

## Sclerotherapy Saskatoon

Sclerotherapy Saskatoon - The therapy of Sclerotherapy is utilized in the cure of vascular malformations, blood vessel malformations and similar problems of the lymphatic system. This therapy is able to work by means of injecting medicine into the vessels in order to make them shrink. It is a treatment that has been utilized for varicose veins for more than 150 years. The most recent developments in these therapy techniques include making use of ultrasonographic guidance and foam sclerotherapy. Both young adults and children who suffer from lymphatic or vascular malformations can benefit from this particular therapy. In the older population, it is usually used in order to cure varicose veins and hemorrhoids.

It is reported that the first sclerotherapy attempt was by D. Zollikofer in Switzerland during 1682. He used an acid and injected it into a vein so as to induce thrombus formation. In the year 1853, there was initial success reported for treating varicose veins by injecting perchlorate of iron. Later in the year 1854, sixteen cases of varicose veins were treated by means of injecting tannin and iodine into the veins. These new methods became accessible about twelve years after the initial treatment of the great saphenous vein stripping which was introduced by Madelung in 1844. There were sadly several side-effects with the drugs utilized at the time for sclerotherapy and by 1894; this practice was pretty much discarded. Through this era, several improvements were made for surgical techniques and anaesthetics; thus, stripping emerged as the varicose vein treatment of choice.

Other treatments together with sclerotherapy are available for the treatment of venous malformations and varicose veins consist of laser ablation, radiofrequency and a surgical procedure. Often ultrasound-guided sclerotherapy is a preferred technique. It uses ultrasound to visualize the underlying vein in order for the doctor of medicine to monitor and deliver the injection in an effective and safe manner. Typically, sclerotherapy is done under ultrasound guidance once the venous abnormalities have been diagnosed with duplex ultrasound. The use of sclerotherapy and micro-foam sclerosants along with ultrasound guidance has shown to be effective in controlling reflux from the sapheno-popliteal and sapheno-femoral junctions. There are various experts who think that this particular treatment is not suitable for veins with axial reflux or those with reflux from the greater or lesser saphenous junction.

During the early 20th century, alternative sclerosants were sought as it was found that perchlorate of mercury and carbolic acid can obliterate varicose veins. This particular treatment had to be abandoned since there were extreme side-effects. After the First World War, Professor Sicard and several other French physicians developed utilizing sodium salicylate and sodium carbonate. Throughout the early 20th century, quinine was likewise used along with some effect. In the year 1929, Coppleson's book was advocating the use of sodium salicylate or quinine as the best sclerosant choices.

Throughout the next decades, further work continued on improving the development and technique of more effective and safer sclerosants. STS or likewise called sodium tetradecyl sulphate was an essential development during 1946. This particular product is still utilized often these days. During the 1960s, George Fegan reported treating more than 13,000 patients with sclerotherapy. He focussed on fibrosis of the vein rather than thrombosis. This new method considerably advanced the technique, by emphasizing the importance of compression of the treated leg and controlling significant points of reflux. Soon after, this method became medically accepted in mainland Europe during that time period, even if it was not specifically understood or accepted in England or in the USA.

In the 1980s, the next major development in the evolution of sclerotherapy was the advent of duplex ultrasonography. Together with this evolution was its incorporation into the sclerotherapy practice later in that decade. This new procedure was presented at several conferences in Europe and the USA. By means of injecting unwanted veins with a sclerosing solution, the targeted vein instantly becomes smaller and after that dissolves over a period of weeks. The body then naturally absorbs the treated vein and it is gone.

With regards to eliminating smaller varicose leg veins and "telangiectasiae" or big spider veins, sclerotherapy is preferred over laser therapy. An advantage of utilizing the sclerosing solution is that it closes the feeder veins under the skin which are causing the spider veins to form and this makes any recurrence of spider veins in the treated area a lot less possible. This is amongst the prominent reasons sclerosing treatments really vary from laser treatments.

For a treatment, many injections of dilute sclerosant are injected into the abnormal surface of the veins of the involved leg. The person's leg is then compressed using either stockings or bandages that are typically worn for a couple of weeks after treatment. People are encouraged to walk regularly through that time also. It is common practice for the person to need at least two treatment sessions that are normally separated by several weeks so as to improve the overall appearance of their leg veins.