

## Sclerotherapy of Non-leg Veins

While sclerotherapy is most commonly performed on leg veins, it can be useful in the treatment of prominent veins on the face, hands, back, breasts, shoulders and abdomen.

While many of these veins are abnormal (such as spider angiomas and venous malformations), veins such as those on the dorsum of the hands are completely normal and are frequently prominent but considered unsightly.

Patients must be warned that there can be complications from sclerotherapy and this must be discussed fully with the patient prior to undertaking any form of treatment, more particularly if it is done for purely cosmetic reasons.

Facial capillaries can be quite prominent, particularly if they arise following previous skin cancer surgery. Actinic damage and rosacea are also common causes. While fine capillaries are better treated by lasering or IPL, the larger ones respond well to sclerotherapy.

Spider angiomas on the face of children are best left alone as they tend to disappear spontaneously.

Periorbital veins respond well, however there is the theoretical risk of cavernous sinus thrombosis.

Reticular veins on the hands respond to 3% L-9 whether used as foam or liquid. Compression garments are available but of questionable necessity.

Back, breast, shoulder and abdominal veins are treated with similar strength solutions to leg veins.

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