

**Date:** [Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

# Discharge Summary: Sclerotherapy Treatment

Dear [Patient Name],

This letter provides summary information and discharge instructions following your sclerotherapy procedure performed on [Date of Procedure].

## Procedure Details

The following areas were treated: [Specify Left Leg/Right Leg/Specific Veins].

## Post-Treatment Care Instructions

- **Compression:** Wear your compression stockings for [Number] days/weeks as instructed. You should wear them [Continuous/Daytime Only].
- **Activity:** Walk for at least 15-20 minutes immediately after the procedure and daily for the next week. Avoid strenuous exercise, heavy lifting, or long periods of standing for [Number] days.
- **Sun Exposure:** Avoid direct sunlight and tanning beds on the treated areas for 4 weeks to prevent skin pigmentation.
- **Bathing:** Avoid hot baths, saunas, or hot tubs for [Number] days. Lukewarm showers are permitted.

## What to Expect

- Bruising, redness, or mild swelling at the injection sites is normal and should resolve within 1-2 weeks.
- You may feel small knots or "firmness" in the treated veins; this is a sign the treatment is working.

## Warning Signs

Contact the clinic immediately or seek emergency care if you experience:

- Sudden shortness of breath or chest pain.

- Severe swelling or redness in one leg only.
- Severe pain that is not relieved by over-the-counter medication.
- Open sores or ulcers at the injection site.

## **Follow-Up**

Your follow-up appointment is scheduled for: [Date and Time].

If you have any questions, please call [Clinic Phone Number].

Sincerely,

[Doctor/Provider Name]

[Clinic Name]