



Title	Sclerotherapy for Leg Varicose Veins
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Aim

To conduct a systematic review of the published research on the use of sclerotherapy to manage varicose veins of the legs.

Conclusions and results

The role of sclerotherapy and its association with surgery in managing varicose veins is unclear. The reviewed evidence suggests that:

- Standard sclerotherapy is the treatment of choice for reticular varicosities, telangiectasia, and other small, unsightly blood vessels
- Sclerotherapy as first-line treatment for larger varicose veins (saphenous or nonsaphenous) is controversial
- Following surgery, sclerotherapy may achieve good results for varicose veins that have not fully disappeared, or recur.

The appropriate technique and sclerosant for various types of varicose veins is still under debate. Polidocanol, sodium tetradecyl sulfate, and hypertonic saline are potentially safe and effective sclerosants in the short-term, but there is no standard protocol for their use. Endosclerotherapy and foam sclerotherapy (with ultrasound guidance) appear to be efficacious for uncomplicated varicose veins. However, these techniques are evolving and need further evaluation.

Recommendations

The role of sclerotherapy in managing symptomatic varicose leg veins, particularly in relation to other treatment options, has yet to be clearly defined. Which sclerotherapy approach is the most efficacious and for what group of patients remains unknown. Patients should be educated about sclerotherapy for leg varicose veins since potential serious complications and cosmetic deterioration must be weighed against the benefits.

Methods

The literature (Jan 1998 to Feb 2004) was systemati-

cally searched. Sources included the Cochrane Library, CRD Databases, EBM Reviews – ACP, CINAHL, ECRI, MEDLINE, PreMEDLINE, EMBASE, and HealthSTAR. Websites of practice guidelines, regulatory agencies, evidence-based resources, and other HTA agencies were also searched. Randomized controlled trials comparing sclerotherapy with another, or no, treatment in patients with leg varicose veins were included. One reviewer assessed the quality of the selected trails. Systematic reviews, guidelines, and consensus documents on the use of sclerotherapy for this indication were also included. A Canadian specialist with expertise in sclerotherapy for leg varicose veins provided clinical input.

Further research/reviews required

Priority areas for future research are to establish uniform and objective criteria to diagnose and select patients, to define treatment failure and recurrence, and to measure outcomes. Objective evaluation of the efficacy and appropriate use of the numerous sclerotherapy techniques is also essential.