

Nothing to declare

Pregnancy is a contributory factor to CVD

increasing the frequency:
telangiectasias
reticular veins
VVs
recurrent reflux after VV surgery

Leg edema can affect up to 80% of pregnant women, mainly during the third trimester.

Some women develop vulvar VVs, which tend to be exacerbated with each subsequent pregnancy

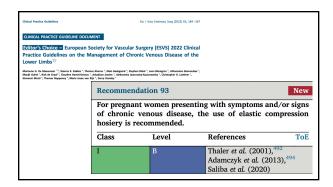
Increasing severity with progressive numbers of pregnancies
13% primiparous, 30% secundiparous and 57% multiparous.
(Claim Mt. Epidemology of varcous veins. Br 1 July 1994, 81:167-173)

## The incidence of recurrences after radical venous operations done during pregnancy or where pregnancy has occurred subsequently is much higher than it is in cases in which pregnancy or where pregnancy has occurred subsequently is much higher than it is in cases in which pregnancy has occurred subsequently in the higher than it is in cases in which pregnancy has occurred subsequently in the higher than it is in cases in which pregnancy has occurred. The high pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy or where pregnancy has occurred subsequently in the high pregnancy has occurred subsequently in the high



Implications for research

We are unable to provide clear guidance regarding any form of intervention used to relieve the symptoms associated with varicose veins and leg oedema in pregnancy. We have identified that there is a need for large, well-designed multicetter randomised controlled trials with clear allocation concealment, which will allow for robust conclusions to be drawn. It is of note that the largest trial included in this review involved only 69 women.



## Polidocanol Pregnancy Warnings

- is not recommended. Administration of this drug IV injection at doses greater than or equal to 2.5 mg/kg to pregnant rabbits once daily from gestation day 6 to 14 to 18 was associated with increased resorptions, fetal malformations (mainly of the limbs and head) and fetal death.
- Polidocanol which have been taken by a limited number of pregnant women, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

#### **Breastfeeding Warnings**

 Use is not recommended unless benefit outweighs risk. This drug and/or its metabolites were found in the milk of lactating rats for at least 48 hours after a single IV dose

# Sodium tetradecyl sulfate pregnancy & breastfeeding Warnings

- STS has been assigned to pregnancy category C by the FDA. Animal studies have not been reported. There are no controlled data in human pregnancy. Recommended for use during pregnancy when benefit outweighs risk.
- There are no data on the excretion of sodium tetradecyl sulfate into human milk. The manufacturer recommends that caution be used when administering sodium tetradecyl sulfate to nursing women

Sclerotherapy in an undetected pregnancy – a catastrophe?

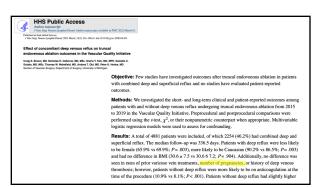
Sinch-Schupka. <sup>3</sup> A Leista, R Moritz, P Altmeyer, M Stöcker

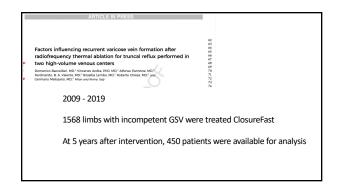
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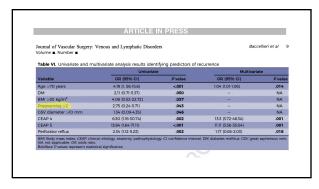
PMD: 2285987 Dot: 10/024/9301-1526/9000199

Abstract

According to the guidelines and the manufacturer's information, pregnancy is a contraindication for sclorotherapy with Photicocomol. However, in some cases sclorotherapy has been conducted in a schorotherapy with Photicocomol. However, in some cases sclorotherapy has been conducted in a schorotherapy with Photicocomol. However, in some cases sclorotherapy has been conducted in a schorotherapy with Photicocomol. However, in some cases sclorotherapy has been conducted in a schorotherapy with Photicocomol. However, in some cases sclorotherapy has been conducted in a schorotherapy has been conducted and pregnancy. Current knowledge is summed up in this article together with case reports. The existing case reports and many frestropache cases series on insteaded and conductal conducted schorotherapy with communication and conducted in the schorotherapy with communication and conducted in programmy. (I possible, Conservative measures during pregnancy or an elimination of variouse with soften pregnancy (in possible, Conservative measures during pregnancy randomination of variouse with a time of undertendency case to helpful even during pregnancy. Thereby, a very through clarification of the mother with a final Morotherapy during clarification of the mother with a final schorotherapy that has been consisted during undetected pregnancy.







## Pre-pregnancy strategy!

- •No treatment for C1 if the patients wants baby in a short period
- •Treatment of truncal insufficiency above C3
- •Case by case decision for C2

## Messages

- In pregnant women; treatment of leg edema, VVs, and vulvar VVs is mostly conservative with compression hosiery.
- ECS not only have a beneficial effect on GSV and SSV diameter and reflux, but also improve symptoms and signs of CVD
- In the majority of women, telangiectasias, reticular veins, and VVs subside at least partially within the first postpartum months.
- Any further treatment should therefore be postponed until three to six months after delivery.

## **REMEMBER!**

The risk for DVT is generally higher during pregnancy



