



Post-Sclerotherapy / Phlebology Treatment Note

Patient Name _____

Date _____

Patient is here because of:

- Scheduled trapped blood post-sclero check
- Discomfort in the legs
- Sores
- Severe bruising / "trapped" blood
- Problems with compression stockings / compliance
- Other _____

Post-sclero tx # _____ Date of sclero tx _____ Solution used _____
 h/o A/P _____ h/o Closure _____

Improvement noted by patient? Y / N

Compliance with post-care instructions? Y / N

Pictures taken of areas into Mirror system? Y / N

Examination (see body map)

X = sites of dark green / black / purplish / violaceous plaques following the linearity of the spider veins

· = focal areas

H = Hemosiderin dyschromia

D = areas of light brown dyschromia

✓ = calf tenderness, palpable tenderness palpable cord

T = telangiectatic amtting

Impression

S/P sclerotherapy # _____ date: _____ with _____ sclerosing solution

- | | |
|---|--|
| <ul style="list-style-type: none"> • Looks great, no problems noted • Trapped blood • Erosions / ulcerations • Hemosiderin • No AE's, suboptimal results | <ul style="list-style-type: none"> • Severe bruising / tenderness • Telangiectatic matting • Sun tan / sun effects • Other _____ |
|---|--|

Management

1. After aseptic prep, verbal informed consent, understanding potential for side effects including scarring, dyschromia, tiny 11 blade punctured into areas following skin tension lines as per diagram to released trapped blood to facilitate quicker and better healing. Gentle massage evacuation with CTA's. Patient understands that these areas did not show any evidence of marked phlebitis or thrombosis.
2. Recommended Motrin 400 mg bid / Advil 400 mg bid / Aleve 1 PO qd with food to decrease inflammation. SEEA – as long as patient does not have history of peptic ulcer disease.
3. D/C / continue support hose for _____ weeks / months. Type: _____
4. Ice / warm compresses / Auriderm / Arnica Forte recommended
5. RV _____ for next sclerotherapy treatment or re-check

Physician or Medical Staff Signature

Patient Name _____

Date _____

RIGHT LEG



ANTERIOR



POSTERIOR

COMMENTS:

LEFT LEG



ANTERIOR



POSTERIOR

PERFORATOR LOCATIONS
NOTED ON LBG DIAGRAM

	Distal Compression Release	Proximal Compression Phase	Valsalva Maneuver
Saphenofemoral Junction RIGHT			
Saphenofemoral Junction LEFT			
Saphenopopliteal Junction RIGHT			
Saphenopopliteal Junction LEFT			