

Sclerotherapy Owen Sound

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

It is reported that the first sclerotherapy attempt was by D. Zollikofer in Switzerland during 1682. He made use of an acid and injected it into a vein in order to induce thrombus formation. In 1853, there was initial success reported for curing varicose veins by means of injecting perchlorate of iron. Later during 1854, sixteen cases of varicose veins were cured by injecting iodine and tannine into the veins. These new methods became available about 12 years after the initial treatment of the great saphenous vein stripping that was introduced by Madelung in 1844. There were unfortunately several side-effects with the drugs used at the time for sclerotherapy and by 1894; this practice was pretty much discarded. Throughout this era, lots of improvements were made for surgical methods and anaesthetics; hence, stripping emerged as the varicose vein treatment of choice.

There are different cures available to utilize along with sclerotherapy to cure varicose veins and venous malformations. These include laser ablation, radiofrequency and an operation or the more popular use of ultrasound-guided sclerotherapy. It utilizes ultrasound in order to visualize the underlying vein in order for the doctor of medicine to monitor and deliver the injection in an effective and safe way. Usually, sclerotherapy is done under ultrasound guidance once the venous abnormalities have been diagnosed with duplex ultrasound. The use of micro-foam sclerosants and sclerotherapy with ultrasound guidance has shown to be effective in controlling reflux from the sapheno-popliteal and sapheno-femoral junctions. There are some experts who believe that this 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 in the early 20th century. It was found that perchlorate of mercury and carbolic acid can obliterate varicose veins, however, extreme side-effects also caused these treatments to be abandoned. After WWI, Professor Sicard and some other French doctors developed the use of sodium carbonate and sodium salicylate. During the early 20th century, quinine was even utilized together with some effect. During 1929, Coppleson's book was advocating the use of quinine or sodium salicylate as the best sclerosant options.

During the next decades, further work continued on improving the development and technique of more effective and safer sclerosants. STS or otherwise called sodium tetradecyl sulphate was an essential development during 1946. This particular product is still used frequently nowadays. During the 1960s, George Fegan reported treating over 13,000 patients with sclerotherapy. He focussed on fibrosis of the vein rather than thrombosis. This new method considerably advanced the method, by emphasizing the importance of compression of the treated leg and controlling significant points of reflux. Soon after, this method became medically accepted in mainland Europe through that time period, though it was not specifically understood or accepted in the USA or in England.

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

With regards to getting rid of smaller varicose leg veins and "telangiectasiae" or big spider veins, sclerotherapy is preferred over laser therapy. A benefit to utilizing the sclerosing solution is that it closes the feeder veins under the skin that are causing the spider veins to form and this makes any recurrence of spider veins in the treated part a lot less likely. This is amongst the prominent reasons sclerosing treatments really 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 using either bandages or stockings that are normally worn for a couple of weeks following treatment. People are encouraged to walk on a regular basis through that time also. It is common practice for the patient to need at least two treatment sessions which are usually separated by a few weeks so as to improve the overall appearance of their leg veins.