



at Radiology Associates of Hartford, P.C.

Phone: (860) 664-0794



Avon • 35 Nod Road
Enfield • 9 Cranbrook Blvd
Glastonbury • 31 Sycamore Street

Patient Name: \_\_\_\_\_ Date/Time of Procedure: \_\_\_\_\_

MR#: \_\_\_\_\_ Physician Performing Procedure: \_\_\_\_\_

Post Sclerotherapy Instructions

Now that your first treatment is complete, we recommend that you wear your support hose for 48 hours continuously. After the 48 hours you will continue to wear the stocking(s) for five more days. During these five days you may remove your stocking(s) at night to sleep. You can never wear them too much.

Bruising may occur especially after the first treatment. Do not be alarmed, this is a normal process.

You may experience slight discomfort such as aching or throbbing for the first day or two after your initial treatment. Walking will help to dissipate this sensation. If discomfort continues, Advil, Nuprin or Ibuprofen may be taken with food. Also, the vessels may appear to turn dark in color and/or be slightly tender. This could be an entrapment of blood in the closed vessels, a normal response to the procedure.

Shaving should be postponed until the following day. Hot tubs, saunas and long hot baths are not recommended for one week following treatment.

Exercise is an important part of the healing process. A 20-minute walk or bike ride once or twice a day is best for the healing process. If you are already involved in an exercise program, we encourage you to continue.

Sun exposure is NOT recommended for two weeks after your treatment. Sun burning areas that have recently been treated could result in skin damage.

It is important to remember that it has often taken years for these veins to develop, and they will not disappear overnight. Around the same time that your bruising resolves (10 days - two weeks), you will also begin to see fading and lightening of your spider veins. Please be patient and allow time for healing to occur.

Call the office with any questions you may have about your treatment or how your legs are feeling.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RAH Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_