CASE STUDY

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Varithena®
(polidocanol injectable foam) 1%

Varithena® treatment to resolve activity-limiting symptoms after profound weight loss

Patient

- A 64-year-old male was referred for evaluation due to activity-limiting left leg pain and swelling.
- The patient had recently lost 100 lbs. after undergoing weight-loss surgery, and longed to be more active due to renewed energy. Unfortunately, discomfort in his leg restricted his physical and social activities.
- Despite wearing 20-30 mmHg prescription compression stockings for the past two years, the patient felt that his symptoms had worsened. Further, areas of skin discoloration on his legs had begun to deteriorate resulting in ulcerations (Figure 1).

Patient Work-up: CEAP Class 4a, C6

- Reflux in the Left Great Saphenous Vein (GSV) ranged from 1.06 – 3.99 seconds in the junction to the proximal thigh, and in the mid-calf to the distal-calf, respectively.
- The peak GSV diameter was 10 mm in the Left leg.

Treatment

- Due to the extensive nature of the patient's venous insufficiency in his left leg, he was treated with Varithena® on two separate occasions, separated by approximately three weeks.
- Total treatment volume of Varithena® was 10 cc in the Left Leg GSV, and 7 cc in Left Leg tributaries.

Results

- Upon initial assessment, three weeks following the first treatment, the patient's ulcer had healed (Figure 2).
- Visual assessment of his left leg three weeks following the initial treatment, and one week following the second treatment, revealed reduced edema.
- In line with the visual changes and elimination of reflux documented on ultrasound assessment, the patient reported significant reductions in pain and discomfort.

Conclusion

- The goal of this treatment was to allow the patient to reap the full benefits of his drastic weight loss following bariatric surgery. Within one month of treatment, he was able to increase his physical activity and improve his overall quality of life, health, and well-being.
- A testament to the patient's experience with the treatment is that he has referred his wife and sisters for consultation for Varithena®, since they too suffer from similar symptoms.

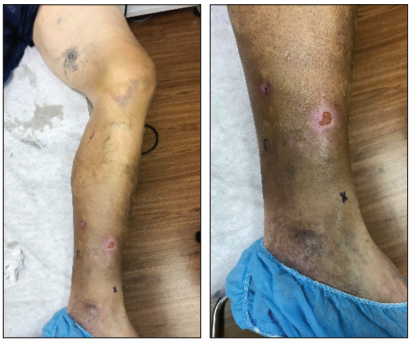

Figure 1. Pre-treatment: Left leg swelling and ulceration

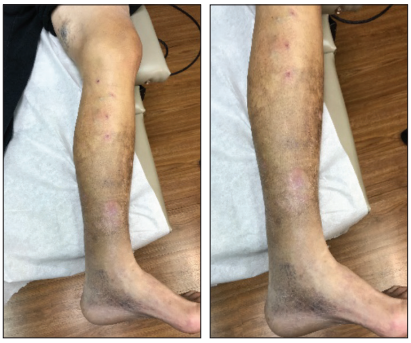

Figure 2. Post-treatment: Three weeks following treatment with Varithena®, the ulcer on the left leg is healed and skin discoloration minimized. The patient returned for treatment of his left leg tributaries

"This patient was a true success story. The pain caused by his chronic venous disease impacted his ability to benefit from weight-loss surgery. After his Varithena® treatment, his ulcer healed, and he increased his activity to keep his heart healthy. It is so gratifying as a practitioner to witness a patient feeling as if they have a new lease on life."

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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.

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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®.

See Full Prescribing Information for Varithena®.

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