What are spider veins?
Spider veins or “telangiactasia” are small veins under the skin usually developing from dilated blood channels connected with underlying larger veins.

What is Sclerotherapy?
Sclerotherapy is a method of treatment for spider veins in which a solution called a sclerosants is injected into the veins to cause eventual closing of the vein making it disappear.

Will Sclerotherapy “cure” my spider veins?
The majority of patients having Sclerotherapy will have marked improvement in their visible spider veins. Rarely are there poor results, with little or no improvement. (“Poor results” means the veins have not totally disappeared after several treatments.) Unfortunately, there is no cure for your genetic tendency to develop new spider veins.

How many sessions will I need?
The number of treatments needed to clear of improve the condition differs from patient to patient, depending on the extent of varicose and spider veins present. The average number is 3.

Possible side effects and/or complications of Sclerotherapy
The most common side effects experienced with Sclerotherapy include:
1. Hyperpigmentation- In most patients, the treated veins become darker immediately after the treatment. This usually fades in 2-4 weeks; however, in rare cases it can persist up to 12 months or can be permanent.
2. Matting- This refers to the development of new tiny veins in the treated area, which forms a “mat” of redness. It may occur 2-4 weeks after the treatment and usually fades with 4-6 months. It occurs in up to 18% of women receiving estrogen therapy and in 2-4% of all patients.
3. Trapped blood- occasionally the closing of the vein is slow to occur and a small pocket of blood remains as a dark blue clot. This can be removed with a small needle puncture within 2-4 weeks after treatment. This is NOT a dangerous form of clotting.
4. Ulceration- In less then 1% of patients receiving Sclerotherapy, a small blister may form at the injection site, open and become ulcerated. Should this occur it usually heals within 8 weeks and the scar eventually returns to normal skin color.
5. Allergic reaction- Allergic reaction to the sclerosants is very rare; such reactions would be mile in the form of skin reaction of hives. Out office policy is equipped with medications that can be used in case of allergic reaction.
6. **Itching**- Mild itching of tingling may occur along with the treated vein for up to 2 hours after the treatment and may persist a day or so.

7. **Bruising**- At the injection sight is very common, but usually disappears by 4 weeks.

8. **Pain**- An extremely small needle is used for injections into the vein and very little discomfort is associated with the actual injection site. Mild burning or stinging may be experienced immediately following the injections, but usually dissipate when hose are applied and walking resumes.

9. **Phlebitis**- In less than 0.1% of patients, swelling of the vein with pain may occur and may cause the ankles to swell. This is not dangerous and usually subsides in a few days.

**Post Treatment Instructions**

- Walk for 20-30 minutes immediately following the treatment and daily.
- Apply graduated compression hose immediately following the treatment, sleep in them 1 night and wear daily for 1 week of as directed by your injector.
- Avoid: prolonged heat exposure (hot tub, tanning beds, etc.) running or jogging, high impact aerobics, long periods of sitting or standing still.
- Expect veins to look worse before looking better in approximately 4 weeks.
- Remove cotton balls and tape the next morning.

I have been informed and explained the procedure and risks of Sclerotherapy and that it could take multiple treatments to achieve the desired results.

In addition, I consent to be photographed before and after the treatment and photographs are the property of WellSpan MedSpa and can be used for scientific purposes.

I authorize and give consent to [patient's name] to treat m spider veins. I understand that compliance of the above instructions will increase the effectiveness of my treatment.

I agree to call and inform the office of any adverse effects of complications at ________

______________________________  __________________________
Patient signature               Date

______________________________  __________________________
Witness signature               Date
Patient Questionnaire for vein treatment

Patient name ___________________________ DOB _______ Age___ Date________
Number of children_______ Height_______ Weight________

When did you first notice enlarged or discolored veins? ______________________

Which leg are you concerned about? Right__Left__Both__

Which of the following symptoms have you experienced?
1. Aching pain__________  2. Burning________________
3. Itching_____________  4. Stinging________________
5. Swelling_____________  6. Restless legs____________
7. Cramping_____________  8. Leg ulcers____________

Do you take any hormone replacement therapy or birth control pills?
NO  YES if so, explain__________________________________________

Have you had any previous treatments? NO  YES  if yes, answer:
When? __________________ Where? __________________________
What kind of treatment?________________________________________

Have you ever worn medical grade compression stockings/socks?
NO  YES

Have you ever been diagnosed with:
1. Phlebitis (blood clots in legs) NO  YES  When?________
2. Deep vein thrombosis (DVT) NO  YES  When?________
3. Leg or ankle ulcers NO  YES  When?________
4. Varicose veins NO  YES  When?________
5. Asthma NO  YES  When?________

List any trauma to your legs, including softball, tennis ball injuries, surgeries, etc:
________________________________________________________________
________________________________________________________________

List any family members with vein problems:
________________________________________________________________
________________________________________________________________

Do you regularly participate in any of the following?
1. Running/jogging NO  YES  2. Weight lifting NO  YES
3. Walking NO  YES  4. Swimming NO  YES
5. Tanning bed NO  YES  6. Smoking NO  YES