Varithena®
(polidocanol injectable foam) 1%

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Successful ablation of the Great Saphenous Vein (GSV) with Varithena following two failed attempts with laser ablation

Patient Characteristics

- A 58-year-old male with C3 disease presented with a long history of persistent symptoms of aching, pain, and heaviness in his right leg.
- Vein was originally treated twice with endothermal laser ablation 7+ years ago. Patient had recurrence of symptoms and reflux after both procedures and sought definitive treatment (Figure 1).
- Previous national figure ice skater who spends considerable time on feet as a skating coach, which aggravates venous symptoms.
- Duplex ultrasound of right Great Saphenous Vein (GSV) 7mm at Saphenofemoral Junction (SFJ), 3mm at thigh, 8mm at knee. Patent at distal thigh. Reflux > 1000ms in SFJ, GSV and high calf.

Treatment

- Venous mapping in standing position to check for clots and pathology. GSV accessed 10cm above knee fold. Patient placed in Trendelenburg position with the leg elevated 45 degrees.
- Varithena administered in 5cc intervals (total 15cc).
- Pressure was applied at the SFJ when the foam column arrived and held until appropriate venospasm was noted. Distal pressure released and patient instructed to pump calf 20 times.

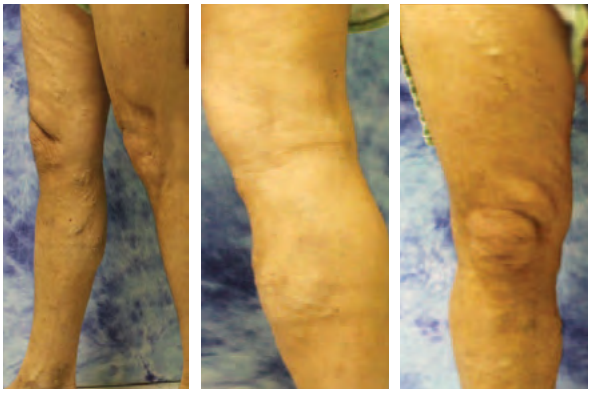

Figure 1
Pre-treatment medial, posterior, and anterior view of the right GSV.

Results

Four weeks post-treatment:

- Patient wore compression stockings daily for two weeks, tolerated full wraps for 48 hours, walked for 30 minutes/day, and elevated leg for pain control.
- Reported minimal post-op pain, no bruising or skin changes.
- Right GSV non-compressible and hypoechoic from high thigh to the mid-calf. No flow in the treated segment of the GSV. No evidence to suggest thrombus from the ablated GSV into the CFV.
- Patient extremely satisfied with improvement of symptoms and improvement in appearance four weeks post-treatment (Figure 2).

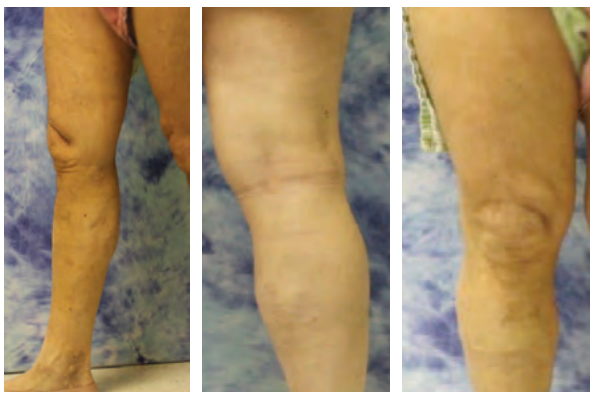

Figure 2
Post-treatment medial, posterior, and anterior view of the right GSV.

Conclusion

- Varithena successfully improved aching, pain, and heaviness in the patient's right leg, allowing the patient to continue to engage in work as an ice skating coach.
- Varithena is a viable and potential intervention for patients who have undergone previously failed ablation procedures.

"After reading and reporting on neurologic events resulting from physician compounded foam, it seems clearly in the patient's best interest to switch to the safer preparation - Varithena!"

Cindy B. Asbjornsen, DO
Phlebology

Varithena (polidocanol injectable foam)
INDICATIONS Varithena (polidocanol injectable foam) is indicated for the treatment of incompetent 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 the appearance of visible varicosities.

IMPORTANT SAFETY INFORMATION The use of Varithena is contraindicated in patients 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, common femoral vein thrombus extension, superficial 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.

For Full Prescribing Information visit Varithena.com

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