


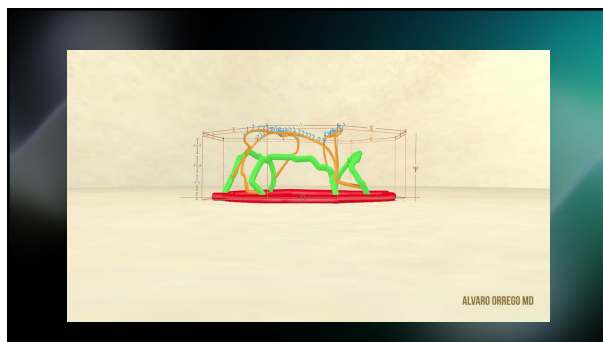
Ultrasound Guided Foam Sclerotherapy For Reticular Venous Plexus: Systematization Of The Technique

[GET STARTED →](#)

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Disclosures

None

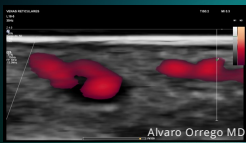
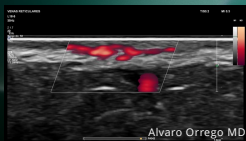
GLOBAL STRATEGY

01. Reticular Venous Plexus Mapping	05. Procedure itself
02. Informed consent	06. Inflammatory process control
03. Photographic Registration (pre)	07. Management of secondary events
04. Identification of the main feeding vein	08. Photographic Registration (post)

→

WHY TO STUDY RETICULAR PLEXUS BEFORE TREATMENT?

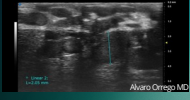
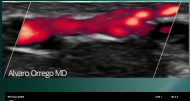
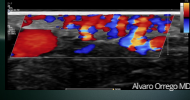
- Due to the need to establish the source of reflux.
- Generate a map of reticular veins to be treated.
 - Make your treatment plan.
- Establish the initial state of the venous system before treatment

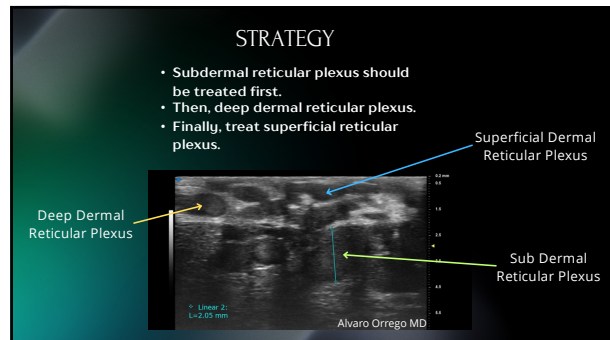
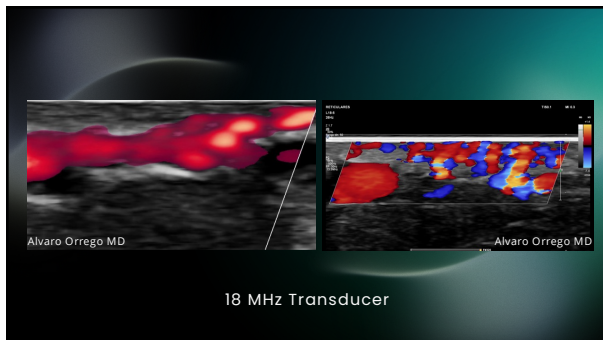
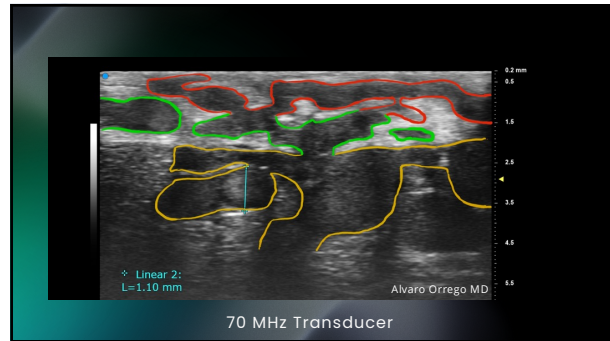
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DUS

- Hi resolution and hi frequency transducers are absolute required.
- We look for:
 - Reticular elongated and dilated veins.
 - Reflux on doppler and color.

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To use or not to use foam in telangiectasias treatments, that is the question



Foam versus sclerotherapy (any sclerosant agent)
Foam was compared to polidocanol in three studies (Alix 2006; Benigni 1999; Kern 2004).


We were able to pool data from two studies with 187 participants (Benigni 1999; Kern 2004). Benigni 1999 was a split-body study and the data were reported by procedure. See Summary of findings 6.

Resolution or improvement of telangiectasias
Benigni 1999; Kern 2004: There was no clear difference in improvement or resolution of telangiectasias between the foam group and the other sclerosing agents group (SMD 0.04, 95% CI -0.26 to 0.34, $I^2 = 0%$; 2 studies, 187 participants/procedures; low-certainty evidence) (Analysis 6.3).

Alix 2006: studied 75 participants (150 procedures) comparing polidocanol and foam. Three months after treatment, total occlusion of the vein was observed in 96% of foam interventions and 54% of polidocanol interventions ($P = 0.001$). Differences in the percentage of total efficacy for the two study groups were reported as statistically significant.

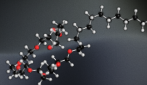
Cochrane Library 2021
Treatment for telangiectasias and reticular veins (Review)
Makris DCO, Cozzani DC, Saphiro-Bilav JCC, Fleming RLG

Why to Use Foam in Telangiectasias Treatments?



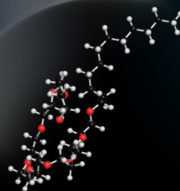
- Enhanced Efficacy: displace blood within the targeted vein more effectively than liquid solutions.
- Improved Precision: Foam can be visualized more easily under ultrasound.
- Reduced Dosage Requirement
- Better for Larger Surface Areas
- To combine with transdermal laser.

WHY POLIDOCANOL?



- 1.- It can be used in all sizes and types of varicose veins, reticular veins or telangiectasias.
- 2.- Intravascular injection is painless.
- 3.- Extravasation usually does not cause necrosis.
- 4.- Allergic reactions are very rare.
- 5.- Liquid is fluid, rather than viscous.
- 6.- Can be incorporated into a foam solution.
- 7.- Using good technique, the incidence of hyperpigmentation may be lower than that of most other agents.
- 8.- FDA Approved

RECOMENDATIONS



Which sclerosant?

- Polidocanol

RECOMENDATIONS

What form?

- Microfoam

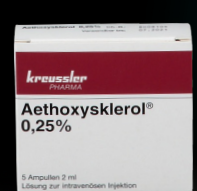


RECOMENDATIONS



What nature?

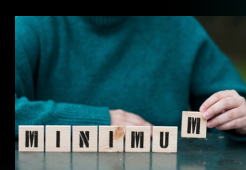
- Wetfoam



RECOMENDATIONS

What concentration?

- 0,25 %



RECOMENDATIONS

What amount?

- Lower quantity, the minimum possible to avoid matting and hyperpigmentation.

