

Sclerotherapy Abbotsford

Sclerotherapy Abbotsford - The therapy of Sclerotherapy is utilized in the cure of vascular malformations, blood vessel malformations and similar issues of the lymphatic system. This therapy is able to work by means of injecting medicine into the vessels so as to make them become smaller. It is a cure that has been used for varicose veins for more than 150 years. The most recent developments in these therapy methods consist of the use of ultrasonographic guidance and foam sclerotherapy. Both young adults and children who have lymphatic or vascular malformations could benefit from this therapy. In the older population, it is normally used in order to cure hemorrhoids and varicose veins.

It is reported that the very first sclerotherapy attempt was by D. Zolliker in Switzerland during the year 1682. He utilized an acid and injected it into a vein in order to induce thrombus formation. In the year 1853, there was initial success reported for curing varicose veins by means of injecting perchlorate of iron. Later during the year 1854, sixteen cases of varicose veins were treated by means of injecting iodine and tannin into the veins. These new methods became obtainable around 12 years following the first treatment of the great saphenous vein stripping that was introduced by Madelung during the year 1844. There were sadly numerous side-effects with the drugs made use of at the time for sclerotherapy and by the year 1894; this method was pretty much abandoned. During this era, many improvements were made for anaesthetics and surgical methods; therefore, stripping emerged as the varicose vein cure of choice.

There are other cures available to utilize together with sclerotherapy to treat varicose veins and venous malformations. These consist of laser ablation, radiofrequency and a surgical procedure or the more preferred use of ultrasound-guided sclerotherapy. It uses ultrasound in order to visualize the underlying vein in order for the doctor to deliver and monitor 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. Utilizing micro-foam sclerosants and sclerotherapy with ultrasound guidance has proven to be successful in controlling reflux from the sapheno-popliteal and sapheno-femoral junctions. There are several professionals who believe that this particular treatment is not suitable for veins with axial reflux or those with reflux from the lesser or greater saphenous junction.

Alternative sclerosants were sought out during the early 20th century. It was found that carbolic acid and perchlorate of mercury can obliterate varicose veins, although, extreme side-effects also caused these treatments to be discarded. Following WWI, Professor Sicard and some other French physicians developed making use of sodium salicylate and sodium carbonate. During the early 20th century, quinine was also used along with some effect. During 1929, Coppleson's book was advocating the use of quinine or sodium salicylate as the best sclerosant options.

Throughout the next decades, further work continued on improving the technique and development of more effective and safer sclerosants. STS or likewise called sodium tetradecyl sulphate was an important development during 1946. This particular product is still utilized frequently these days. In the 1960s, George Fegan reported treating over 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 method became medically accepted in mainland Europe during that time period, though it was not particularly accepted or understood in England or in the United States.

The advent of duplex ultrasonography was the next major developments in the evolution of sclerotherapy in the 1980s. With this new evolution in the sclerotherapy practice was its incorporation in the therapy, which happened later in the decade. This new method was presented at several conferences within Europe and the USA. By means of injecting unwanted veins with a sclerosing solution, the targeted vein instantly becomes smaller and afterward dissolves over a period of weeks. The body then naturally absorbs the treated vein and it is gone.

When it comes to eliminating smaller varicose leg veins and "telangiectasiae" or big spider veins, sclerotherapy is preferred than laser therapy. A benefit to 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 whichever recurrence of spider veins in the treated area much less likely. This is one of the prominent reasons sclerosing treatments greatly vary from laser treatments.

For a treatment, multiple injections of dilute sclerosant are injected into the abnormal surface of the veins of the involved leg. The person's leg is then compressed with either bandages or stockings which are normally worn for two weeks following treatment. People are encouraged to walk regularly all through that time as well. It is common practice for the person 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.