

# Sclectherapy etc...



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# Surgical Training

- 1928 - Formal program in general surgery established
- 1928 - 3 y
- 1956 - 4
- 1973 - 5 y
  - Vascular surgery established
- 2009 - 0 & 5 y residency established





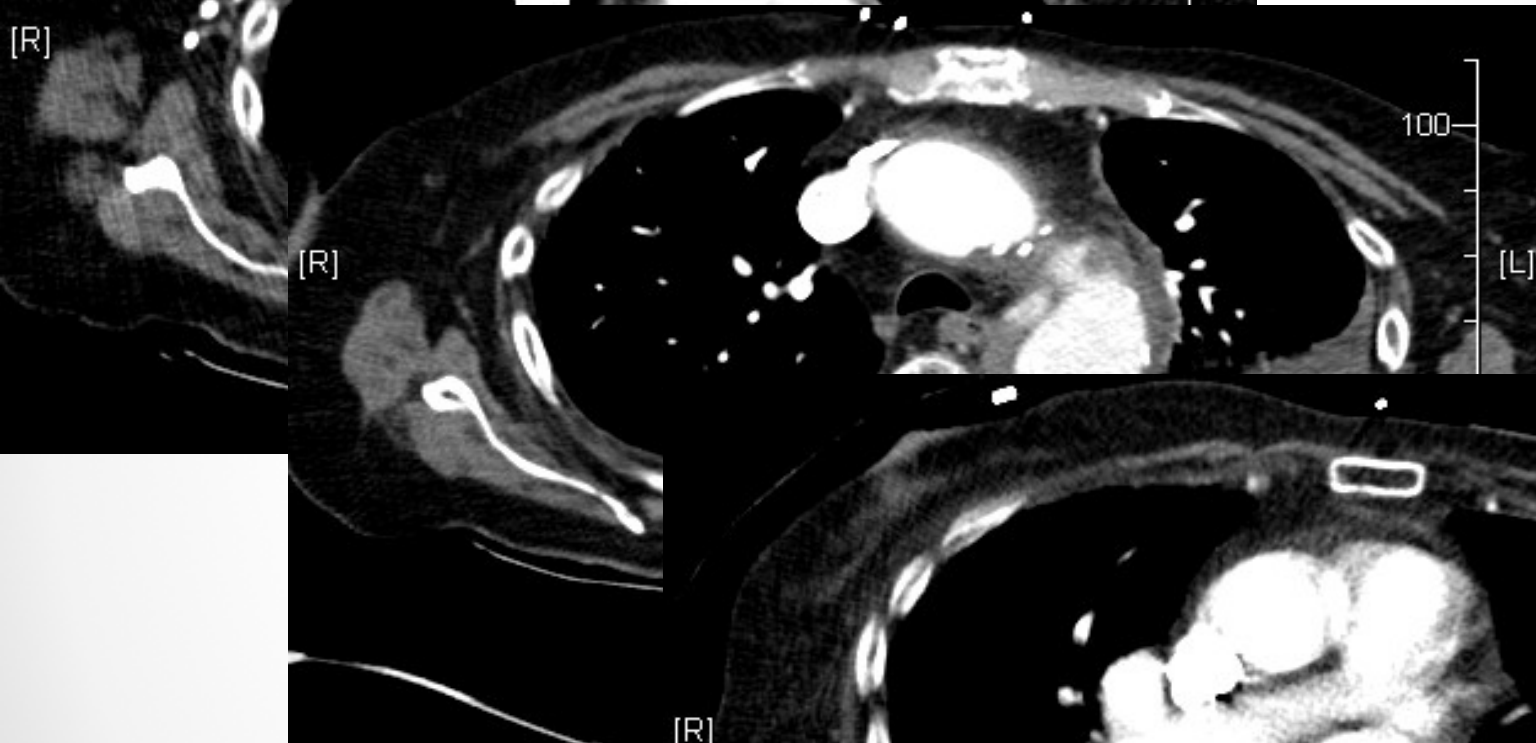
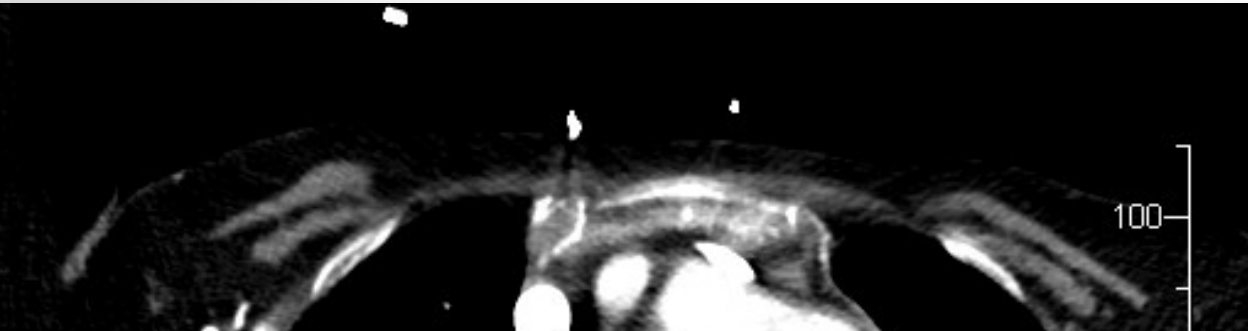


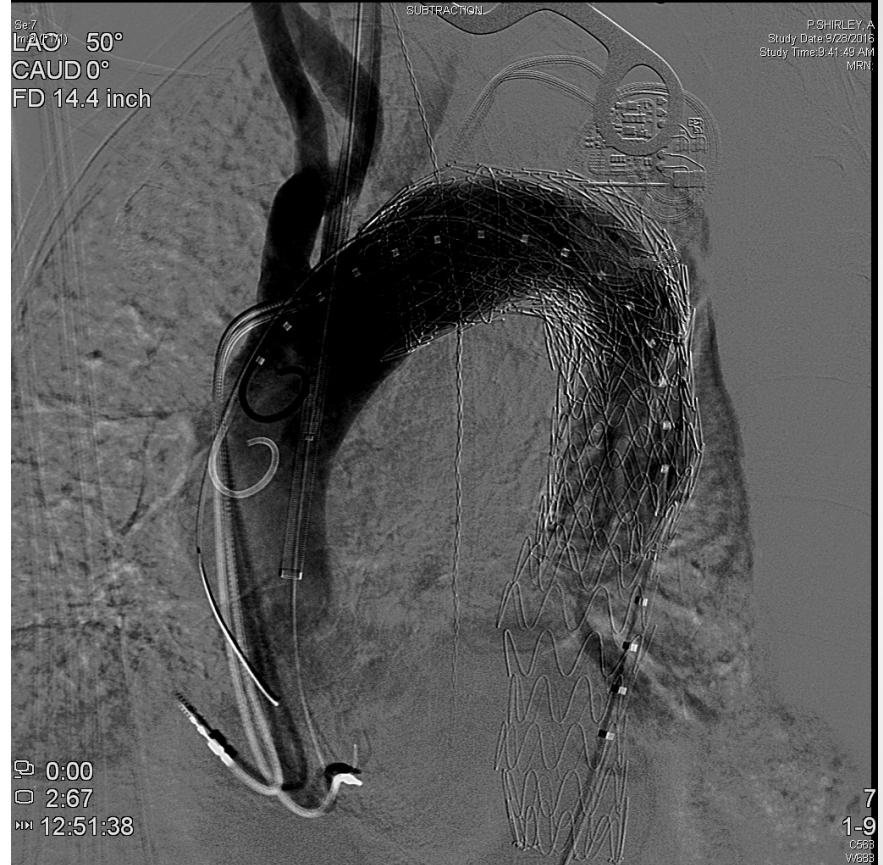
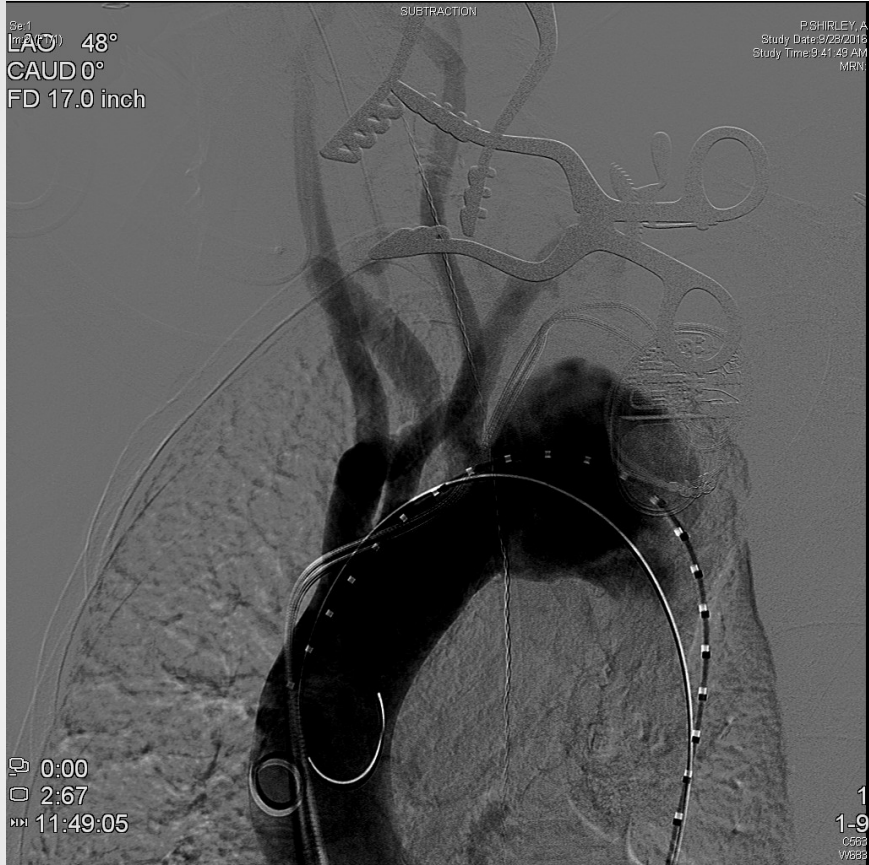
Good Samaritan Legacy

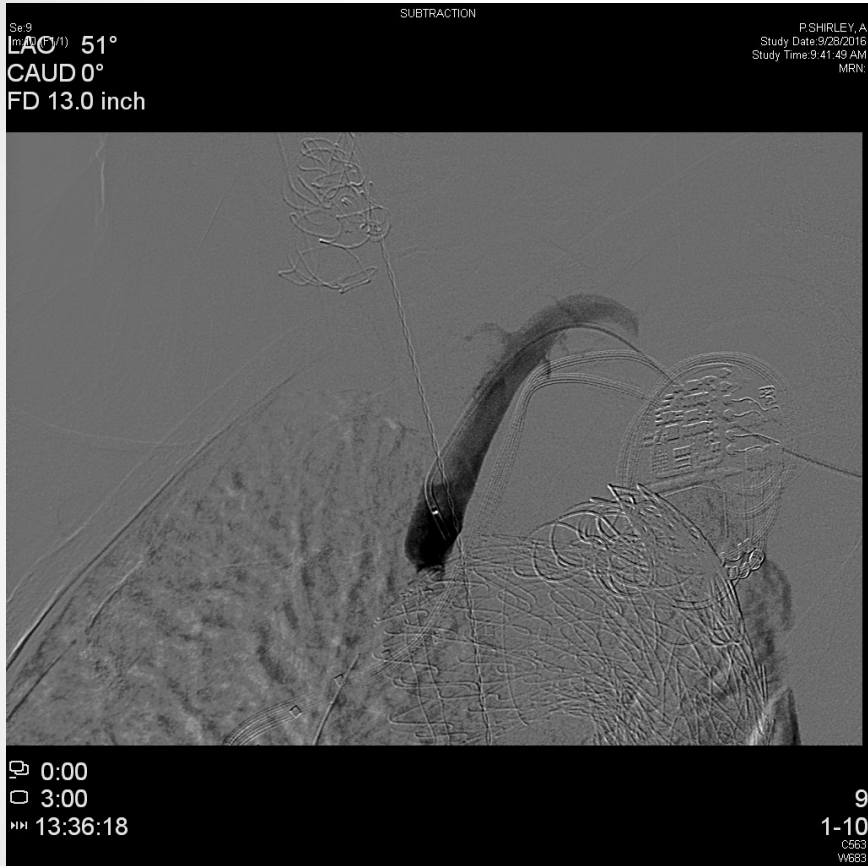


# Drs. Comerota & Fogarty









# This is Your Office...

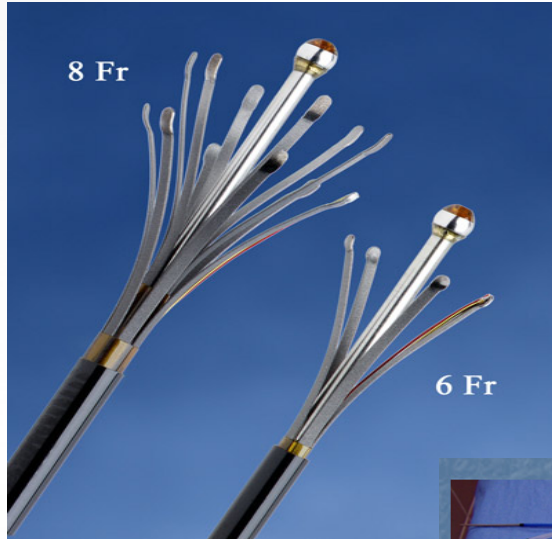




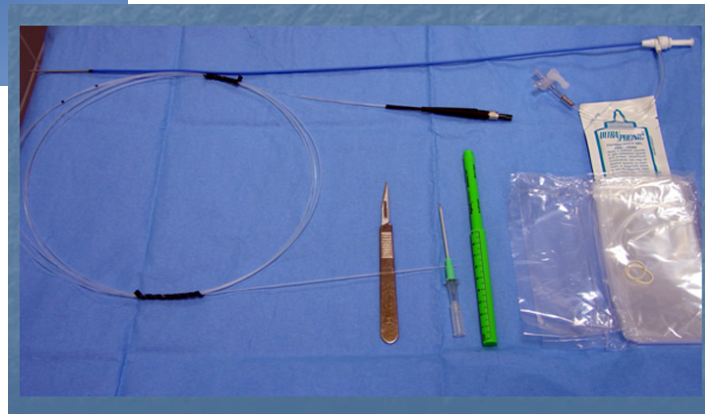
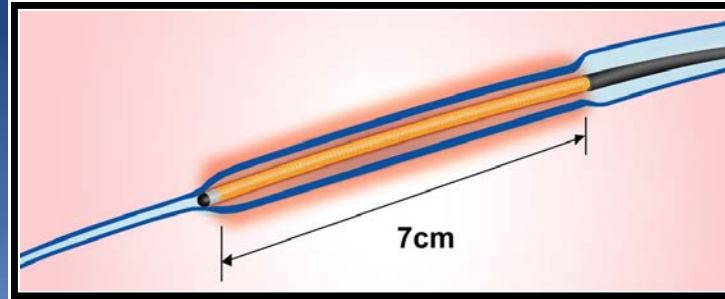
# ABLATION



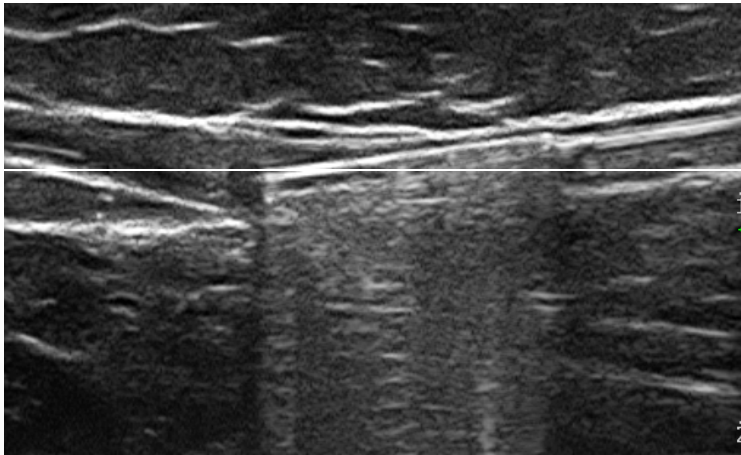
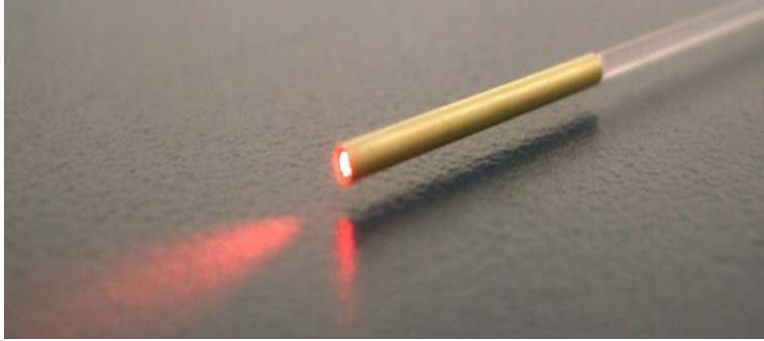
## *ClosurePlus*



## *ClosureFast*



# Bare, Covered, & 360 Fibers

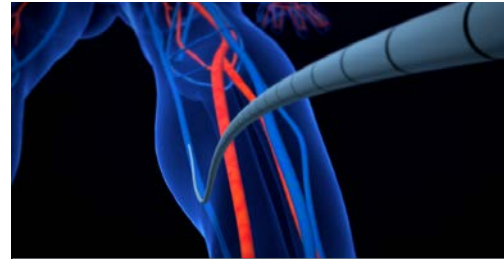




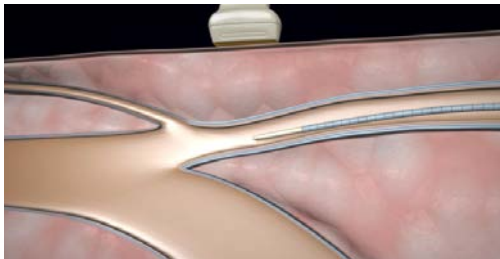
# VenaSeal<sup>®</sup> Procedure



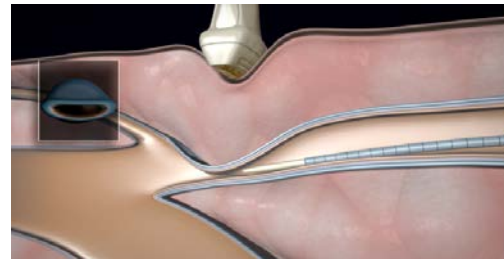
VenaSeal Sapheon Closure System



1) Access GSV using catheter technique

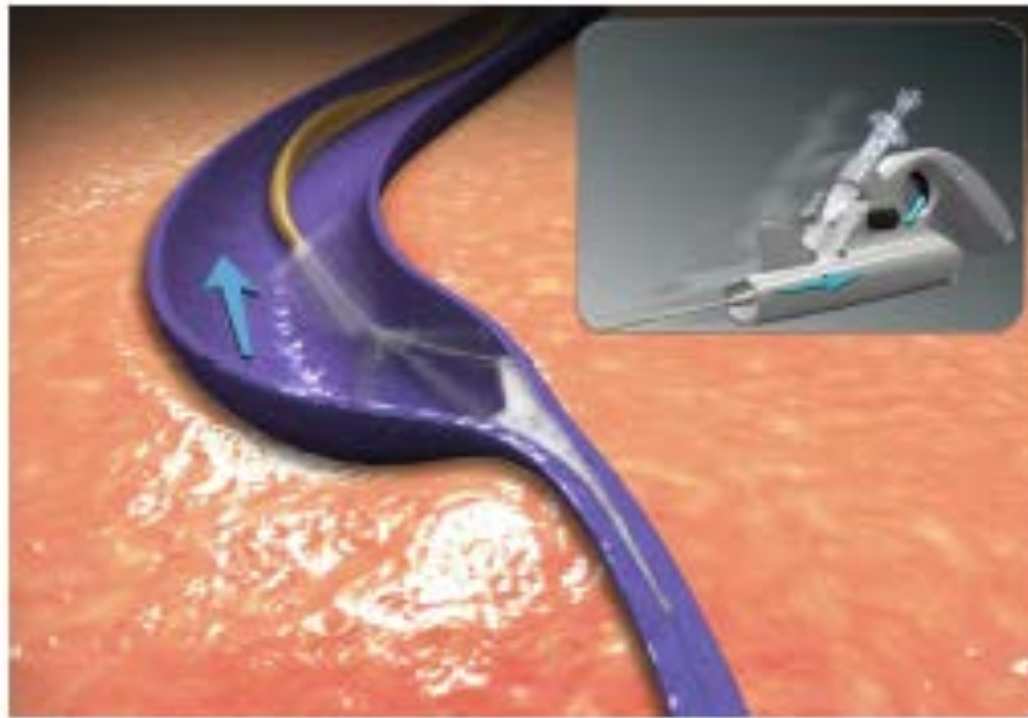


2) Position 5 cm from SFJ



3) Compress cephalad to catheter

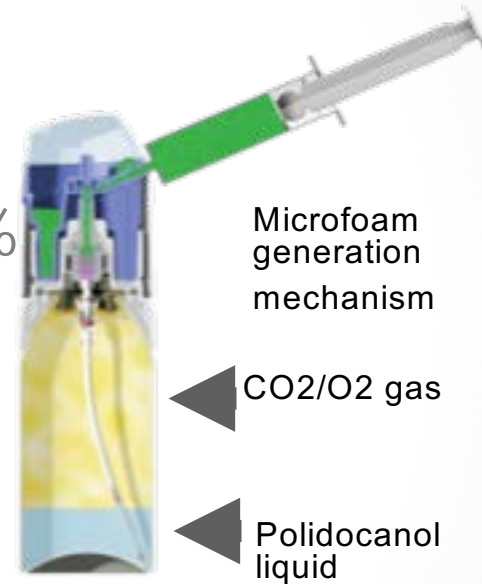
## MOCA: Mechanism of action



# PIM: Polidocanol Injectable Microfoam

## Varithena™

- Status of trials - safe
- Status of results – 75- 85%
- GSV/SSV/VV/VM
- Approved in US 12/13
- Available in US





## TT vs. NTNT (need both)

### TT (10-15%)

- Big veins
- Good F/U
- Nerve - concern
- Patient comfort – tumescence (learning curve)

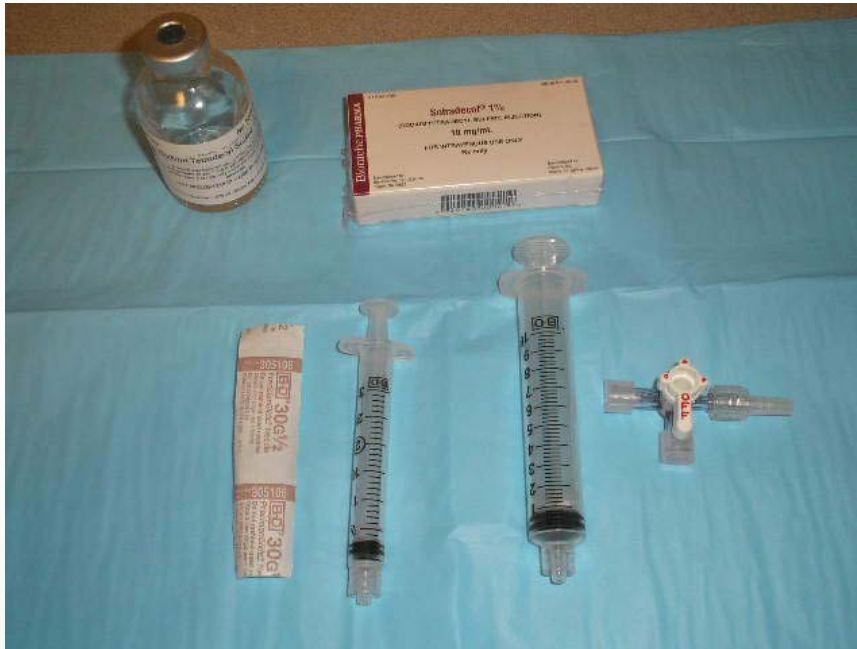
### NTNT (85-90%)

- GSV/SSV/C6/BK GSV
- Shorter F/U but equal
- Nerve – no issue
- Patient comfort: better
- Shorter learning curve?

# Ambulatory Setting



# Sclerosant Set-up



- Alcohol prep
- Compression post procedure



## Veinlite/ Transillumination





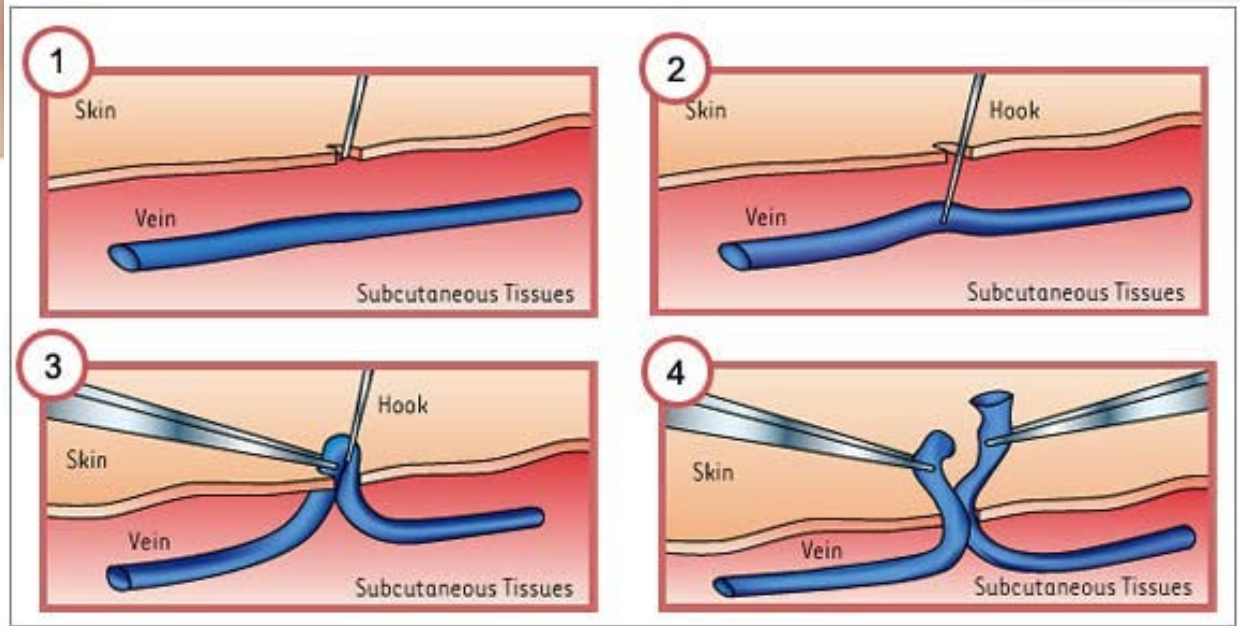
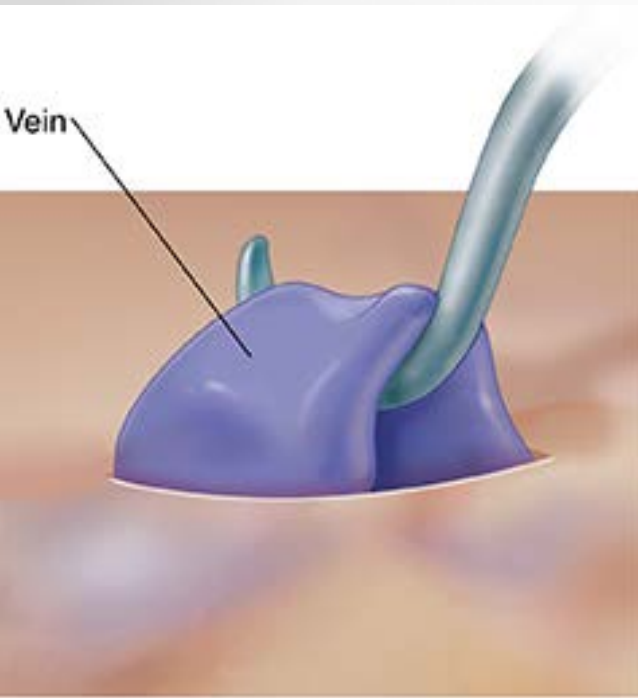
# Microphlebectomy

- Previously mapped vein (with sterile pen)
- Small microincisions of 1 to 2 mm in diameter are placed a 2 to 3 cm from each other over mapped vein
- Small microhook is used to remove the varicose veins









# What is Sclerotherapy?

- \* Injection of a substance into a vein, causing endothelial destruction and resulting in fibrosis and obliteration of the lumen
- \* Easily performed, well tolerated, useful as primary or adjuvant treatment
- \* *Effective use requires understanding of venous anatomy and sclerosant profiles*



Telangiectasias



Reticular Veins



Varicose Veins

# Treatable Veins



## Sclerosants

- \* Detergents: sodium tetradecyl sulfate\*, polidocanol\*, sodium morrhuate\*, ethanolamine oleate\*
- \* Osmotic agents: hypertonic saline, sclerodex (23.4% saline and 50% glucose mixed 1:1)
- \* Irritants: glycerin, iodinated iodine
- \* \*FDA approved

# Sclerosant Dilutions

	STS	Polidocanol	Glycerin	Hypertonic Saline
Telangiectasias	.1-.2%	.5-.75%	72% mixed 2:1 with buffered lidocaine	23.4% mixed 2:1 or 1:1 with buffered lidocaine
Reticular veins	.2-.4%	.5-1%	May not be effective	23.4% mixed 2:1 with buffered lidocaine
Varicose veins	.5-3%	1-5%	Not effective	23.4% may be effective, but painful on Rx

# Sclerotherapy of Telangiectasias: Technique



## Post-procedure instructions

- \* Immediate ambulation; walk 30 minutes/day
- \* Graduated compression – 3 days to 2 wks
- \* Return for follow-up at one month



# Sclerotherapy Results

Before



After



“Matting” = IPL/Laser



# CONCLUSION

- Sclerotherapy isn't EVAR, TEVAR, PEVAR, FEVAR
- These folks come to our office
- Sclerotherapy is effective
- Thank you

## Sclerotherapy is

- \* useful for reducing superficial reflux in most veins
- \* effective for relieving symptoms
- \* **As long as we keep in mind that**
- \* consideration of anatomy, hemodynamics, and sclerosants is essential
- \* reasonable expectations are crucial
- \* duplex exam may be necessary to determine what veins need treatment and to r/o underlying reflux