Varithena®
(polidocanol injectable foam) 1%

Case Study

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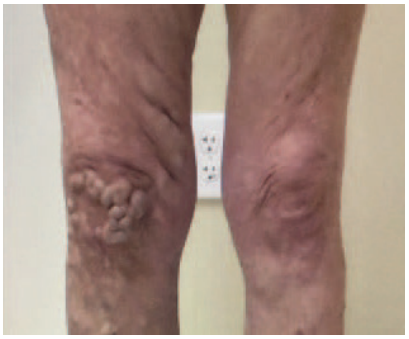
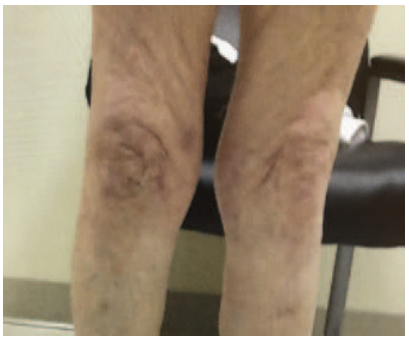
Impact of Varithena treatment on patient-relevant outcomes: QoL and ability to work

PATIENT CHARACTERISTICS

- A 52-year-old female presented to the clinic with bilateral leg symptoms. She reported that her most severe symptoms were consistently tired legs that felt heavy. She had a history of bleeding varicosities in the past.
- As a housekeeper, the prolonged standing for her occupation contributed to a worsening of symptoms and limited her ability to work.
- Despite the use of 20-30mmHg prescription compression stockings, she only had partial relief of her symptoms and they did not stay in place during the workday.



Patient pre-treatment: Symptomatic, moderate edema in both legs



Patient six months post-Varithena treatment. Edema had minimized and the leg continued to visually improve over the six months.

PATIENT WORK-UP: CEAP CLASS 3, VCSS 16

- The patient had bilateral pitting edema from her distal thigh to her mid-calf, as well as bulging varicosities on her right anterior distal thigh to mid-calf compartment.
- Reflux on ultrasound measured >1-3 seconds from the mid-thigh through the calf in both legs. Vein diameters ranged from 3.8-6.0mm.

TREATMENT

- Varithena was chosen for this patient because thermal and tumescent options presented a risk of neuropathy, especially in her distal segments.
- 5cc of Varithena was administered to both the distal right thigh and calf Great Saphenous Vein (GSV) segments.

TREATMENT

- The patient returned at three and six months post-treatment for follow-ups. Changes in leg circumference reflected reductions in edema and patient symptoms.

Segment	Initial Presentation	6 Months
Distal Thigh	65cm	54cm
Proximal Calf	51cm	44cm
Mid-Calf	48cm	37cm
Distal Calf	27cm	26cm

CONCLUSION

- The patient was not only pleased with the reduction in her symptoms post-treatment, she was able to work a full day with minimal pain and discomfort. She is pleased with the results and its impact on her work and home life.

"I loved working with this patient. She was not only impacted by pain, but she was unable to work a full day without limitations and rest periods. Helping her find a suitable and comfortable solution to her extensive vein disease led to her feeling better and being able to continue to provide for her family."

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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.
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