Varithena®
(polidocanol injectable foam) 1%

Case Study

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Varithena treatment of the GSV following recurrence of bilateral reflux after thermal ablation

PATIENT CHARACTERISTICS

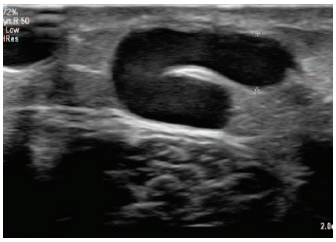
- A 35-year-old mother of four presented with recurrence of bilateral refluxing varicosities after previous thermal ablation treatment at another facility. Her symptoms included leg fatigue, heaviness and ankle swelling.
- Upon completion of venous Doppler reflux ultrasound, multiple large caliber saphenous tributary varicose veins and remnants of the previously treated Great Saphenous Vein (GSV) were demonstrated at proximal thigh.
- A GSV reflux pattern was observed at the thigh level and extended distally. Vein diameters ranged from 4.7-5 .1mm in the largest associated GSV tributary vein. Reflux times ranged from 2-3.2 seconds.

TREATMENT AND RESULTS

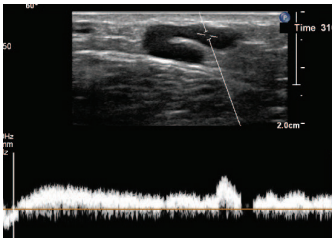
- The patient was placed at a 45-degree angle in Trendelenburg position, according to the IFU. The leg was then marked for treatment, identifying areas to avoid (such as perforators).
- A total of 7mL of Varithena was injected into the left GSV and associated large caliber tributary veins, using two access points along the posterior leg and medial thigh.
- Immediately after the procedure, successful venospasm of the treated varicosities and residual GSV were documented with duplex and grayscale imaging. A final ultrasound image was obtained to confirm a patent and compressible left common femoral vein Saphenofemoral Junction (SFJ).

OUTCOME

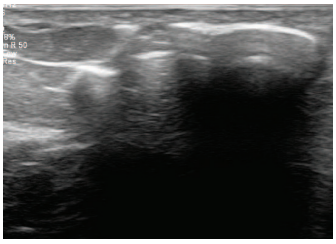
- One-week post-Varithena treatment, a venous Doppler ultrasound of the left lower extremity was obtained and demonstrated successful treatment of the refluxing residual left GSV and associated varicosities. The deep system was completely patent.
- In this short time post-treatment, the patient already noticed a decrease in her initial symptoms. She was extremely satisfied with the Varithena treatment, procedure and outcomes.



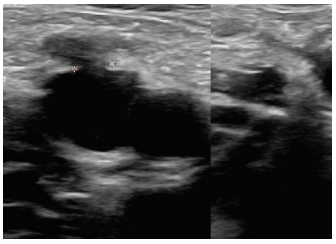
Left GSV tributary vein prior to Varithena treatment



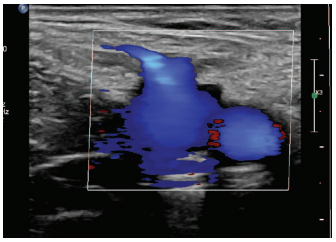
Left GSV tributary vein showing an abnormal, refluxing Doppler signal



Left GSV tributary vein immediately post Varithena treatment



Patent and compressible left CFV/SFJ post Varithena treatment



Color flow to confirm patency of left CFV/SFJ post Varithena treatment

"Varithena is an excellent option for patients who have had previous, unsuccessful saphenous vein treatment."

Whitney Thompson
BS, RDMS, RVT

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.
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