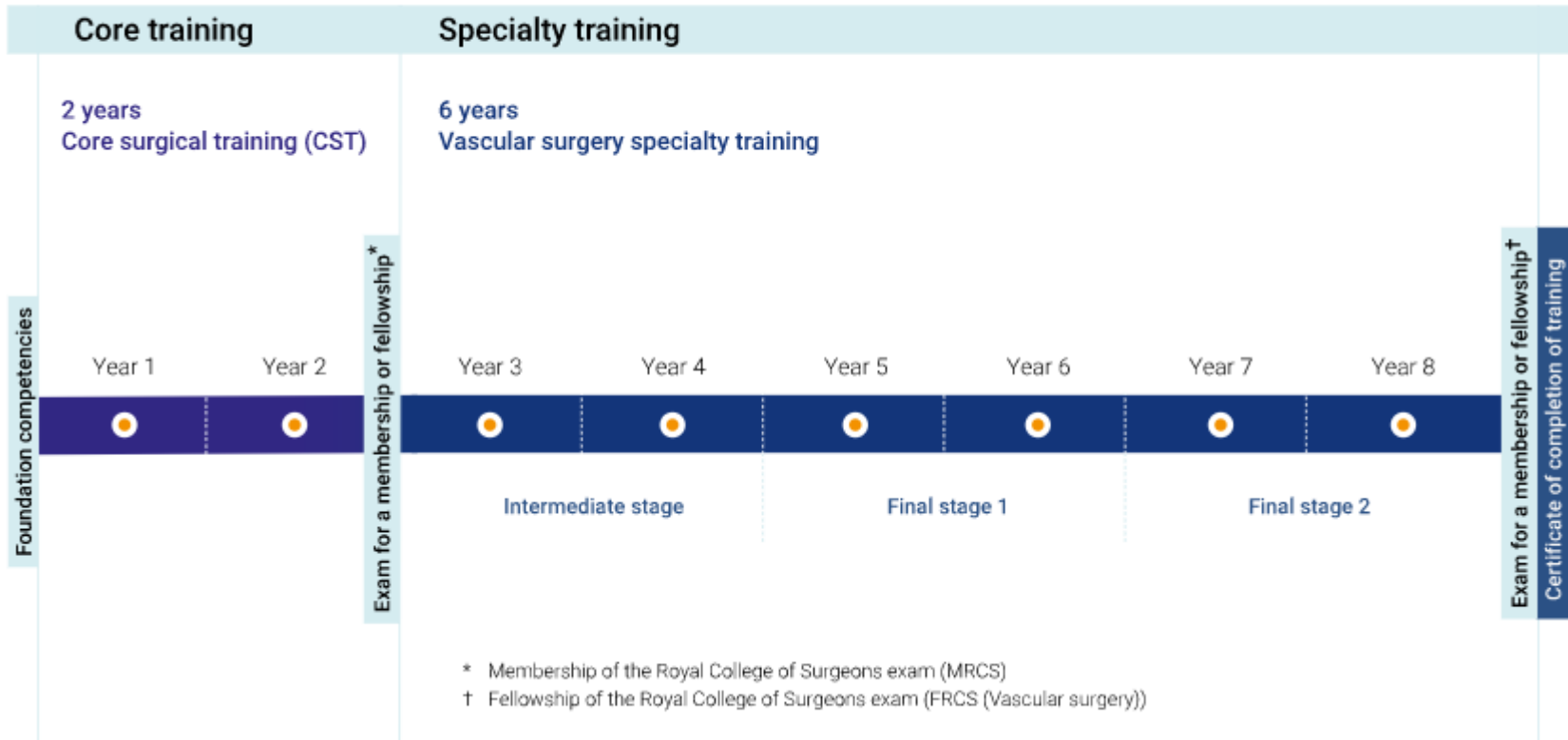
- NHS practice
 - Variable around UK
 - National VV guidelines prefer endothermal techniques
 - Local preferences – often historically based
 - Commissioning variability
 - Mostly done by vascular surgeons – previously general surgeons
- “Private” practice.
 - Geographically variable
 - Cosmetic and “symptomatic”
 - Access to foam sclerotherapy variable

Foam - How we do it in the UK?

- Somewhat hard to know exactly what is done and how cases are selected
- Tessari technique. 3% STS (Fibrovein) Maximum dose – 14/ mls
- One leg at a time.
- Several intravenous catheters to trunks– depends on precise situation . Position all canulas first.
- Distal to proximal technique
- Further direct injection/butterfly needles to other varicosities
- Elevation - to empty vein prior to injection
- Ankle –calf muscle contraction to promote deep flow
- Slow injection in stages. Massage of foam up or down leg
- Sub ulcer injections for appropriate cases
- Bandage 5 days
- Review of patient – further sclerotherapy as required

Vascular Surgery Training UK

Training pathway



UK Vascular Curriculum 2018

- Generic vascular ultrasound skills
 - Able to perform superficial venous U/S
 - U/S guided vessel puncture
- Index procedures varicose veins:
 - Sapheno-femoral and sapheno-popliteal ligation.
 - Endovenous LSV and SSV ablation
 - Foam injection sclerotherapy (Truncal -4)

<https://vascular.cochrane.org/>



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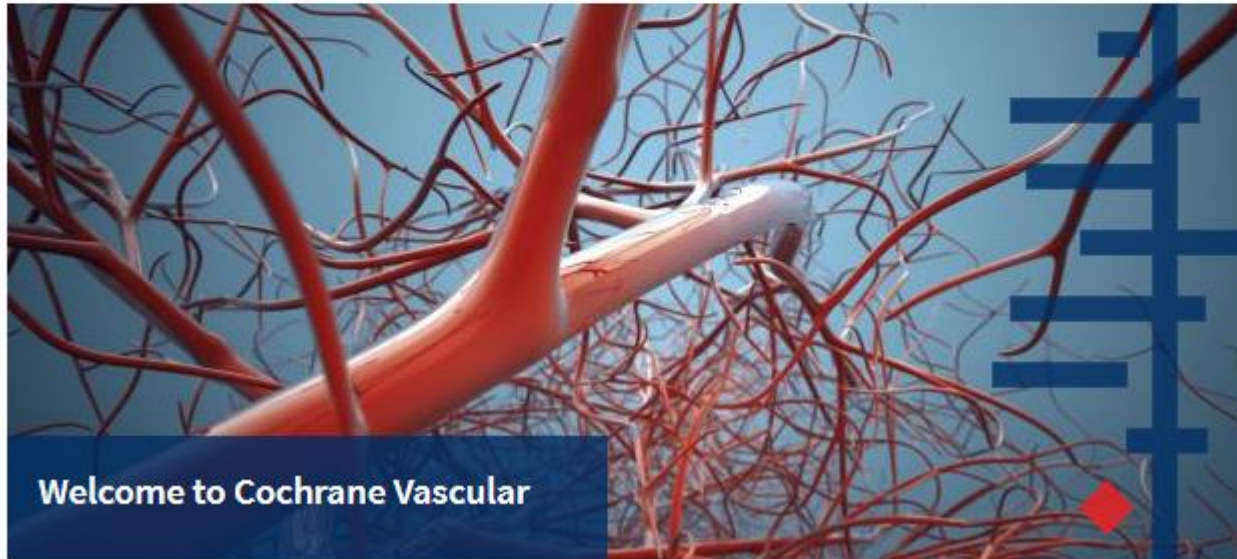
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Better health.

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Welcome to Cochrane Vascular