

## Sclerotherapy Kawartha Lakes

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

The very first attempt making use of sclerotherapy which was reported, was made in 1682, by D. Zollikofer within Switzerland. He injected an acid into a vein to be able to help induce thrombus formation. There was initial success reported during the year 1853, in treating varicose veins by injecting perchlorate of iron. Later in the year 1854, 16 cases of varicose veins were treated by injecting tannin and iodine into the veins. These new methods became obtainable approximately twelve years after the first treatment of the great saphenous vein stripping that was introduced by Madelung in the year 1844. There were sadly many side-effects with the drugs made use of at the time for sclerotherapy and by 1894; this practice was pretty much abandoned. Through this era, several improvements were made for anaesthetics and surgical techniques; thus, stripping emerged as the varicose vein treatment of choice.

There are other cures available to utilize together with sclerotherapy to cure varicose veins and venous malformations. These include radiofrequency, laser ablation and a surgical procedure or the more preferred use of ultrasound-guided sclerotherapy. It utilizes ultrasound so as to visualize the underlying vein in order for the physician to monitor and deliver the injection in a safe and effective manner. Typically, sclerotherapy is performed under ultrasound guidance when the venous abnormalities have been diagnosed with duplex ultrasound. Making use of micro-foam sclerosants and sclerotherapy with ultrasound guidance has shown to be effective in controlling reflux from the sapheno-femoral and sapheno-popliteal junctions. There are various experts who believe that this cure is not suitable for veins with axial reflux or those with reflux from the lesser or greater saphenous junction.

In the early 20th century, alternative sclerosants were sought as it was found that carbolic acid and perchlorate of mercury could eliminate varicose veins. This particular cure had to be discarded because there were severe side-effects. After the First World War, Professor Sicard and several other French doctors developed utilizing sodium salicylate and sodium carbonate. All through the early 20th century, quinine was even used with some effect. In 1929, Coppleson's book was advocating the use of quinine or sodium salicylate as the best sclerosant options.

During the past few decades, there has been more developments and techniques of more safer and effective sclerosants. During the year 1946, an essential development was STS or also known as sodium tetradecyl sulphate. This particular product is still utilized often nowadays. During the 1960s, George Fegan reported treating more than 13,000 people with sclerotherapy. He focussed on fibrosis of the vein instead of thrombosis. This new technique considerably advanced the method, by emphasizing the significance of compression of the treated leg and controlling significant points of reflux. Immediately after, this procedure became medically accepted in mainland Europe through that time period, even if it was not specifically accepted or understood in the United States or in England.

During 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 method was presented at numerous conferences within the United States and Europe. By means of injecting unwanted veins with a sclerosing solution, the targeted vein instantly becomes smaller and then 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 using the sclerosing solution is that it closes the feeder veins under the skin which are causing the spider veins to form and this makes whichever recurrence of spider veins in the treated part much less possible. This is one of the prominent reasons sclerosing treatments very much differ from laser treatments.

Many injections of dilute sclerosant are injected into the abnormal surface of the veins of the leg. The leg should then be compressed making use of stockings or bandages, needing to be worn for about two weeks following whichever treatment. People are encouraged to walk on a regular basis during that time as well. It is common practice for the individual to need at least two treatment sessions which are normally separated by a few weeks in order to improve the overall appearance of their leg veins.