



PRE AND POST CARE INSTRUCTIONS FOR SCLEROHERAPY PATIENTS

PRE-CARE INSTRUCTIONS:

- Avoid Aspirin, Motrin and other non-steroidal anti-inflammatory drugs, and vitamin E for 7 days prior to your treatment as it may cause bleeding.
- On the day of your appointment, wash your legs thoroughly with an antibacterial soap. Do not apply any cream, lotions or powders to your legs.
- Women, to avoid irritation, do not shave your legs on the same day or prior to your treatment.
- It is best not to come for treatment if you have a sunburn. Sun exposure can worsen cosmetic results.
- On the day of your treatment, please wear loose fitting sports-type clothing, such as sweat pants or nylon wind pants. Do not wear tight jeans, tight skirts, high heels or nice clothing.
- Please bring your compression stocking to your office appointment. You will need to wear them for two weeks after your treatment.
- Your treatment will last 30 minutes.
- Expect to avoid vigorous exercise for one week following treatment, but walking is fine.

POST-CARE INSTRUCTIONS:

- Please continue to wear your compression stockings for two weeks to improve results and decrease complications.
- Following the 48 hours you may remove the stocking and bandages to shower. Upon completion of shower, replace compression stockings only and continue to wear during your waking hours for 12 additional days.
- Do not use saunas, steam rooms, hot tubs or hot baths for 2 weeks
- Resume normal activity as soon as possible. Walk as much as possible, but avoid vigorous aerobic exercise for 1 week.
- If you experience any significant irritation at the injection sites, you can use an over the counter 1% cortisone cream daily following bathing until the redness resolves. If you develop blisters, use a topical antibiotic cream daily until resolved.
- It is normal to experience some itching and mild pain. You may take Tylenol if needed.
- Avoid sun exposure for 4 weeks. Sun exposure can worsen cosmetic results.
- If you experience severe pain or leg swelling, please contact Dr. Nackman.

I understand the above instructions and I will call the office and notify Dr. Nackman immediately if I have any questions or concerns:

Patient's Signature

Name of Patient (please print)

Date