

The first time you see a needle on your leg, you expect pain. The surprise with sclerotherapy is how routine and quick the treatment feels, despite the medical precision behind it. If you have spider veins or small varicose tributaries that bother you in shorts or itch at night, a well-run appointment replaces guesswork with a clear plan, a few tiny injections, and a path to visible change over several weeks.

Why you are seeing those veins in the first place

Understanding why veins appear helps you decide if sclerotherapy is the right move and when to treat. Spider veins on legs often show up due to a mix of genetics, hormones, and vein pressure. If your parent had them, your odds go up. Estrogen and progesterone changes, including birth control, perimenopause, and pregnancy, soften vein walls and valves. Jobs with long standing, like teaching or retail, increase venous pressure in the lower legs. Athletes who lift heavy or run hard can also raise pressure in surface veins, though strong calf muscles generally help circulation.

Varicose veins develop when one-way valves inside larger veins fail and blood pools. Age is a factor, but varicose veins in young adults have clear causes too: family history, hormonal shifts, connective tissue differences, prior leg injury, and long blocks of immobility or standing. Weight gain and pregnancy load the system. Ironically, visible veins on legs suddenly after weight loss is a common complaint, not because veins got worse, but because fat that once hid them thinned out. That is a cosmetic visibility change rather than a hemodynamic one.

Itch can be a clue. Itchy spider veins may mean local inflammation or early congestion. Pain from spider veins is uncommon, but aching, heaviness, or night cramps point toward varicose changes higher up. Are spider veins dangerous? On their own, no. They are usually a cosmetic issue. But if your leg veins are getting worse over time, if you see swelling, skin darkening around the ankles, or a sore that heals slowly, that suggests venous insufficiency. That is when to treat varicose veins for health, not just appearance.

Who benefits most from sclerotherapy

Sclerotherapy is an injection treatment for small surface veins: spider veins, reticular veins, and tributaries that feed them. It can also address some small varicosities that bulge but are not the main saphenous trunk. The best candidates have visible superficial veins without major reflux in the great or small saphenous veins. If those big trunks fail, sclerotherapy alone only trims the branches, and branches will likely recur.



Good clinics screen with a focused physical exam, and many will perform a duplex ultrasound if you have symptoms like swelling, tenderness along a vein, ankle skin changes, or a cluster of bulging veins. Treat the highway first, then the side streets, if the highway is the problem. That is how you get durable results.

Your first visit: mapping and decisions

A typical consultation takes 30 to 45 minutes. Expect a brief medical history, including clot history, medications, pregnancy status, prior vein treatments, and allergies. The team looks for early signs of venous disease, like ankle staining, corona phlebectatica (a fan of tiny blue veins around the ankle), or varicose knots along the calf.

Mapping matters. Your clinician will mark feeding veins, discuss which areas are cosmetic versus symptomatic, and photograph your legs. Photos are not vanity; they are a baseline. Many patients forget how their legs looked before because improvement is gradual. For some, the plan includes foam sclerotherapy for larger veins and liquid for the fine webbing. If major reflux is present, you might hear about vein ablation first, then sclerotherapy later.

The consultation is also where trade-offs surface. Sclerotherapy vs laser vein treatment is a common question. For leg spider veins, injections clear more area per visit and handle feeder veins better. Transcutaneous laser can help for very fine red facial veins and ankle clusters that are too small for a needle, but on legs it often needs more sessions and may bruise more. When comparing sclerotherapy vs vein ablation, remember ablation treats a faulty trunk from the inside with heat or glue, while sclerotherapy treats surface branches. They are not rivals; they are tools for different layers of the problem.

Day of treatment: what happens minute by minute

You will be asked to arrive with clean, lotion-free skin and to bring compression stockings. Medical grade 20-30 mmHg is common aftercare for the legs. Short athletic shorts help with access. If you are nervous about pain, ask about topical numbing applied 15 to 20 minutes before.

Here is the typical flow from the moment you sit on the table:

- **Positioning and prep:** You lie down, usually on your back first, then turn as needed. The nurse cleans the skin with alcohol and reconfirms the plan and targeted areas.
- **Choosing the solution:** The clinician selects a sclerosant and concentration. Common agents include polidocanol and sodium tetradecyl sulfate. Tiny spider veins get a lower concentration in liquid form. Slightly larger veins may get microfoam, where the agent is mixed with air or gas to create bubbles that push out blood and coat the vein lining.
- **The injections:** Using a fine needle, the clinician injects short bursts into each vein segment. You may feel a quick sting or mild cramp. For foam in a larger tributary, the sensation can feel like a pressure wave for a second. They work methodically from feeder to branches.
- **Compression and redistribution:** After each series, they apply light pressure and sometimes massage along the vein path to spread the solution. Cotton balls or small pads may be taped to tender spots.
- **Immediate walk and wrap:** As soon as the last area is done, you put on compression stockings. The staff will have you walk in the hallway for 10 to 15 minutes to keep blood moving and reduce clot risk.

A focused session usually lasts 20 to 40 minutes once you are on the table. Treating both legs in a single visit is common when the work is mostly cosmetic. For full leg vein treatment where there is a lot to cover, expect multiple sessions.

What it feels like, honestly

Patients describe sclerotherapy as quick pinches more than deep pain. Liquid for spider veins feels like a prick and a light burn for a few seconds. Foam in a small varicose tributary can cramp for half a minute. Most tolerate it without numbing. Ice packs after the session help. Compared with endovenous laser ablation, which needs tumescent anesthesia, sclerotherapy is lighter and has less downtime.

Men and women experience it similarly. Anxiety often amplifies body sensations, so a calm, paced clinician makes a difference. For athletes with low body fat, injections can feel sharper because veins are closer to sensory nerves, but those patients also heal quickly.

Foam vs liquid, small versus large, and when ultrasound guides the needle

Liquid sclerotherapy disperses well in fine webs. Foam sclerotherapy is useful for veins 2 to 5 millimeters in diameter because foam displaces blood and gives the drug more contact time with the vein wall. For hidden feeders, ultrasound guidance adds precision. Ultrasound-guided foam is standard when treating deeper reticular veins or perforators that feed stubborn surface mats.

Sclerotherapy for ankle spider veins can be trickier because the skin is thin and blood flow patterns differ near the foot. Your clinician may use lower concentrations, shorter injection runs, and sometimes a hybrid plan that adds superficial

laser for tiny red vessels. Facial vein sclerotherapy is rare in the modern era; transcutaneous laser or intense pulsed light is safer for the face given the risk of skin necrosis if sclerosant tracks into an artery.

Safety, risks, and who should not get it

Is sclerotherapy safe? In experienced hands, yes. It has been used for decades, and modern agents like polidocanol and sodium tetradecyl sulfate have strong safety profiles when injected properly. But no procedure is risk free.

Common, expected effects include bruising, soreness along the treated vein, and raised, firm cords that soften over days. Trapped blood in a closed vein can look like a bruise that does not move. Your clinic may drain those pockets at a follow-up to improve comfort and lower staining risk. Temporary brown pigmentation from iron deposits occurs in a minority of patients, more likely in those with darker skin tones or sun exposure. It fades over months, and faster with sunscreen and patience.

Less common issues include matting, where a [sclerotherapy MI](#) blush of tiny new veins appears near treatment zones. It is thought to stem from local vasodilators and can respond to additional targeted sclerotherapy once the area quiets down. Small skin ulcers can occur if drugs leak outside the vein, which is why concentration and needle angle matter. Allergic reactions are rare but possible.

Can sclerotherapy cause blood clots? True deep vein thrombosis is very rare after surface sclerotherapy, reported well under 1 percent in most series. The immediate walking protocol, compression, and avoiding dehydration reduce that risk. Superficial thrombus in the treated vein is part of the intended effect, and those cords resolve.

Who should not get sclerotherapy: people who are pregnant, those who are breastfeeding, anyone with an active deep vein clot, uncontrolled systemic illness, severe arterial disease in the legs, local skin infection, or a known allergy to the chosen sclerosant. If you cannot walk soon after the appointment or must fly long haul in the following two to three days, reschedule. Sclerotherapy during pregnancy is deferred unless there is a compelling medical reason.

What to do after the appointment

The first 48 hours shape comfort and results. The habits are simple and matter more than most patients expect.

- Walk daily: 20 to 30 minutes the first day, and keep blood moving for a week. Walking after sclerotherapy lowers clot risk and eases soreness.
- Wear compression: Follow your clinician's plan, often full-time for 24 to 48 hours, then daytime for 3 to 7 days. Compression stockings after sclerotherapy reduce bruising and pigmentation.
- Keep it cool: You can shower the next day with lukewarm water. Skip hot tubs, saunas, and very hot baths for a week. If you ask, can I shower after sclerotherapy the same day, most clinics say wait until the next morning to keep tapes and pads intact.
- Pause high impact: Light exercise after sclerotherapy is fine the next day. Avoid heavy leg day, sprints, or hot yoga for 2 to 3 days.
- Protect from sun: Use sunscreen on treated areas for several weeks to minimize staining.

What not to do after vein injections matters too. Do not apply scented lotions on puncture sites for a day. Do not pick at tiny scabs. Do not sit or stand still for hours without breaks. Hydrate, and if you sit at a desk, pump your ankles.

The timeline: when veins disappear and why some look worse before they look better

How long to see results from sclerotherapy depends on vein size. Tiny spider veins can fade in 3 to 6 weeks. Larger reticular or tributary veins may take 8 to 12 weeks to flatten and clear. Your sclerotherapy before and after timeline often includes a "messy middle" at week two when bruises peak and small lumps form. Why do veins look worse after sclerotherapy in that phase? You are seeing trapped blood in sealed channels and inflammatory cleanup. That is normal. Your clinic can evacuate stubborn pools with a pinprick at follow-up, which speeds pigment clearance.

How long bruising lasts after sclerotherapy varies. Expect 1 to 2 weeks for most bruises, sometimes three for larger treated segments. Tenderness fades in a few days. Itching around injection sites is common and short lived. If a red, hot, tender cord develops and you are worried, call. That is often superficial thrombophlebitis, not dangerous, but the team can guide heat, NSAIDs, or an in-clinic check.

When do veins disappear after treatment for good? The treated vein walls scar down and get resorbed. Small ones vanish to the eye in a month or two. Bigger ones take up to four months. Clearance is not the same as cure of the tendency. Genetics and pressure patterns remain, which is why maintenance sessions every year or two are common for people who care about appearance.

Sessions, success rate, and permanence

How many sessions for sclerotherapy is personal. A light constellation of ankle spiders may clear in one session. Denser networks often need two or three sessions spaced 4 to 8 weeks apart. For full leg vein treatment, plan on a series.

How effective is sclerotherapy? For spider and small branch veins, clearance rates of 70 to 90 percent after a cycle of treatments are realistic. The sclerotherapy success rate depends on proper vein mapping, technique, aftercare, and your biology. Does sclerotherapy remove veins permanently? The treated individual veins, yes, they are gone. But new veins can form or previously silent feeders can open over time. Why spider veins come back after treatment usually ties to uncorrected feeders, hormones, weight shifts, or long hours of static standing.

Cost, insurance, and value

How much does sclerotherapy cost varies by region, provider expertise, and the complexity of your legs. In many US markets, you will see a sclerotherapy cost per session in the range of 250 to 600 dollars for cosmetic spider veins. Foam sclerotherapy for larger tributaries can run higher. A full leg vein treatment cost, when multiple sessions and both legs are involved, might total 1,500 to 3,000 dollars across the plan.

Is sclerotherapy covered by insurance? If your situation is purely cosmetic, usually not. If you have documented venous insufficiency with symptoms or skin changes, insurers may cover medically necessary treatments like ablation of the refluxing trunk and ultrasound-guided foam for symptomatic branches. Spider vein injections for appearance alone are considered elective.

Cheap vs professional sclerotherapy is a real choice. Prices that look too good often mean short appointments, generic solutions at suboptimal concentrations, or a lack of ultrasound support for feeders. Why is sclerotherapy expensive in good clinics? Time for mapping, safe drugs, ultrasound capability, and skilled staff drive outcomes and reduce complications. A careful plan saves money long term by reducing the number of sessions.

Alternatives: when to choose something else

Best treatment for spider veins is usually sclerotherapy. For very fine red thread veins close to the skin surface, especially on the face or around the ankles, transcutaneous laser is useful. Does laser work better than injections for veins on the legs? Not typically. Laser has a role for tiny telangiectasias that do not accept a needle or in darker skin types with pigment risk, but it can require more sessions and has its own bruising profile.

Best treatment for varicose veins without surgery depends on where the problem starts. If your great saphenous vein has reflux, the durable fix is endovenous ablation with laser or radiofrequency. Sclerotherapy vs vein ablation is not an apples-to-apples choice. Ablation closes the main faulty pipeline; sclerotherapy cleans branches afterward. Glue closure and mechanochemical ablation are other non-surgical options that avoid heat.

If you prefer non-invasive attempts first, compression therapy and activity changes can reduce symptoms like aching and swelling. But natural remedies vs sclerotherapy will not erase established spider veins. Exercise and weight loss help circulation, but can make surface veins more visible by thinning the fat layer. Do vein treatments improve circulation? When reflux is corrected, yes, symptoms improve. Spider vein treatment alone is cosmetic and does not change deep flow.

Special cases: athletes, men vs women, ankles, and hormones

Sclerotherapy for athletes works well if scheduled around training. Plan a light week [leg sclerotherapy MI](#) after treatment. Calf raises and gentle walks the day after are fine. Avoid heavy squats and hot environments for a couple of days.

Men seek treatment more often than before. Sclerotherapy for men vs women is the same in technique. Men tend to present later with thicker feeder veins, so foam and ultrasound guidance are used more often. Women have more hormonal drivers. Do hormones cause spider veins? They contribute. Puberty, pregnancy, and menopause years are

common windows for new clusters. Can pregnancy cause spider veins? Yes, due to increased blood volume, hormonal softening, and uterine pressure. Sclerotherapy during pregnancy is deferred, but many of those veins improve a few months after delivery.

Sclerotherapy for small veins vs large veins uses different concentrations and sometimes different agents. For stubborn ankle clusters, be conservative; ankles stain more easily. For facial veins, choose laser over injections for safety.

Preparing your body and environment for better results

A few small steps improve comfort and clearance. Hydrate well the day before. Skip lotion on the legs. Bring your compression stockings so the fit is right. Plan a 30 to 60 minute window to walk after. If you take blood thinners or supplements like high dose fish oil that increase bruising, discuss timing with your provider. If you are prone to hyperpigmentation, strict sunscreen use on legs for a month after treatment is worth the habit.

Can lifestyle affect sclerotherapy results long term? Yes. Keep a steady walking habit, use compression on high-demand days, and break up long standing with calf pumps. Do compression stockings prevent spider veins? They help reduce progression and symptoms, but cannot fully prevent new spider veins if genetics and hormones are active. Can exercise reduce spider veins? It improves symptoms and venous return, but it does not erase visible veins. Does weight loss reduce varicose veins? It reduces leg load and symptoms, but as noted, can make veins more visible to the eye.

Can dehydration affect veins? It thickens blood and can nudge cramping, so hydration helps, especially right after treatment. Why do veins bulge in legs at the gym? Transient vascular dilation from heat and exertion plus increased venous return. That is normal and not a sign your sclerotherapy failed.

What a realistic week-by-week looks like

An example helps anchor expectations. A 36-year-old teacher with spider veins and a few blue reticular feeders on the outer thighs has two sessions, four weeks apart. The first day, 25 minutes of injections, stockings on, a 15 minute walk. Day two, mild tenderness and faint bruises. Day seven, bruising mostly gone, a few small palpable cords remain. Week three, half the treated lines are lighter, a few sections still visible. Second session targets remaining feeders. By week eight, 80 percent clearance of the original map, with a couple of faint brown tracks fading under sunscreen. She returns in one year for a small touch-up after summer.

Choosing a vein specialist

How to choose a vein specialist starts with credentials and volume of cases. Look for a clinician who treats the full spectrum of venous disease, not only cosmetic spider veins. Board certification in a relevant field like vascular surgery, interventional radiology, or phlebology helps, but practical experience with hundreds of sclerotherapy sessions matters as much. Ask how they detect hidden reflux. If every plan is injections for every leg, regardless of symptoms or exam findings, that is a red flag. Photos, mapping, and a willing conversation about sclerotherapy vs laser vein treatment, foam vs liquid, and even sclerotherapy vs vein ablation, signal a comprehensive approach.

Questions to ask before sclerotherapy include which sclerosant they use and why, how they minimize staining, their compression protocol, expected number of sessions, and what the follow-up looks like. If you are cost sensitive, ask for a best and worst case sclerotherapy cost per session and a likely total for your legs. A transparent clinic will share a range and reasons.

Final judgment: is sclerotherapy worth it

If visible spider veins bother you or you have small symptomatic tributaries and no major trunk reflux, sclerotherapy is often the quickest way to make a meaningful visual and comfort change without surgery. It is an outpatient visit, no anesthesia beyond small needles, and you walk right after. Results build in weeks, not minutes. Some spots need a second pass. Maintenance is part of the deal because biology keeps doing what biology does. For many, that trade is worth it: a few precise appointments in exchange for clearer legs for a year or more.

Set your expectations to match how veins heal. Work with a clinic that maps, treats, and follows up with intention. Put in the short daily walks, wear the stockings when asked, and protect your skin from the sun. That is how you turn small injections into lasting change.