

That deep, ropey ache along a treated vein on day two can rattle even the most prepared patient. I hear it often: the injections were quick, the first evening felt fine, then a tight, bruised tenderness set in when walking to the car the next morning. Is that expected, or a sign something went wrong? Let's anchor your expectations to what actually happens inside the vein, then map real-world timelines for normal discomfort versus warning signs that need a call.

## Why sclerotherapy can sting, throb, or feel tight

Sclerotherapy is a chemical closure of a superficial vein. The sclerosant irritates the inner lining, the vein spasms, then collapses. Over weeks, your body gradually replaces that vein with scar tissue that gets resorbed. This process is intentionally inflammatory at a micro level. Inflammation brings heat, swelling, and tenderness. That is why mild pain is a feature, not a bug, of the treatment working.

The sensation depends on three things: the size and location of the vein, the solution used, and your pain sensitivity.

- Spider veins and tiny reticular veins tend to burn for seconds at injection, then feel itchy or tender later.
- More substantial varicose tributaries can feel like a tight cord under the skin for days. When foam is used to fill a larger channel, you may feel a heavier, pressure-like ache.
- Hypertonic saline stings more at the moment of injection than polidocanol or sodium tetradecyl sulfate. The trade-off is that non-saline agents tend to be better tolerated during the procedure.

Expect asymmetry. One leg can settle down in 24 hours while the other feels tender for a week, especially if we treated more surface area on one side.

## What to expect during the session

A typical spider-vein session takes 20 to 40 minutes. That window includes marking, cleansing, the injections themselves, and immediate compression. The injections are tiny and precise. Patients usually rate them around a 2 to 4 out of 10 for brief stinging. The larger the vein, the more likely you feel a spreading warmth or cramp for a minute. Your clinician may elevate the leg and massage gently to distribute the agent, which can add a pressure sensation.

How many sclerotherapy sessions are needed depends on the extent and depth of the network. For spider veins on the thighs and calves, I tell patients to plan on 2 to 4 sessions spaced 4 to 8 weeks apart. Dense clusters or blue reticular feeders can take more. When treating residual branches after a main trunk ablation, expect one to three touch-up sessions. How often can you get sclerotherapy safely? In practice, we treat areas every 4 to 12 weeks to allow healing and to reassess what still fills.

Immediately after the last injection, compression stockings go on. You'll stand up, walk in the clinic hallway for a few minutes, and head out. That first walk matters. It circulates blood through the deep system while the treated segments stay compressed.

## Normal discomfort: the real timeline

Let's map a typical healing arc so you can compare.

Minutes to hours: Expect a mild tingling, warmth, or a faint cramp along treated tracks. If saline was used, the injection burn peaks during the shot, then fades within minutes. With polidocanol or STS, most patients feel more of a dull awareness than sharp pain after.

First 24 hours: A sense of tightness and a bruised feeling are common. The stocking can make the leg feel snug. Walking tends to help. Standing still for long periods can increase aching.

Days 2 to 7: This is when most people notice the most tenderness to touch over the treated vein, and sometimes an itchy, mosquito-bite feeling in the skin. Small, firm, bead-like lumps can appear under the skin. Those are areas where the vein walled off and trapped some blood. They are expected and often feel sore if pressed. Bruising becomes visible and can look worse before better, especially around clusters. Superficial swelling is normal, especially around the ankle if the stocking fit is imperfect. Mild color change that darkens from red to purple to yellow-green follows the usual bruise timeline.

Days 7 to 21: The ache eases. Lumps often soften. Itching fades. Areas may look darker than before treatment. That darker look is usually old blood and iron within the closed vein, not a new vein.

Weeks 4 to 8: Vein segments flatten and lighten. Some brown streaks or dots can linger where iron pigment deposited in the skin. That hyperpigmentation fades slowly but can take 3 to 12 months, and occasionally longer. Residual ache by this stage is uncommon, and if present, usually relates to a lump of trapped blood that can be drained in clinic.

This arc is typical for spider and small reticular veins. Larger tributaries can push the tender phase out to 10 to 14 days. I coach patients to think of it like a pulled hamstring after a light strain: the muscle still works, it just grumbles when you poke it or sit too long.

## When pain is not normal

Most discomfort is mild and improves with time and compression. A short, sharp needle sting is routine. What is not routine is escalating or focal pain out of proportion to what you see. Use this short checklist as a safety net.

- Sudden, severe pain during injection with immediate whitening or marbling of the skin around it. This can signal an arterial spasm or rare arterial injection. Tell your clinician right away if this occurs in-session. After you leave, this scenario is unlikely.
- A hot, red, expanding streak over a vein with swelling and throbbing that worsens rather than improves over 48 hours. That can be superficial thrombophlebitis requiring evaluation and sometimes anti-inflammatories or drainage.
- One calf that becomes noticeably more swollen than the other, tender in the deep calf, especially with foot flexion, with or without shortness of breath. Deep vein thrombosis is rare after sclerotherapy but needs prompt assessment.
- Fever, chills, progressive redness, or drainage at an injection site. Infection is uncommon, but pain plus systemic signs needs a call.
- Hives, wheezing, or facial swelling within hours of treatment. Allergic reactions to sclerosants are rare but require urgent care.

If you are uncertain, call. I would rather talk through a false alarm than have you wait and worry.

## Compression: why it reduces pain and speeds results

Do you need compression stockings after sclerotherapy? Nearly always. Compression reduces the volume of residual blood in the closed vein and presses the walls together so they scar down evenly. It also lowers your risk of trapped blood lumps, speeds bruising resolution, and decreases aching.

How tight should compression stockings be after sclerotherapy? For legs, 20 to 30 mmHg is the workhorse range. Calf-high is enough for below-knee treatments, thigh-high or waist-high for thigh work. The best compression stockings after sclerotherapy are the ones you can put on correctly and wear for the recommended time. Medical-grade knit from a reputable brand beats fashion compression. If you have trouble getting them on, a donning aid, rubber kitchen gloves, or a zippered style can make all the difference.

How long to wear compression stockings after sclerotherapy depends on vein size. For spider veins, I recommend continuous wear for 24 to 48 hours, then daytime wear for 5 to 7 days. For larger tributaries or foam treatments, 7 to 14 days of daytime wear is common. Some physicians extend to 3 weeks for extensive work. If your clinician gave a different advice window, follow theirs. They know what they treated.

Why compression stockings are needed after sclerotherapy ties back to physics: smaller vein diameter means more contact of the irritated walls, which improves closure. Patients often report less aching on days they wear them, which is all the motivation most people need.

## Everyday logistics: driving, work, flights, showers, sleep

What to wear after sclerotherapy is simple and practical. Loose pants or a skirt to accommodate stockings and bandages. No skinny jeans on day one. Comfortable walking shoes help, because you will be moving.

Can you drive after sclerotherapy? Yes, as long as you feel steady. There is no sedation. If you have extensive thigh treatment and feel tightness that would distract you, have a ride, but most patients drive themselves.

Can you work after sclerotherapy? Desk work is fine the same day. Jobs that keep you on your feet all day can increase aching on day one, but walking is good. Build in a few seated breaks if you can. If your job involves heavy lifting or deep squats, consider waiting 48 to 72 hours to ramp back to full effort.

Can you fly after sclerotherapy? Short flights on the same day are usually fine, but it is better to avoid long-haul flights for 1 to 2 weeks. If you must fly within that window, wear compression, hydrate, and walk the aisle every hour. Take the aisle seat if you can. The risk of a clot remains low, but we prefer to reduce stasis.

Can you shower after sclerotherapy? Yes, after the first day if your clinician placed adhesive pads or cotton balls under stockings. Some practices allow same-day quick showers if injections were simple and dressings minimal. Keep it lukewarm for 24 to 48 hours. Avoid hot baths, hot tubs, and saunas for one week.

Can you exercise after sclerotherapy? Walk immediately. Brisk walking is encouraged. Light cycling or elliptical the next day is okay for most. High-impact running, heavy leg day, and hot yoga can wait 3 to 7 days depending on tenderness. Does running worsen varicose veins? Running itself is not the culprit, but pounding on a freshly treated vein will make it hurt more. Let the vein seal and the tenderness fade first.

Can you sleep on your side after sclerotherapy? Yes. Positioning has minimal impact. If your ankle or thigh is sore, a small pillow between the knees can reduce pull on the skin. Elevating the legs on a pillow for the first night can ease throbbing.

Can you drink alcohol after sclerotherapy? A single drink the next day probably will not derail healing, but alcohol dilates vessels and can worsen bruising. I advise avoiding alcohol for 48 hours, and heavier drinking for a week, to keep swelling and discoloration to a minimum.

Sun exposure after sclerotherapy matters more than most expect. UV can lock in brown pigment where iron sits in the skin. Keep treated areas covered or use a broad-spectrum SPF 30 or higher for at least a month. Can tanning affect vein treatment results? Yes, it increases the odds and duration of hyperpigmentation.



## Managing normal symptoms at home

There is a straightforward way to reduce bruising and swelling after sclerotherapy and make normal pain less bothersome.

- Walk 10 to 15 minutes, three to five times the day of treatment, and daily for a week. Movement pumps the calf muscle and clears inflammation faster.

For localized tenderness, cool compresses in 10-minute sessions can help for the first day. After day two, a warm compress for 10 to 15 minutes twice daily can soften small trapped blood areas and ease ache. Over-the-counter anti-inflammatories can be used as directed if your doctor has no reason to limit them. Elevation above heart level for 20 minutes in the evening can reduce swelling.

Itching after sclerotherapy is common and can be calmed with cool packs or a non-sedating antihistamine if your clinician says it is safe for you. Avoid scratching. A thin layer of fragrance-free moisturizer can reduce surface dryness around injection sites once dressings come off.

If a lump is tender a week later, that often means trapped blood. A quick in-office drainage through a tiny needle can flatten it and relieve soreness within minutes. Patients are often surprised by how much better the area feels after this simple step.

## Why veins can look worse before better

Veins often darken after treatment. It is unnerving, but typical. Here is why: the sclerosant injures the lining, the vein collapses, and a small amount of blood remains in the closed tube. That blood breaks down, leaving iron and pigment around the treated segment. Your body clears it slowly. This explains why the sclerotherapy bruising timeline can stretch to weeks, and why hyperpigmentation after sclerotherapy can outlast the ache.

When to see final results depends on the vein class. Tiny red spider veins can fade substantially by 4 to 6 weeks. Blue reticular veins and thicker spiders can take 8 to 12 weeks. If we are layering treatments, the clock restarts with each session. Patience here prevents premature retreatment of areas that are still fading.

## How long results last, and why some veins come back

How long do sclerotherapy results last? Closed veins do not reopen in most cases. The treated segment is gone. What does happen over time is that new spider veins can form because the underlying tendency remains. Genetics, hormones, and pressure dynamics do not switch off. In my practice, many patients enjoy clearer legs for years, then return for maintenance once every 1 to 3 years to touch up new clusters. That is normal.

Why spider veins return after sclerotherapy has several culprits: family history, reticular feeder veins that were not obvious at first, hormonal shifts such as pregnancy or menopause, jobs with prolonged standing, and weight or activity changes that alter venous pressure. Can varicose veins come back after treatment? The main trunk treated with ablation or surgery usually stays closed, but new tributaries can appear, and untreated segments can dilate. That is why we reassess with ultrasound if symptoms return.

How often veins need retreatment depends on the map of your veins and your risk factors. Some people need a brief touch-up annually. Others go several years without new visible veins.

## Who should and should not get sclerotherapy

Who is a candidate for sclerotherapy? People with cosmetic spider veins or symptomatic small varicose tributaries, with good arterial flow and without active clots. Men and women both benefit. Sclerotherapy for older adults is common if mobility is good and skin is intact. There is no strict age limit, but skin fragility and healing affect decisions. Sclerotherapy for teenagers is uncommon but can be considered for distressing spider veins once growth is stable and with parental consent.

Who should avoid sclerotherapy? People who are pregnant should wait until after delivery and breastfeeding. Those with known allergies to the planned sclerosant need an alternative approach. Significant peripheral arterial disease is a contraindication. Active skin infection over the injection area is a reason to delay. If you had a recent DVT, timing and method should be coordinated with your vascular specialist.

Sclerotherapy during menopause is common, but talk with your clinician about hormone therapy, which can influence recurrence. Some birth control methods can increase the tendency for spider veins, but they are not absolute barriers to treatment. We factor them into planning.

## Does it hurt more than laser?

People often compare injection discomfort to laser for spider veins. Surface lasers create a snapping, hot rubber band sensation across the skin. Sclerotherapy is a quick needle prick and a brief internal burn or cramp. In my hands, most patients prefer injections for leg veins because they treat the feeder beneath the skin, not just the surface, and the session is shorter. Combining sclerotherapy with laser treatment can make sense for stubborn red spiders on the ankles or face, where very fine vessels resist injections.

## Recovery windows at a glance

How long to recover from sclerotherapy? For daily life, most people are back at normal pace the next day, with the caveat that the treated area can be tender for up to a week. For athletics, allow 3 to 7 days before hard impact or heavy leg work. For skin appearance, the healing stages run for weeks, not days. How to speed up sclerotherapy recovery boils down to four pillars: walk, compress, avoid heat and sun early, and manage trapped blood promptly if it occurs.

How long does sclerotherapy take per session? Usually under an hour door to door. How long does sclerotherapy last? The closed veins are gone, but touch-ups for new veins over the years are normal.

## **Lifestyle that helps your results last**

You cannot change your parents, but you can improve the pressure environment in your legs. Does walking help spider veins? Absolutely. The calf is a venous pump. Frequent short walks are more valuable than rare long runs. Does sitting cause spider veins? Long, uninterrupted sitting or standing increases venous pressure. Small breaks matter.

If your job keeps you on your feet, a stool for short rests and medical-grade compression can reduce new vein formation. Standing all day and varicose veins travel together because constant hydrostatic pressure stretches vein walls over time. If you sit all day, set a timer to stand and walk for two minutes every half hour.

Diet does not cure veins, but it can support the vessel wall and reduce constipation, which adds pelvic pressure. A best diet for vein health is not exotic: fiber-rich plants, adequate hydration, and a modest sodium intake to limit fluid retention. Foods that improve circulation are those that support endothelial health, like leafy greens, berries, citrus, and oily fish. Vitamins for vein health include vitamin C for collagen support and flavonoids like diosmin or hesperidin, which some people take as supplements for varicose veins. Evidence is mixed but suggests small improvements in heaviness and swelling for some. If you take blood thinners or have conditions affected by supplements, ask your physician first.

How to improve circulation in legs fast when you feel heavy or achy is practical: elevate for 15 minutes, walk for 10, put on compression, and drink a glass of water. Signs of poor circulation in legs that need medical evaluation include night cramps that worsen, skin changes like darkening around the ankles, slow-healing sores, and persistent swelling. Early warning signs of vein disease are heaviness, itching over visible blue lines, ankle swelling by evening, and restless legs that ease when you elevate.

## **Practical scenarios from clinic**

A runner with spider veins asks, is sclerotherapy painful for spider veins and how soon can I run? Expect brief stings during injections, then a bruised sensation for 2 to 4 days. Resume easy runs by day 3 if tenderness allows. Save hill sprints for week two.

A hair stylist who stands all day asks what happens after sclerotherapy and whether she can work the next day. Yes, with compression. Build in seated breaks and gentle calf raises every 30 minutes behind the chair. The treated areas may throb by mid-afternoon that first week. That is normal and will fade.

A new parent wonders, can I drive after sclerotherapy and can I carry my toddler? Driving is fine. Carrying a child on the same day is okay if you feel steady, but avoid prolonged hip flexion and deep squats for 48 hours if your thigh was treated to minimize soreness.

A frequent flyer needs to know if he can fly after sclerotherapy. For a two-hour flight in three days, wear 20 to 30 mmHg knee-high compression, walk before boarding, do ankle pumps in the seat, and stand up each hour. Hydrate. Avoid alcohol that day.

A patient asks, why do my veins look darker after sclerotherapy? Because of hemoglobin breakdown and iron deposition in the treated, closed vein. It will lighten. Protect from sun. If brown spots persist beyond three months, your clinician may discuss topical lightening agents or waiting it out, as most fade with time.

## **When to call and what your clinician can do**

If your pain is not on the normal curve or your leg just feels wrong, call. There are simple in-office fixes: draining a tender lump, adjusting compression, switching to a different stocking length, checking with ultrasound if a deeper issue is suspected. Antibiotics are seldom needed, but anti-inflammatories and time are not always enough for superficial phlebitis. We tailor the plan to what we see and feel on exam.

## **Choosing timing and expectations**

The best time of year for sclerotherapy is the season you are comfortable wearing compression and avoiding sun for a few weeks. Winter is popular for this reason, but we treat year-round. If a beach trip is coming up in three weeks, manage

expectations: you may still have bruising. If you are planning a marathon, schedule sessions at least two weeks before peak training resumes.

Why choose injections over laser for leg veins? Sclerotherapy treats the feeder network, works on blue reticular veins that lasers struggle with, and usually requires fewer sessions for the same cosmetic gain. The pros and cons of sclerotherapy are straightforward. Pros: effective, office-based, quick recovery, versatile. Cons: bruising and pigment risk for months, need for compression, the possibility of touch-ups, and mild to moderate post-procedure tenderness. For many, the benefits of treating spider veins early include preventing progression of feeder networks and easing symptoms like itching and evening ache.

If you are wondering who is the right specialist to see, a vein specialist or vascular-trained clinician who does a lot of sclerotherapy brings better mapping and troubleshooting. When veins become a medical issue rather than purely cosmetic is when you have pain, swelling, skin changes, or a history of clots. That [New Baltimore sclerotherapy](#) [Columbus Vascular Vein & Aesthetics](#) is when ultrasound and a fuller plan matter.

Sclerotherapy is not about avoiding all pain. It is about predicting the kind that signals healing, catching the rare kind that signals trouble, and making practical choices so you heal faster with a clearer result. If you walk, compress, protect the skin from heat and sun, and keep us posted, the normal, manageable ache gives way to smoother legs on a realistic timeline.