

Sclerotherapy Halifax

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

The first attempt making use of sclerotherapy that was reported, was made in 1682, by D. Zollikofer in Switzerland. He injected an acid into a vein to be able to help induce thrombus formation. There was initial success reported during 1853, in curing varicose veins by means of injecting perchlorate of iron. Later during the year 1854, sixteen cases of varicose veins were cured by means of injecting iodine and tannine into the veins. These new techniques became obtainable approximately twelve years following the first cure of the great saphenous vein stripping which was introduced by Madelung in the year 1844. There were unfortunately numerous side-effects with the drugs utilized at the time for sclerotherapy and by the year 1894; this method was pretty much abandoned. Throughout this era, various improvements were made for anaesthetics and surgical methods; thus, stripping emerged as the varicose vein treatment of choice.

Different treatments along with sclerotherapy are obtainable for the cure of varicose veins and venous malformations comprise laser ablation, radiofrequency and an operation. Usually ultrasound-guided sclerotherapy is a popular technique. It uses ultrasound to visualize the underlying vein in order for the doctor 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 along with ultrasound guidance has proven to be efficient in controlling reflux from the sapheno-popliteal and sapheno-femoral junctions. There are some experts who believe that this particular cure 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, although, severe side-effects likewise caused these treatments to be abandoned. Following the First World War, Professor Sicard and several other French physicians developed using sodium carbonate and sodium salicylate. All through the early 20th century, quinine was even made use of with some effect. In 1929, Coppleson's book was advocating the use of quinine or sodium salicylate as the best sclerosant alternatives.

All through the following decades, additional work continued on improving the technique and development of more effective and safer sclerosants. STS or sodium tetradecyl sulphate was an important development during 1946. This particular product is still utilized frequently today. During the 1960s, George Fegan reported treating over 13,000 individuals with sclerotherapy. He concentrated on fibrosis of the vein rather than thrombosis. This new technique significantly advanced the method, by emphasizing the importance of compression of the treated leg and controlling significant points of reflux. Immediately after, this particular method became medically accepted in mainland Europe all through that time period, though it was not specifically accepted or understood in the USA or in England.

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 occurred later in the decade. This new method was presented at many conferences in Europe and the USA. By injecting unwanted veins with a sclerosing solution, the targeted vein immediately becomes smaller and then dissolves over a period of weeks. The body then naturally absorbs the treated vein and it is gone.

Sclerotherapy is preferred over laser therapy with regards to getting rid of "telangiectasiae" or big spider veins as well as smaller varicose leg veins. A benefit to using 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 a lot less possible. This is among the prominent reasons sclerosing treatments greatly differ from laser treatments.

For a treatment, many injections of dilute sclerosant are injected into the abnormal surface of the veins of the involved leg. The person's leg is then compressed making use of either bandages or stockings that are normally worn for a couple of weeks following treatment. Patients are encouraged to walk regularly through that time as well. It is common practice for the person to need at least two treatment sessions which are usually separated by several weeks in order to improve the overall appearance of their leg veins.