Varithena®
(polidocanol injectable foam) 1%

Case Study

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Minimal downtime and symptom improvement after treatment with Varithena

PATIENT HISTORY

- 44-year-old male presented with tortuous varicose veins and severe symptoms including swelling, pain, skin discoloration, and itching. His symptoms were worsened by his profession which required long hours on his feet.
- Despite a previous GSV ablation and trying conservative therapies including compression stockings, leg elevation, and participation in an exercise program, the patient continued to experience lifestyle-limiting symptoms that prevented him from working and interrupted his sleep.

PATIENT ASSESSMENT: CEAP CLASS 3

- Bilateral GSV reflux with multiple incompetent truncal branches was confirmed with duplex ultrasound.
- The diameter of the GSV above the knee in the left leg was 6.6mm with a reflux of 2.3 seconds and significant tortuosity.

TREATMENT

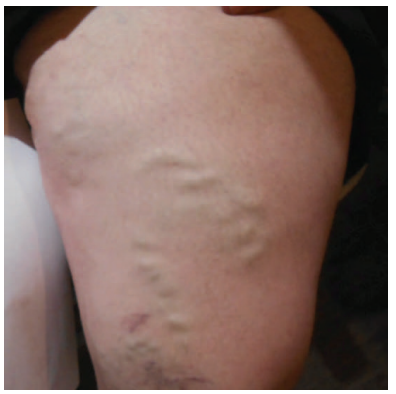
- After vein mapping, four separate treatment sessions were proposed to treat the extensive bilateral disease.
- During the first treatment, the left GSV was punctured with a 23g butterfly needle infusion set using ultrasound guidance and then the leg was elevated.
- 5cc's of Varithena was used for the first treatment of the left GSV truncal branch. At the second visit 6 months later, the patient received 10cc's of Varithena for treatment of the left distal GSV.
- The patient was asked to dorsiflex their ankle to limit the drug's movement into the perforating veins until spasm was confirmed with ultrasound in the treated vein.
- Compression was applied to the leg with short stretch wraps from the distal foot to the groin and the patient ambulated for 10 minutes in the clinic.

RESULTS

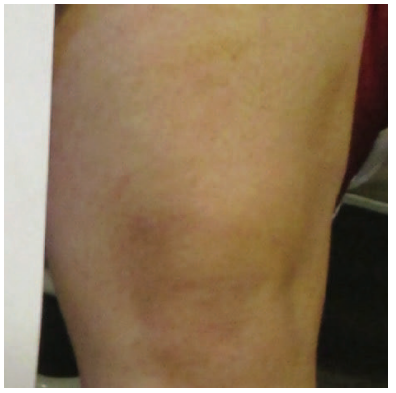
- After the second of four proposed treatments the patient has experienced a significant improvement in symptoms and has not experienced new symptoms.

CONCLUSION

- Multiple visits were proposed to treat the patients bilateral disease. The patient tolerated the first two procedures on the left leg without complications. The patient's progress will be monitored as they continue with his proposed treatment program. He has been counseled on the importance of following up with subsequent appointments to complete treatment, even though his symptoms are feeling better.
- He has been pleased with his results and was able to return to work to stand on his feet for long periods of time without symptoms.



Left GSV Pre-treatment



Final Varithena treatment:
left-leg, 72 hours post-treatment

"Due to the tortuosity of the patient's anatomy, Varithena gave me the best option to improve the patients' symptoms and allow him to return to work with minimal downtime."

Ajit Naidu, MD
Board Certified:
Interventional Cardiology

Boston Scientific

VARITHENA (polidocanol injectible foam) 1%

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician. Prior to use, please see the complete "Prescribing Information" at www.bostonscientific.com for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions. **INDICATIONS:** Varithena (polidocanol injectible foam) is indicated for the treatment of imcompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein (GSV) system above and below the knee. Varithena improves the symptoms of superficial venous incompetence and appearance of visible varcosities. **IMPORTANT SAFETY INFORMATION:** The use of Varithena is contraindicated inpatients with known allergy to polidocanol and those with acute thromboembolic disease. Severe allergic reactions have been reported following administration of liquid polidocanol, including anaphylactic reactions, some of them fatal. Observe patients for at least 10 minutes following injection and be prepared to treat anaphylaxis appropriately. Intra-arterial injection or extravasation of polidocanol can cause severe necrosis, ischemia or gangrene. Patients with underlying arterial disease may be at increased risk for tissue ischemia. If intra-arterial injection of polidocanol occurs, consult a vascular surgeon immediately. Varithena can cause venous thrombosis. Follow administration instructions closely and monitor for signs of venous thrombosis after treatment. Patients with reduced mobility, history of deep vein thrombosis or pulmonary embolism, or recent (within 3 months) major surgery, prolonged hospitalization, or pregnancy are at increased risk for developing thrombosis. The most common adverse events observed were pain/discomfort in extremity, retained coagulum, injection site hematoma or pain, commmon femoral vein thrombus extension, sperficial thrombophlebitis, and deep vein thrombosis. Physicians administering Varithena must be experienced with venous procedures, possess a detailed working knowledge of the use of the duplex ultrasound in venous disease and be trained in the administration of Varithena. See www.varithena.com for full prescribing information for Varithena.
US VAR1900104.

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