

IntraShape® – much better than tumescent anesthesia

In spite of the success of today's endovenous treatments it should not be ignored that there still remain unsolved problems. In particular when treating large veins with thermo-occlusion or sclerofoam, postinterventional discomfort or even pain is not rare. These drawbacks can be avoided when tumescent anaesthesia is replaced by a new modality consisting of **viscous hyaluronan fluids** with a half-life of 4 – 6 weeks to reduce the vein diameter for this particular period.

Due to the higher viscosity there is no infiltration of fatty tissue or connective tissue, but just a local (preferably intrafascial) compression of the target vein which is adjusted by use of ultrasound monitoring. If applied adjunctive to laser or radiofrequency, some local anaesthetic is added.

Already the first attempts using 1% native hyaluronan gel showed **significant improvements of postinterventional course**. The use of low-crosslinked hyaluronan was associated with even more impressive results, e.g. the **absence of discolorations, indurations and inflammatory symptoms**.

The hyaluronan is best deployed by use of a **special catheter** of 120 – 200 mm in length, containing a flexible cannula with sharp tip to perforate skin and fasciae for proper para- or perivenous placement.

The application requires a **distance to skin surface** of 5 – 10 mm, if no injected hyaluronan shall be visible from the outside. The injection is painless. If hyaluronan depots are sized less than twice the vein diameter, patients will not feel them at all.

Status: Clinical multicenter study when hyaluronan products have been selected (11/2017).

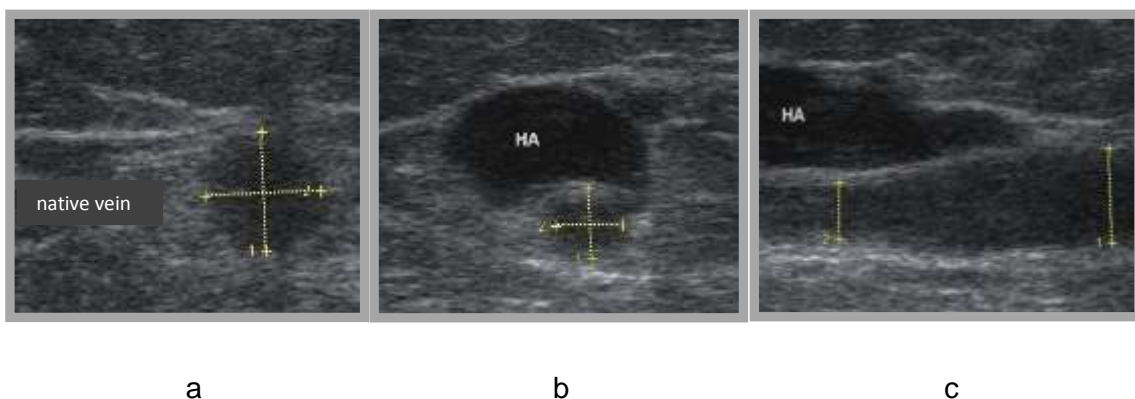


Fig. 1: a) native vein in standing patient, b) vein compressed by hyaluronan (HA) prior to foam sclerotherapy, c) longitudinal view showing edge of HA compressed segment.

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