



Sclerotherapy (technique, tactics, results) The French method

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Disclosure for this presentation

Claudine Hamel-Desnos:

I do not have any potential conflict of interest

History *Tactics*



1893-1981

In the 1940s invented the term of « Phlébologie » and created the French Society of Phlebology (1st scientific society of Phlebology in the world)

French tactic by Tournay (1940)

The top-down technique :

- Treating first the <u>highest or largest leakage</u> <u>points</u>: saphenofemoral junctions or saphenopopliteal junctions, saphenous trunks, perforating veins, etc
- Tributary veins not initially treated, only injected at a later time if necessary

No need for a post-sclerotherapy compression

Alternative techniques

The bottom-up Swiss technique by Sigg (1912-1987)

- distal varicose veins : treated first
- deferred treatment of the trunks, if necessary
- lengthy treatment (numerous sessions required)
- > The Irish technique by Fegan (1921-2007)
 - primary importance to <u>perforating veins</u>: treated first
 - usually trunks and junctions untreated

Compression-sclerotherapy

Tactics : the French heritage

Successful sclerotherapy requires thorough planning. Sclerotherapy is generally performed in the order of proximal to distal leakage points, and proceeding from the larger to the smaller varicose veins. When treating incompetent saphenous junctions and saphenous stems by direct puncture, it is recommended that one venous puncture should be performed in the proximal thigh (great saphenous vein and anterior accessory saphenous vein) or calf (small saphenous vein) area;

Rabe et al. European guidelines for sclerotherapy in chronic venous disorders. Phlebology 2014

History Technique of injection

D. ZOLLIKOFER - Switzerland First reported sclerotherapy procedure, in 1682: he injected an acid into a vein to induce thrombus formation

> Charles PRAVAZ (1791-1853) - France In 1851, he invented the sharpened hollow needle. Direct venous puncture was born !

The French Method

✓ Top-down tactic
✓ Staged injections
✓ Direct venous injection with needle

Tactic

Good clinical and DUS evaluation

Elaboration of a logical tactic for a given area



Relevant choice of the first site of injection

First injection site of the GSV and SSV (in case of an axial reflux)

- ✓ Not too far from SFJ/SPJ (for better effectiveness)
- ✓ Not too close to SFJ/SPJ (safety reasons: to avoid the arteries in the groin or in the popliteal fossa)

 ✓ Staged technique (proximal to distal)



WATKINS deactivation of STS (sodium tetradecyl sulphate)

0.5 mL of blood deactivates 1 mL of 3% STS (liquid)

Staged technique could be more adequate: "to introduce <u>fresh sclerosant along the</u> <u>length of the vein</u> could improve the efficacy of sclerotherapy"

Watkins M.R. Eur J Vasc Endovasc Surg 2011

Right technique of injection

The direct puncture and injection with needle allows an accurate tactic, with easier staged injections



Technique : the French heritage

Direct puncture/injection with needle The needle is mounted on a syringe filled with sclerosant

The dominant hand performs the injection; the second hand acts as a help



For UGFS, you need 2 hands and... a brain (coordination)

2D

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BRAIN

Both hands act separately; coordination is needed

Duplex-scan

High frequency probe

Adapted Concentrations

Chosen in relation to the diameter of the venous segment to be treated. *European guidelines; Rabe et al Phlebology* 2014



Hamel-Desnos C. et al. Dermatol. Surg. 2003 Hamel-Desnos C et al. J Mal Vasc 2006 Hamel-Desnos C. et al. « The 3/1 Study ». Eur J Vasc Endovasc Surg 2007 Hamel-Desnos C. et al. in Traité de Médecine vasculaire. Elsevier Masson SAS 2011

Adapted volumes



3 Dist 0.03 cm



SPASM



FILLING



TAILORED VOLUMES

Why the French VPs do not use a cannula?

Weak foam in the proximal part of the GSV (crucial segment)

Risk of inflammation (overdose)



Foam degradation in the tube

Tactics : the French heritage

The French top-down and staged technique, developed for sclerotherapy in the 1940s, remains the method of reference for all endovenous treatment of varicose veins of the lower limb.



French Method - Results

- 1. Wright et al. : the French phlebologists obtained better results than the European surgeons for sclerotherapy
- 2. Gillet et al. : 20 French VPs treated by USGFS 1025 SV (818 GSV and 207 SSV), with a success rate (total occlusion) of 90.3%
- 3. Gillet et al. : 22 French VPs treated by USGFS 331 SSV with a success rate (total occlusion) of 93.4%
- 4. Hamel-Desnos et al. : RCT UGFS SV compression/no compression, 2 French VPs; rate of total occlusion of 100% (blind control by independent expert)
- 1. Wright D., Gobin J P., Bradbury AW., Coleridge-Smith P., Spoelstra H., Berridge D., Wittens C H A., Sommer A., Nelzen O., Chanter D. Varisolve[®] polidocanol microfoam compared with surgery or sclerotherapy in the management of varicose veins in the presence of trunk vein incompetence: European randomized controlled trial. Phlebology 2006; 21:180-90
- 2. Gillet JL, Guedes JM, Guex JJ, Hamel-Desnos C., Schadeck M., Lausecker M. Side effects and complications of foam sclerotherapy of the great and small saphenous veins: a controlled multicentre prospective study including 1025 patients. Phlebology 2009; 24: 131-138
- 3. Gillet J-L., Lausecker M., Sica M., Guedes J-M., Allaert FA. Is the treatment of the small saphenous veins with foam sclerotherapy at risk of deep vein thrombosis? Phlebology 2014; 29 (9): 600-7
- 4. Hamel-Desnos C, Guias B.J., Desnos P.R., Mesgard A. Foam sclerotherapy of the saphenous veins: randomized controlled trial with or without compression. Eur J Vasc Endovasc Surg 2010; 39: 500-7 claudine@desnos.eu



Thank you for your attention



« Pourquoi faire simple quand on peut faire compliqué? »