Varicose Veins Sclerotherapy Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/body/vein-treatments/varicose-veins-sclerotherapy/

Details:

We have been providing varicose vein treatment in Melbourne for over 35 years.

Sclerotherapy is a treatment option for large veins, which can be performed alone or in conjunction with less invasive outpatient surgery. It is also used for smaller accessory veins, where treating early can help prevent them becoming larger bulging varicose veins.

How it works

A solution called a sclerosant is injected into the vein using tiny micro-needles. The sclerosant initiates a process in which the body closes and then contracts the vein. Blood is redirected through healthier veins and the treated vein fades over time.

Veins that are easily visible are injected without ultrasound guidance. Veins that are not visible at the surface require ultrasound-guided sclerotherapy instead.

Why closing a vein is safe

The question almost everyone has and few ask: if you close a vein, where does the blood go?

Legs have two venous systems. The deep veins , running within the muscle, carry the great majority of the blood back to the heart. The superficial veins , just under the skin, carry a small fraction — and varicose veins are superficial veins that have stopped working properly.

A varicose vein is not doing a useful job. Its one-way valves have failed, so instead of moving blood upward it allows blood to fall back down and pool. Closing it removes a faulty route, and the blood takes the healthy ones it was already largely using. That is why treatment tends to improve aching and heaviness rather than worsen it.

The one thing that must be established first is that the deep system is working . That is what the ultrasound at assessment is for, and it is the reason vein treatment properly begins with a scan rather than with an injection.

Liquid and foam sclerosant

The established technique uses a liquid sclerosant. An updated approach uses the sclerosant as a foam, which has three practical advantages:

The foam is visible on the ultrasound screen, allowing its passage up the vein to be monitored during treatment.

The foam displaces the blood in the vein, allowing direct contact between the sclerosant and the vein walls.

Smaller amounts of sclerosing medicine are required to achieve the result.

Foam is generally preferred for larger varicose veins for these reasons, and typically causes less discomfort with more rapid healing.

That second point is the mechanism in a sentence. A sclerosant works by contacting the vein wall, and blood sitting in the vein gets in the way — both by diluting the solution and by physically separating it from the wall it needs to reach. Foam pushes the blood ahead of it, so the medicine meets the wall directly.

Why compression matters after sclerotherapy

Compression after sclerotherapy is often treated as optional comfort advice. It is not: it is part of the treatment, and skipping it is one of the commoner reasons a result disappoints.

The sclerosant irritates the vein wall so that the walls stick together and the vein seals shut. Compression holds those walls in contact while that happens. Without it, blood refills the vein, the walls are held apart, and the vein can reopen — which means the session has to be repeated.

Compression also reduces the amount of blood trapped in the treated segment, which in turn reduces bruising, tenderness, lumps and the brown staining described below.

So the practical rules:

Wear them for as long as you are told , not until they become annoying.

Put them on before getting out of bed , while your legs are at their least swollen.

Have two pairs , so one is always clean.

Rubber washing-up gloves make them far easier to pull on — they grip the fabric. This is the single most useful tip anyone gives about stockings.

They should be firm, not painful. Numb or tingling toes, a cutting band at the top, or skin marked after removal means they do not fit — ring rather than abandoning them.

Tell the clinic if you cannot manage them because of arthritis, shoulder problems or reach. There are aids and alternatives, and this is a common and solvable problem.

What to expect afterwards

You are provided with an after-hours direct number in case you have questions or concerns.

Normal and expected

Bruising and tenderness along the injected veins. This is normal and is not a sign of infection. Walking helps reduce the soreness.

Lumps forming along sections of the injected veins. This is normal, and they can be treated at subsequent visits.

Darkening. Veins may temporarily look worse before they look better.

When to contact us

Blisters over the skin. A dry dressing changed daily is usually all that is required.

Generalised rash or itching , particularly on the palms of the hands or soles of the feet. This may indicate an allergic reaction — contact us.

Any discomfort that is not settling, where you need further advice or relief.

The lumps, explained — and why they are worth a visit

A firm, tender lump along a treated vein a week or two afterwards is common, and it is not a complication in the usual sense. It is trapped blood : a segment of vein that sealed at both ends with blood still inside, which then clots and sits there.

Two things follow, and the second is the useful one:

It is not an infection , and it is not a deep vein clot. It sits in a superficial vein that has already been closed off.

It can usually be released at a follow-up visit — a nick with a fine needle and the trapped blood expressed. That takes a minute, relieves the tenderness immediately, and materially reduces the brown staining it would otherwise leave behind.

Which is the argument for attending follow-up appointments even when you feel fine. Left alone, trapped blood is the single largest cause of the brown marks people complain about a year later. Released early, most of that does not happen.

The brown staining, and how long it takes

Some people develop brown or tan discolouration along a treated vein. It is iron from broken-down blood sitting in the skin — the same pigment as an old bruise, in a line.

It is common, and in most people it fades.

It fades slowly — usually over several months, occasionally a year or more, and in a small proportion of people some remains permanently.

Sun exposure makes it worse and slower to fade. Cover treated legs or use sunscreen on them through the summer after treatment.

Draining trapped blood early, and wearing compression as directed, are the two things that most reduce it.

Knowing this in advance is the difference between an expected phase and an unpleasant surprise at week six.

Activity after treatment

Walk up to 30 minutes daily while undergoing treatment, and continue with your normal activities.

Avoid vigorous exercise in the first 24 hours, and while wearing compression-wrap bandages.

On a long car or plane trip, walk for at least five minutes every hour during the trip.

Walking is not just permitted, it is part of the treatment. The calf muscle is what pumps blood out of the leg, and using it keeps blood moving through the deep veins while the superficial ones settle. Sitting still for long periods is the thing to avoid , not activity.

Tell your doctor before treatment if you have a long-haul flight planned in the following weeks. It changes the advice, and sometimes the timing.

Compression stockings

After treatment your legs may need to be taped or bandaged. You should then wear your stockings whenever standing, as advised by your doctor. Stockings can be removed when lying in bed, or temporarily when showering.

They may need to be worn for a number of weeks after treatment. Your doctor will advise how long applies in your case. Wearing them as directed materially affects the result — not doing so is one of the more common reasons for a disappointing outcome.

Who this suits, and who it does not

It tends to suit: people with visible varicose or accessory veins, a duplex ultrasound showing what is going on underneath, a working deep venous system, and the ability to walk and to wear compression afterwards.

It tends not to suit, or needs a different plan first:

Anyone with an untreated source of reflux higher up — treating branches while the trunk still leaks is how veins come back quickly

Anyone with a known allergy to the sclerosant

Anyone with a current deep vein thrombosis , or an untreated clotting disorder

Anyone with significant arterial disease in the legs, where compression may not be safe

Anyone unable to walk or immobile

Anyone pregnant — treatment is generally deferred, and pregnancy-related veins often improve on their own afterwards

Anyone with active infection or broken skin over the area

Tell your doctor about any previous DVT or pulmonary embolism, any clotting disorder, hormone therapy or the contraceptive pill, migraine with aura, and a known hole in the heart (patent foramen ovale) — each of those changes the plan.

Risks

All procedures carry some risk. Sclerotherapy does not generally require anaesthetic. Risks are discussed with you in detail at consultation, and you are given written information to take home.

Recognised risks include:

Bruising, tenderness and firm lumps along treated veins

Brown or tan staining of the skin along the treated vein, which usually fades over months but occasionally persists

Matting — a blush of fine new vessels appearing near a treated area, which often settles on its own over months

Blistering, and less commonly ulceration or an area of skin damage at an injection site

Allergic reaction, rarely including anaphylaxis

Infection

Inflammation of the treated vein (superficial thrombophlebitis)

Deep vein thrombosis, and rarely pulmonary embolism

Transient visual disturbance, headache or migraine-like symptoms, reported particularly with foam

Nerve irritation causing a patch of numbness

Incomplete closure, requiring further sessions

Recurrence, and the development of new veins over time

Please read our information on the risks and complications of cosmetic surgery before proceeding.

Individual results may vary, and more than one session is often required. New veins can develop over time regardless of the treatment method used.

Expected, versus call us, versus emergency

Expected: bruising and tenderness along treated veins; firm lumps; veins looking darker or worse before they improve; itching; mild aching relieved by walking.

Call us: blisters; a lump that is very tender or growing; spreading redness, heat or pus; an area of skin that is breaking down; brown staining you want assessed; any discomfort not settling.

Emergency — call 000 or go to an emergency department: sudden breathlessness or chest pain; a calf or thigh that becomes swollen, hot and painful; widespread rash, facial or throat swelling, or difficulty breathing after an injection.

How many sessions, and what “finished” means

Sclerotherapy is a course rather than an appointment. The number of sessions depends on how many veins there are, their size, and how they respond — and that is assessed as you go rather than fixed at the start.

Two expectations worth setting:

Judge a treated vein at six to eight weeks, not at two. Before then you are looking at bruising, trapped blood and staining rather than at the result.

New veins can develop regardless of treatment. Varicose veins are a tendency, not a one-off event, and most people with them will want occasional maintenance over the years. That is not the treatment having failed.

Ask at consultation for the likely number of sessions and the likely total, not just the price of one — and ask what maintenance tends to look like afterwards.

Costs

As at September 2024 and including GST, a sclerotherapy treatment session starts from $470, ultrasound-guided sclerotherapy from $740, and a vein consultation with a doctor — which may include ultrasound — is $230.

Cost varies with the number of veins treated, the number of sessions required and the complexity of the treatment. Sclerotherapy typically costs less than varicose vein surgery. See varicose vein treatment costs .

Budget also for compression stockings , which are usually an additional cost and are not optional, and for the follow-up visits where trapped blood is released.

Medicare

You may be able to claim a Medicare rebate for vein treatment. Your physician will discuss any applicable rebates at your initial consultation, and you can contact Medicare directly for further detail. A valid GP referral supports a claim.

Unlike purely cosmetic procedures, vein treatment can attract a rebate where it is being done for a medical reason — broadly, where duplex ultrasound demonstrates venous reflux and there are symptoms or complications such as aching, swelling, skin changes, bleeding or ulceration. Treatment of small surface spider veins for appearance alone does not.

What follows practically:

Get a GP referral before your first appointment. It is required to support any claim, and it is easier to arrange beforehand than retrospectively.

Expect an ultrasound. It is both the clinical assessment and the evidence.

Describe your symptoms accurately — aching, heaviness, swelling by evening, itching, cramps, restless legs, any skin colour change at the ankle, any bleeding or ulcer. These are what distinguish medical from cosmetic, and people routinely under-report them.

Ask for the numbers both ways — what you pay if a rebate applies and what you pay if it does not — before committing.

Item numbers and criteria change. Eligibility is a clinical judgement made at consultation, not something a website can determine.

We are not a no-gap provider, so out-of-pocket costs apply even where a rebate is available.

What you should leave with

The findings of your ultrasound, in plain terms — which veins are refluxing and whether the deep system is normal

The plan: which veins, which technique, how many sessions expected

How long to wear compression, and where to get correctly fitted stockings

Written aftercare, and the signs to call about

A follow-up appointment to release trapped blood

Whether a Medicare rebate applies, and the cost both ways

An after-hours contact number

Who performs sclerotherapy

Dr Tim French (MED0001790529) practises in phlebology, holds AHPRA registration and has over a decade of clinical experience in venous medicine. He holds an MBBS, a Diploma of Surgical Anatomy (University of Melbourne), and further qualifications in phlebology and ultrasound in phlebology.

One point of accuracy: phlebology is not an AHPRA-recognised medical specialty in Australia. Doctors practising in it hold general or specialist registration in a recognised field alongside additional training in venous medicine. Registration and any conditions on it can be checked free of charge on the AHPRA public register, which is the reliable way to confirm what any practitioner is registered to do.

We are at 4 Burke Road, Malvern East VIC 3145, five minutes' walk from Caulfield station. Phone 1300 852 050, or use the online consultation form .

Related: vein treatments , varicose veins , ultrasound-guided sclerotherapy , treatment costs .

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Common questions about sclerotherapy for varicose veins

What is sclerotherapy?

A solution called a sclerosant is injected into the vein through tiny micro-needles. It causes the body to close and contract the vein, blood is redirected through healthier veins, and the treated vein fades over time.

If you close a vein, where does the blood go?

Into the deep veins, which run within the muscle and already carry the great majority of the blood back to the heart. Varicose veins are superficial veins whose valves have failed — closing one removes a faulty route rather than a useful one.

Is that why symptoms improve?

Yes — treatment tends to improve aching and heaviness rather than worsen it, because the vein being closed was allowing blood to fall back and pool.

What has to be checked first?

That the deep system is working. That is what the ultrasound at assessment is for, and it is why vein treatment begins with a scan rather than an injection.

What is the difference between liquid and foam?

Foam is visible on ultrasound so its passage can be watched; it displaces blood so the sclerosant contacts the vein wall directly; and less medicine is needed. Foam is generally preferred for larger varicose veins.

Why does blood in the vein matter?

Because a sclerosant works by contacting the vein wall, and blood both dilutes it and physically separates it from the wall it needs to reach.

Why is compression so important?

Because it holds the treated vein walls in contact while they seal together. Without it, blood refills the vein, the walls are held apart, and it can reopen — meaning the session has to be repeated.

Any tips for getting stockings on?

Put them on before getting out of bed, have two pairs, and use rubber washing-up gloves — they grip the fabric and make it far easier. If you physically cannot manage them, say so; there are aids and alternatives.

How should they fit?

Firm, not painful. Numb or tingling toes, a cutting band at the top, or skin marked after removal means they do not fit — ring rather than abandoning them.

Why do I have firm lumps along the vein?

Trapped blood — a segment that sealed at both ends with blood still inside, which then clots. It is not an infection and not a deep vein clot.

Should I have them treated?

Yes. They can usually be released at a follow-up visit with a nick of a fine needle, which relieves the tenderness immediately and materially reduces the brown staining that would otherwise follow.

What causes the brown marks?

Iron from broken-down blood sitting in the skin — the same pigment as an old bruise, in a line.

Do they go away?

Usually, but slowly — over several months, occasionally a year or more, and in a small proportion some remains permanently.

What makes staining worse?

Sun exposure, and leaving trapped blood undrained. Cover treated legs or use sunscreen through the summer afterwards.

Should I walk afterwards?

Yes — up to 30 minutes daily. The calf muscle is what pumps blood out of the leg. Sitting still for long periods is the thing to avoid, not activity.

What about flying?

Walk for at least five minutes every hour on a long trip, and tell your doctor before treatment if you have a long-haul flight coming up — it changes the advice and sometimes the timing.

Who should not have sclerotherapy?

Anyone with untreated reflux higher up, a known sclerosant allergy, a current DVT or untreated clotting disorder, significant arterial disease in the legs, immobility, pregnancy, or active infection over the area.

What should I disclose?

Any previous DVT or pulmonary embolism, clotting disorders, hormone therapy or the contraceptive pill, migraine with aura, and a known hole in the heart. Each changes the plan.

What are the risks?

Bruising, tenderness and lumps; brown staining; matting; blistering and rarely ulceration; allergic reaction including rarely anaphylaxis; infection; superficial thrombophlebitis; deep vein thrombosis and rarely pulmonary embolism; transient visual disturbance or migraine-like symptoms particularly with foam; nerve irritation; incomplete closure; and recurrence.

When is it an emergency?

Sudden breathlessness or chest pain; a calf or thigh becoming swollen, hot and painful; or widespread rash, facial or throat swelling or difficulty breathing after an injection. Call 000 or go to an emergency department.

When should I judge the result?

At six to eight weeks. Before then you are looking at bruising, trapped blood and staining rather than at the outcome.

Will the veins come back?

New veins can develop over time regardless of the treatment method. Varicose veins are a tendency rather than a one-off event, and occasional maintenance is usual.

What does it cost?

From $470 a session, or from $740 for ultrasound-guided sclerotherapy; a vein consultation with a doctor, which may include ultrasound, is $230 — as at September 2024, including GST. Budget also for compression stockings and follow-up visits.

Will Medicare contribute?

Possibly, where treatment is for a medical reason — broadly, duplex ultrasound showing reflux together with symptoms or complications. Treating small surface spider veins for appearance alone does not qualify. Get a GP referral beforehand, describe your symptoms accurately, and ask for the cost both ways.

Is phlebology a recognised specialty?

Not an AHPRA-recognised medical specialty. Doctors practising in it hold general or specialist registration in a recognised field plus additional training in venous medicine, and the public register is the reliable way to check.