

# EVIDENCE BASED STATEMENT

DOMAIN **11**, Statement **05**

TOPIC: “sclerotherapy periprocedural management”

## SEARCH TERMS & SOURCES

(periprocedural) AND (sclerotherapy)

### INCLUSION CRITERIA

- Lower limb only
- Systematic Reviews, Meta-Analysis, Reviews
- Publication < 10 years, only ENG

## SEARCH RESULT BEFORE - AFTER SELECTION

7/2

### PERTINENT LITERATURE NOT IDENTIFIED BY THE LITERATURE SEARCH

1. De Maeseneer MG, Kakkos SK, Aherne T, et al. European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs. *Eur J Vasc Endovasc Surg*. 2022 Feb;63(2):184-267
2. Bayer A, Kuznik N, Langan EA, et al. Clinical outcome of short-term compression after sclerotherapy for telangiectatic varicose veins. *J Vasc Surg Venous Lymphat Disord*. 2021 Mar;9(2):435-443
3. Tan MKH, Salim S, Onida S, Davies AH. Postsclerotherapy compression: A systematic review. *J Vasc Surg Venous Lymphat Disord*. 2021 Jan;9(1):264-274.
4. Campos Gomes CV, Prado Nunes MA, Navarro TP, Dardik A. Elastic compression after ultrasound-guided foam sclerotherapy in overweight patients does not improve primary venous hemodynamics outcomes. *J Vasc Surg Venous Lymphat Disord*. 2020 Jan;8(1):110-117.
5. Zubac D, Buoite Stella A, Morrison SA. Up in the Air: Evidence of Dehydration Risk and Long-Haul Flight on Athletic Performance. *Nutrients*. 2020 Aug 25;12(9):2574
6. Giancesini S, Obi A, Onida S, et al. Global guidelines trends and controversies in lower limb venous and lymphatic disease. *Phlebology*. 2019 Sep;34(1 Suppl):4-66
7. Rabe E. Indications for medical compression stockings in venous and lymphatic disorders: An evidence-based consensus statement. *Phlebology*. 2018 Apr;33(3):163-184
8. Barker T, Evison F, Benson R, Tiwari A. Risk of venous thromboembolism following surgical treatment of superficial venous incompetence. *Vasa*. 2017 Oct;46(6):484-489.
9. Darvall KA, Bate GR, Adam DJ, Bradbury AW. Recovery after ultrasound-guided foam sclerotherapy compared with conventional surgery for varicose veins. *Br J Surg*. 2009 Nov;96(11):1262-7
10. Weiss RA, Sadick NS, Goldman MP, Weiss MA. Post-sclerotherapy compression: controlled comparative study of duration of compression and its effects on clinical outcome. *Dermatol Surg*. 1999 Feb;25(2):105-8.

# EVIDENCE BASED STATEMENT

Domain 11; Statement 5

## IDENTIFIED REFERENCES

1. Giannopoulos S, Rodriguez L, Chau M, et al. A Systematic Review About Outcomes of Percutaneous Treatment Modalities for Pathologic Saphenous And Perforating Veins. J Vasc Surg Venous Lymphat Disord. 2022 Mar 29:S2213-333X(22)00167-6.
2. Jones WS, Vemulapalli S, Parikh KS, et al. Treatment Strategies for Patients with Lower Extremity Chronic Venous Disease (LECVD) [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2017 Apr 6.

# EVIDENCE BASED STATEMENT

## Domain 11; Statement 5

### TEXT FOR INCLUSION IN THE DOCUMENT

#### DOMAIN 11, Statement 05, TOPIC: “sclerotherapy periprocedural management”

Allergic reactions following sclerotherapy of the lower limb varicose veins are extremely rare, therefore no fasting need is usually recommended before an injection.

**[Rabe E. Indications for medical compression stockings in venous and lymphatic disorders: An evidence-based consensus statement. Phlebology. 2018 Apr;33(3):163-184]**

After the procedure graduated compression is recommended in a heterogeneous way in the different guidelines.

**\*[Gianesini S, Obi A, Onida S, et al. Global guidelines trends and controversies in lower limb venous and lymphatic disease. Phlebology. 2019 Sep;34(1 Suppl):4-66]**

A recent review reported that postsclerotherapy compression may bring clinical benefits at short-term follow-up. Nevertheless, more data are needed to identify proper type, class, length, and duration of compression.

**[Tan MKH, Salim S, Onida S, Davies AH. Postsclerotherapy compression: A systematic review. J Vasc Surg Venous Lymphat Disord. 2021 Jan;9(1):264-274].**

As for all varicose veins procedures, a careful thrombotic risk assessment must be performed in all patients. Compared to other procedures, sclerotherapy did not show an increased risk of thrombosis and it actually demonstrated a lower incidence of deep venous thrombosis in the first 30 days.

**[Barker T, Evison F, Benson R, Tiwari A. Risk of venous thromboembolism following surgical treatment of superficial venous incompetence. Vasa. 2017 Oct;46(6):484-489].**

No strong evidence based data can be found by the authors regarding the real need of avoiding ultra-violet exposure after sclerotherapy. Yet, caution should be applied, particularly in the high melanin content skin types. The authors were not able to identify literature specifying in an evidence based way both the physical activity and the flying restrictions following sclerotherapy injection.

On an empirical basis, Valsalva maneuver should be avoided right after the injection, while a normal physical activity can be restored few hours later, having care in avoiding direct leg trauma or forced limb position that might hamper a physiological drainage.

Flying after the procedure should be associated with the awareness of the related dehydration and blood viscosity risk increase, leading to proper patient hydration, eventual compression stockings use and physical activity on board. Further data are needed on this topic before releasing significant recommendations.

# EVIDENCE BASED STATEMENT

## Domain 11; Statement 5

### STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 11, Statement 05

**“sclerotherapy injection must be accompanied by proper patient thrombotic risk assessment and life-style adaptation as per the evaluation of the expert physician”**

### SELECTED REFERENCES

1. Rabe E. Indications for medical compression stockings in venous and lymphatic disorders: An evidence-based consensus statement. *Phlebology*. 2018 Apr;**33**(3):163-184
2. \*Gianesini S, Obi A, Onida S, et al. Global guidelines trends and controversies in lower limb venous and lymphatic disease. *Phlebology*. 2019 Sep;**34**(1 Suppl):4-66
3. Tan MKH, Salim S, Onida S, Davies AH. Postsclerotherapy compression: A systematic review. *J Vasc Surg Venous Lymphat Disord*. 2021 Jan;**9**(1):264-274
4. Barker T, Evison F, Benson R, Tiwari A. Risk of venous thromboembolism following surgical treatment of superficial venous incompetence. *Vasa*. 2017 Oct;**46**(6):484-489

### identified LITERATURE BIAS

Heterogeneous investigations in compression use, lack of data on periprocedural life-style

### SUGGESTED NEXT LINES OF RESEARCH

Sun exposure, long distance flights, lifestyle periprocedural impact